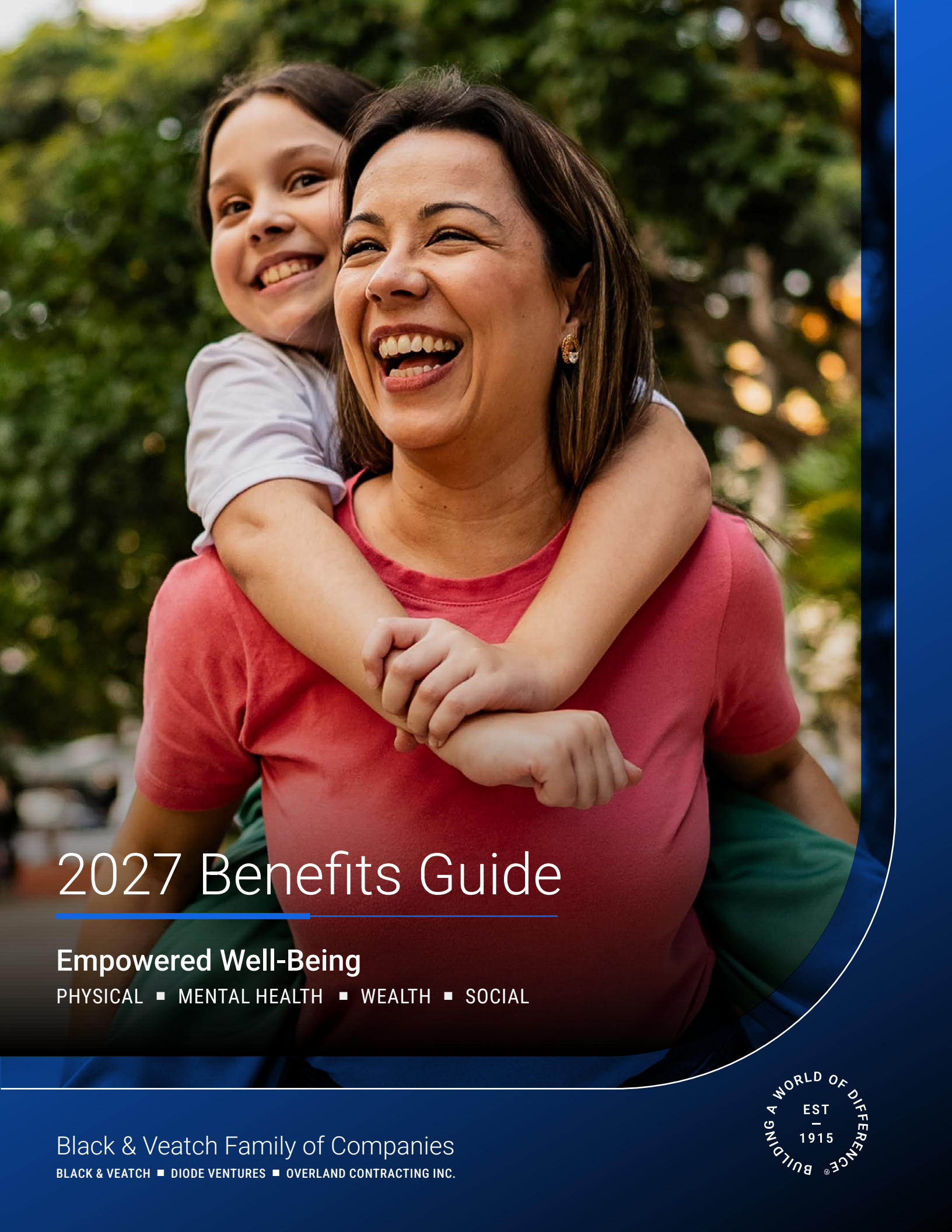




# 2027 Benefits Guide

## Empowered Well-Being

PHYSICAL ■ MENTAL HEALTH ■ WEALTH ■ SOCIAL

Black & Veatch Family of Companies

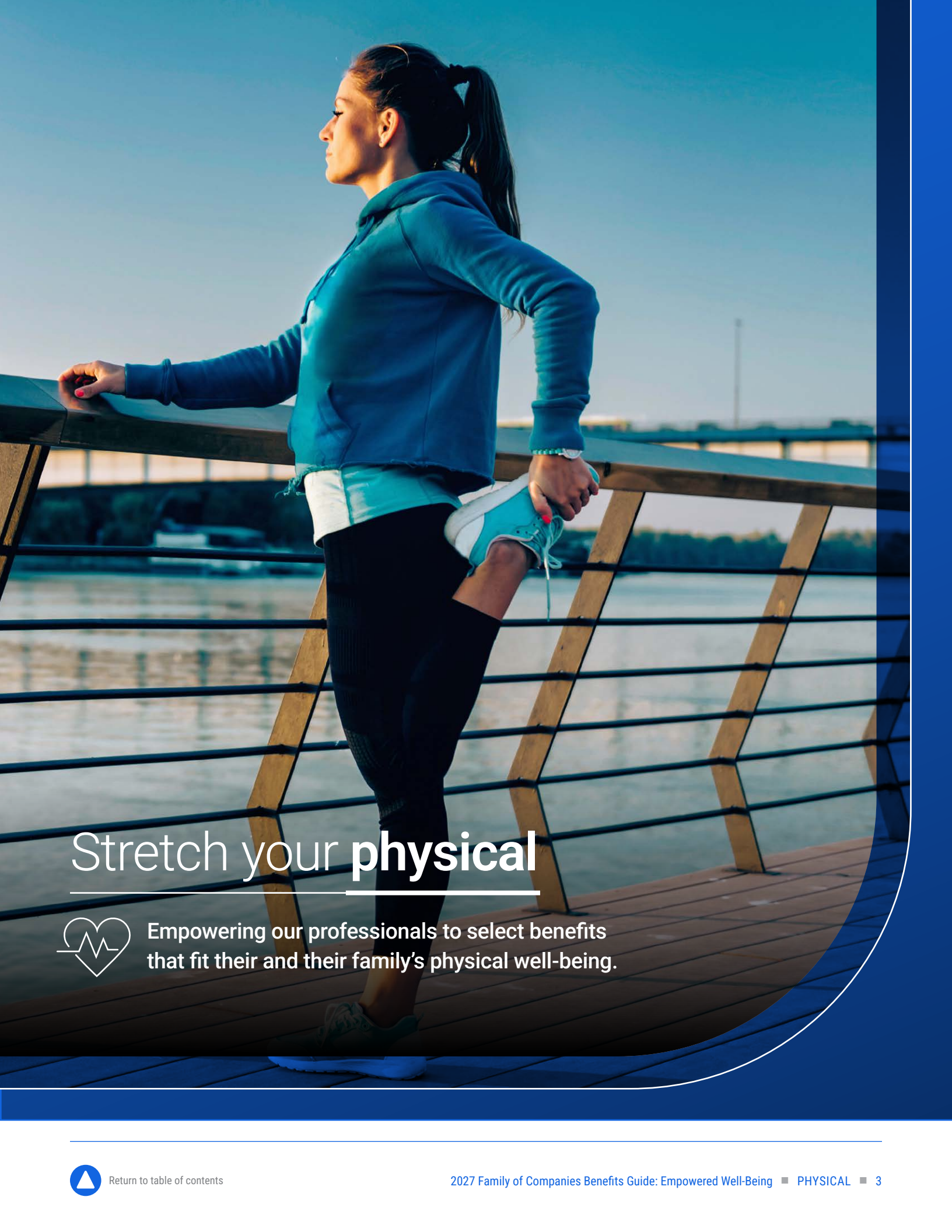
BLACK & VEATCH ■ DIODE VENTURES ■ OVERLAND CONTRACTING INC.



# Empowered Well-Being

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# Stretch your **physical**



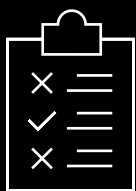
Empowering our professionals to select benefits that fit their and their family's physical well-being.



Stretching your physical is more than the actual act of stretching — it's about empowering you to take control of your physical health through the programs offered by the company.

Did you know? Our medical and dental plans are self-insured.

Being self-insured means that rather than the company sending money to an insurance company to pay medical and dental claims, we pay the claims ourselves, using a third-party administrator to process them on our behalf.



Only **36%** of professionals and **49%** of spouses have had a preventive wellness visit in 2026.

#### Preventive Screenings:

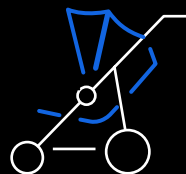
**53%** Breast cancer

Cervical cancer **23%**

**15%** Colorectal cancer

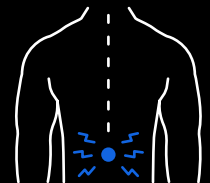
#### The company's leading conditions based on claims cost:

- Diabetes
- Pregnancy
- Osteoarthritis
- Autoimmune/collagen skin disorder
- Newborns



#### The company's most prevalent chronic conditions:

- Low back disorders
- Hypertension
- Diabetes



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## Medical (Domestic U.S.)

BlueCross BlueShield (BCBS)

Choose from three BCBS plans: HDHP A, HDHP B or PPO Plan

### How the plans are the same:

- You must meet the annual **deductible** before the health plan begins to cover non-preventive care expenses. You are responsible for 100% of non-preventive care expenses until you meet your deductible.
- After you reach your deductible, then **coinsurance** begins. Coinsurance is your share of the costs of a covered health care service, calculated as a percentage of the allowed amount for the service.
- You have a cap on what you pay for covered expenses in a plan year, called your **out-of-pocket limit**. For covered

expenses, you pay coinsurance up to the out-of-pocket limit. Once you reach the out-of-pocket limit, the plan pays 100% of covered expenses for the rest of the plan year. The amount you pay toward your annual deductible and your coinsurance count toward your out-of-pocket limit.

- **Preventive care** is covered at 100% when you use a network provider.

Want more information? Visit [MyHealthToolkitKC.com](https://www.mychhealthtoolkitkc.com).

### How the plans are different:

|                                         | HDHP A                                  | HDHP B                                  | PPO Plan                                 |
|-----------------------------------------|-----------------------------------------|-----------------------------------------|------------------------------------------|
| Your in-network deductible              | Individual: \$1,850<br>Family: \$3,700* | Individual: \$3,000<br>Family: \$6,000* | Individual: \$1,450<br>Family: \$2,900** |
| Your in-network out-of-pocket limit     | Individual: \$3,500<br>Family: \$7,000* | Individual: \$6,000<br>Family: \$12,000 | Individual: \$3,500<br>Family: \$7,000** |
| Your In-network coinsurance             | Your plan pays 85%<br>You pay 15%       | Your plan pays 70%<br>You pay 30%       | Your plan pays 80%<br>You pay 20%        |
| Your payroll contributions              | \$\$                                    | \$                                      | \$\$\$                                   |
| Health Savings Account (HSA) compatible | Yes                                     | Yes                                     | No                                       |

\*Aggregate: Full amount has to be met by one or more family members.

\*\*Embedded: No one individual pays more than the individual amount.





## Monthly medical payroll contributions

| PLAN     | PROFESSIONAL | PROFESSIONAL + SPOUSE<br>OR DOMESTIC PARTNER (DP) | PROFESSIONAL + CHILD(REN) | FAMILY  |
|----------|--------------|---------------------------------------------------|---------------------------|---------|
| HDHP A   | \$119        | \$366                                             | \$272                     | \$512   |
| HDHP B   | \$84         | \$250                                             | \$205                     | \$364   |
| PPO Plan | \$304        | \$754                                             | \$618                     | \$1,093 |

## Medical benefit highlights

|                                                     | HDHP A — You pay:  |                | HDHP B — You pay:  |                | PPO Plan — You pay: |                |
|-----------------------------------------------------|--------------------|----------------|--------------------|----------------|---------------------|----------------|
|                                                     | IN-NETWORK         | OUT-OF-NETWORK | IN-NETWORK         | OUT-OF-NETWORK | IN-NETWORK          | OUT-OF-NETWORK |
| <b>Office visit</b>                                 |                    |                |                    |                |                     |                |
| Primary care physician                              | Deductible+15%     | Deductible+35% | Deductible+30%     | Deductible+50% | Deductible+20%      | Deductible+40% |
| Specialist                                          | Deductible+15%     | Deductible+35% | Deductible+30%     | Deductible+50% | Deductible+20%      | Deductible+40% |
| Preventive care — limited services                  | 0% (no deductible) | Deductible+35% | 0% (no deductible) | Deductible+50% | 0% (no deductible)  | Deductible+40% |
| <b>Deductible</b>                                   |                    |                |                    |                |                     |                |
| Professional                                        | \$1,850            | \$5,000        | \$3,000            | \$6,000        | \$1,450             | \$2,750        |
| Professional plus one or more                       | \$3,700*           | \$10,000*      | \$6,000*           | \$12,000*      | \$2,900**           | \$5,500**      |
| <b>Coinsurance</b>                                  |                    |                |                    |                |                     |                |
|                                                     | 15%                | 35%            | 30%                | 50%            | 20%                 | 40%            |
| <b>Out of pocket maximum</b>                        |                    |                |                    |                |                     |                |
| Professional (includes deductible)                  | \$3,500            | \$10,000       | \$6,000            | \$12,000       | \$3,500             | \$7,000        |
| Professional plus one or more (includes deductible) | \$7,000*           | \$20,000*      | \$12,000*          | \$24,000*      | \$7,000**           | \$14,000**     |

\*Aggregate: Full amount has to be met by one or more family members.

\*\*Embedded: No one individual pays more than the individual amount.





## Puerto Rico professionals

- Coverage is provided on a fully insured basis through Triple-S and includes medical, prescription drug, dental, life and AD&D insurance coverage. Refer to the supplemental Puerto Rico Plan coverage information on the [Empowered Well-being BVconnect site](#) for details.
- For medical and prescription drug coverage details, including out-of-pocket maximum and coinsurance information, view the [Puerto Rico Plan Summary of Benefits and Coverage](#) (SBC) on BVconnect.

### Monthly medical payroll contributions

| PROFESSIONAL | PROFESSIONAL + SPOUSE OR DP | PROFESSIONAL + CHILD(REN) | FAMILY |
|--------------|-----------------------------|---------------------------|--------|
| \$77.60      | \$154                       | \$145                     | \$192  |



## Hawaii professionals

- Coverage is provided on a fully insured basis through HMSA and includes medical, prescription drug, dental, vision, life and AD&D insurance coverage. Refer to the supplemental Hawaii Plan coverage information on the [Empowered Well-being BVconnect site](#) for details.
- Coverage complies with the Hawaii Department of Labor requirements for medical insurance coverage provided to Hawaii residents.
- For medical and prescription drug coverage details, including deductible, out-of-pocket maximum and coinsurance information, view the [Hawaii Plan SBC](#) on BVconnect.

### Monthly Medical Payroll Contributions

| PROFESSIONAL | PROFESSIONAL + SPOUSE OR DP | PROFESSIONAL + CHILD(REN) | FAMILY  |
|--------------|-----------------------------|---------------------------|---------|
| \$85         | \$754                       | \$618                     | \$1,093 |





## Getting started with BCBS

Get easy access to your benefits information by downloading the My Health Toolkit® mobile app today! It's free at: [MyHealthToolkitKC.com](https://MyHealthToolkitKC.com).

Register through the app using your member ID number.

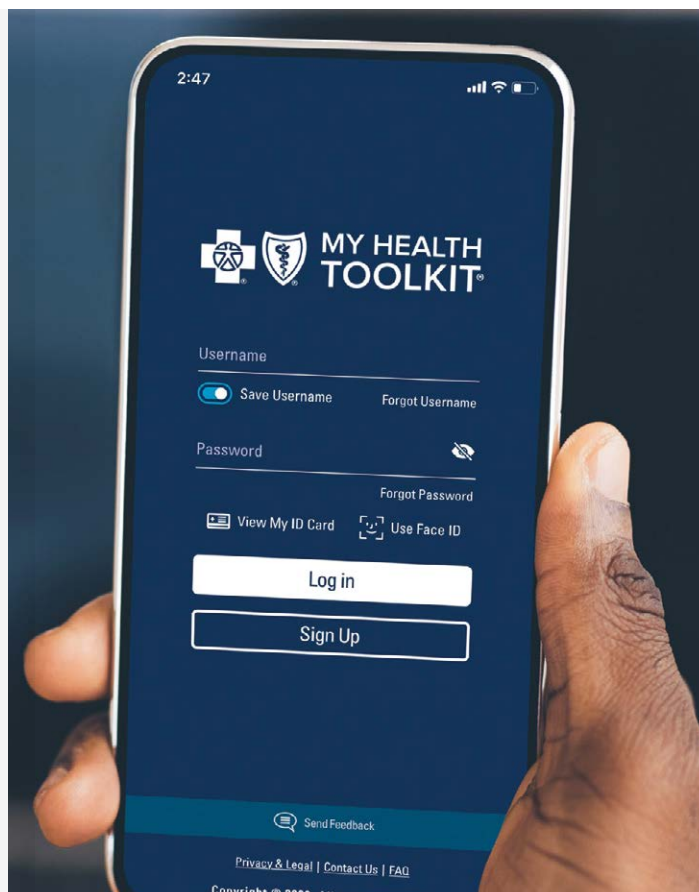
Your GetStarted page will link you to all the helpful resources included with your medical benefits plan.

Now you have anywhere, anytime access to your benefits information, including claims, discounts and how you prefer to be contacted.

Would you rather get your Health Toolkit from a desktop/laptop computer?

Go to [MyHealthToolkitKC.com](https://MyHealthToolkitKC.com) and then:

- Click the Create An Account link on the right side of the page.
- Enter your member ID (from your membership card).
- Follow the instructions to create your profile.

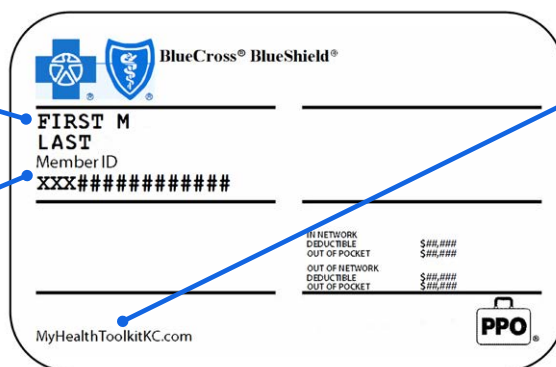


## BCBS has you covered with your membership card

Your BCBS membership card contains important information that helps providers apply your benefits correctly. Keep it with you at all times — or download a digital ID card to keep on your smartphone. A health care provider will usually ask to see your insurance card at the beginning of your visit.

COVERED FAMILY MEMBERS CAN ALSO USE THE SUBSCRIBER'S CARD — OR FORWARD THEM THEIR OWN DIGITAL COPY OF IT.

YOUR MEMBER ID CONTAINS A SET OF LETTERS AND NUMBERS UNIQUE TO YOU.



VISIT THE BCBS MAIN WEBSITE OR DOWNLOAD THE MOBILE APP FOR INFORMATION AND TO LOG IN TO YOUR MY HEALTH TOOLKIT ACCOUNT.





## Teladoc Health Cardiometabolic Health\*

Teladoc Health Cardiometabolic Health programs provide support for four common health conditions, and it's easy to access. You'll connect with experts and tools online. Features may range from health coaching to goal-planning tips to helpful devices you can use at home.

### Diabetes management

Custom support is important if you're living with diabetes. You can get:

- An internet-connected blood glucose meter.
- Unlimited strips and lancets.
- Tips, action plans and one-on-one coaching.
- Real-time support when blood glucose readings are too high or too low.

### Diabetes prevention program

Reduce your risk for Type 2 diabetes. You'll benefit from:

- A team of expert coaches to support you.
- A smart scale that syncs to the app and the web.
- An all-in-one program that tracks weight, activity and food.

### Hypertension management

Take control of your heart health and make managing your blood pressure easier. You'll get:

- A connected blood pressure monitor.
- Step-by-step action plans based on your personal goals.
- Tips on nutrition and activity.
- One-on-one support from expert coaches.

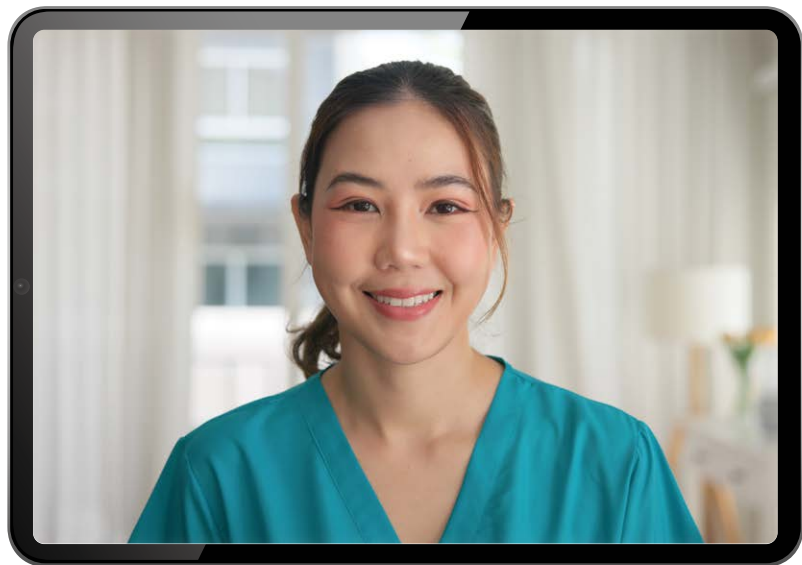
### Weight management

This interactive program helps you reach your goals. You'll get:

- A smart scale that syncs to the app and web portal.
- An app to log food and set goals.
- One-on-one support from a team of expert coaches.
- Ability to share progress with a doctor.

### How to enroll

1. Visit [MyHealthToolkitKC.com](https://MyHealthToolkitKC.com) and log in to your account.
2. From the Wellness & Care Management tab, select Wellness Program, and then Cardiometabolic Health.



## Teladoc Health\*

Teladoc Health gives you convenient access to health care by phone or video – anytime, anywhere.

### General medical

Get care for non-emergency medical needs anytime, day or night – 24 hours a day, 7 days a week.

Teladoc Health connects you with U.S. board-certified doctors who can diagnose and treat concerns such as:

- Colds
- Flu
- Allergies
- Rashes
- And more!

### Mental health

Build a relationship with an experienced therapist or psychiatrist of your choice.

Through Teladoc Health, you can connect with licensed mental health professionals who provide support for:

- Anxiety, stress, and depression
- Mood swings or not feeling like yourself
- Relationship challenges
- Trauma and PTSD
- Medication management

\*Available to professionals and their eligible dependents who are enrolled in the BlueCross BlueShield (BCBS) medical plans: HDHP A, HDHP B, or PPO Plan. Additional eligibility requirements may apply.





Any time you need a doctor's care, you've got Teladoc. Teladoc gives you access 24/7 to a U.S. board-certified doctor through the convenience of phone, video or mobile app visits. To get started, visit [MyHealthToolkitKC.com](https://MyHealthToolkitKC.com), log in, select the Providers & Services tab at the top of the page, then select Telehealth. You can also download the Teladoc app from the App Store® or Google Play™.



## Dermatology

Get expert care for common skin concerns without an office visit, making it easier to get answers quickly and conveniently.

Teladoc Health Dermatology can assist with conditions such as:

- Acne
- Rashes
- Eczema
- Rosacea
- And more!

## Caregiving

If a person in your care needs non-emergency medical care, Teladoc Health Caregiving allows you to schedule an appointment with licensed providers at a date and time convenient for you, for conditions such as:

- Bronchitis
- Flu
- Rashes
- Sinus infections
- Sore throats
- And more!

Caregiving visits are self-paid, are not covered by the medical plan, and do not apply toward the deductible or out-of-pocket maximum.

## Nutrition

Teladoc Health Nutrition gives you convenient access to a registered dietitian who can help you build healthier habits and manage a variety of health needs with personalized guidance and support.

Dietitians are available to help with:

- Weight management
- Diabetes support
- High blood pressure
- Prenatal nutrition
- Other health conditions

## How to register for Teladoc Health:

1. Visit [MyHealthToolkitKC.com](https://MyHealthToolkitKC.com) and log in to your account.
2. Under the Providers & Services tab, select Telehealth.
3. Click Launch a Visit to be directed to the Teladoc website.
4. Your insurance information will automatically appear to help you complete registration.

Once registered, you can request care by phone, video, or through the Teladoc app.





## Prior authorizations

The company medical plan requires prior authorization, also called preauthorization or precertification, for certain medical tests and treatments. This is an extra step to ensure you receive the appropriate type of care for your condition. If your doctor does not receive authorization before they perform the service, it may not be covered by insurance.

### What types of services require prior authorization?

- Inpatient admissions
- Skilled nursing services
- Home health services

### What should you do?

Most providers will be knowledgeable about services that require prior authorization. You can ask your doctor to visit the provider area of My Health Toolkit and sign in to My Insurance Manager to request authorization. After the request is submitted and a decision has been made, you can easily check the decision:

- Log in to [MyHealthToolkitKC.com](https://MyHealthToolkitKC.com), select the Claims & Authorizations tab, then Prior Authorizations.
- Or call the number on the back of your membership card to speak to a customer service advocate.

## Support for your unique health journey

The medical plan includes one-on-one support from a health care professional at no additional cost.

### What is a health coach?

The BCBS team of nationally accredited health coaches includes registered nurses, health educators, respiratory therapists, certified diabetes educators, licensed behavioral health specialists, and other health and well-being professionals. Wherever you are in your journey, BCBS can connect you to the right coach. They will work with you to make positive, meaningful changes at your pace. To connect with a coach, enroll at [MyHealthToolkitKC.com](https://MyHealthToolkitKC.com) or call the number on the back of your membership card.

### Behavioral and chronic disease coaching

- |                                                     |                                                |                                                         |
|-----------------------------------------------------|------------------------------------------------|---------------------------------------------------------|
| ■ Attention deficit hyperactivity disorder (adults) | ■ Chronic obstructive pulmonary disease (COPD) | ■ Metabolic health (metabolic syndrome and prediabetes) |
| ■ Asthma (adults and children)                      | ■ Depression                                   | ■ Migraine                                              |
| ■ Bipolar disorder                                  | ■ Diabetes (adults and children)               | ■ Recovery support for substance use disorder           |
| ■ Heart disease                                     | ■ High blood pressure                          |                                                         |
| ■ Heart failure                                     | ■ High cholesterol                             |                                                         |



### Find a doctor

Is your doctor in the BCBS network? Find out at [MyHealthToolkitKC.com](https://MyHealthToolkitKC.com) by clicking Find Care, and then [Find a Doctor](#).



### Connect with an app

The **My Health Planner<sup>SM</sup>** app is free for eligible members! It helps you keep track of what you need to do between doctor visits and stay in touch with your care team.





## Prescription drug (Domestic U.S.) | Express Scripts®

When you enroll in a BCBS medical plan, you will have prescription drug benefits through **Express Scripts**.\*

There is no coverage for out-of-network pharmacies.

With the HDHP A and HDHP B plans, you'll pay the full cost for

prescription drugs until you've reached your medical deductible, with the exception of some preventive drugs.

Want more information? Visit [express-scripts.com/blackandveatch](https://www.express-scripts.com/blackandveatch).

### Prescription drug highlights

| HDHP A                                                          | PREVENTIVE DRUGS — You pay:              | NON-PREVENTIVE DRUGS — You pay:        |
|-----------------------------------------------------------------|------------------------------------------|----------------------------------------|
| <b>Retail (30-day supply; 3x copay for up to 90-day supply)</b> |                                          |                                        |
| Generic                                                         | 0%, no deductible                        | Deductible + 0%                        |
| Preferred brand                                                 | 15%, no deductible (\$20 min/\$60 max)   | Deductible + 15% (\$20 min/\$60 max)   |
| Non-preferred brand                                             | 15%, no deductible (\$50 min/\$100 max)  | Deductible + 15% (\$50 min/\$100 max)  |
| <b>Mail order (90-day supply)</b>                               |                                          |                                        |
| Generic                                                         | 0%, no deductible                        | Deductible + 0%                        |
| Preferred brand                                                 | 15%, no deductible (\$50 min/\$150 max)  | Deductible + 15% (\$50 min/\$150 max)  |
| Non-preferred brand                                             | 15%, no deductible (\$125 min/\$250 max) | Deductible + 15% (\$125 min/\$250 max) |

| HDHP B                                                          | PREVENTIVE DRUGS — You pay:              | NON-PREVENTIVE DRUGS — You pay:        |
|-----------------------------------------------------------------|------------------------------------------|----------------------------------------|
| <b>Retail (30-day supply; 3x copay for up to 90-day supply)</b> |                                          |                                        |
| Generic                                                         | 0%, no deductible                        | Deductible + 0%                        |
| Preferred brand                                                 | 30%, no deductible (\$25 min/\$75 max)   | Deductible + 30% (\$25 min/\$75 max)   |
| Non-preferred brand                                             | 30%, no deductible (\$55 min/\$110 max)  | Deductible + 30% (\$55 min/\$110 max)  |
| <b>Mail order (90-day supply)</b>                               |                                          |                                        |
| Generic                                                         | 0%, no deductible                        | Deductible + 0%                        |
| Preferred brand                                                 | 30%, no deductible (\$55 min/\$165 max)  | Deductible + 30% (\$55 min/\$165 max)  |
| Non-preferred brand                                             | 30%, no deductible (\$130 min/\$260 max) | Deductible + 30% (\$130 min/\$260 max) |

| PPO Plan                          | 30-DAY SUPPLY — You pay: | 90-DAY SUPPLY — You pay:  |
|-----------------------------------|--------------------------|---------------------------|
| <b>Retail</b>                     |                          |                           |
| Generic                           | \$10 copay               | \$30 copay                |
| Preferred brand                   | 20% (\$25 min/\$50 max)  | 20% (\$75 min/\$150 max)  |
| Non-preferred brand               | 30% (\$40 min/\$100 max) | 30% (\$120 min/\$300 max) |
| <b>Mail order (90-day supply)</b> |                          |                           |
| Generic                           | \$20 copay               |                           |
| Preferred brand                   | \$75 copay               |                           |
| Non-preferred brand               | \$120 copay              |                           |

\*Prescription drug coverage for professionals in Hawaii is provided on a fully insured basis through Hawaii Medical Service Association (HMSA). See the plan documents on BVconnect, or visit [HMSA.com](https://www.hmsa.com) for prescription drug coverage details. Prescription drug coverage for professionals in Puerto Rico is provided on a fully insured basis through Triple-S. See the plan documents on BVconnect, or visit [SSSPR.com](https://www.ssspr.com) for prescription drug coverage details.





## Smart90

Smart90 makes it easy to fill prescriptions for maintenance medications (drugs you take regularly) at a lower cost. With Smart90, **you must fill a 90-day supply of your maintenance medication through one of these two options:**

### 1. Express Scripts home delivery

- Safe and secure delivery
- Free standard shipping
- Express Scripts contacts your doctor to order a new prescription | [express-scripts.com](https://www.express-scripts.com) or +1 866-890-1419

### 2. Participating retail pharmacy

- Transfer maintenance medications to a participating retail pharmacy
- The participating retail pharmacy contacts your doctor to order or transfer prescriptions

Copayment for your 90-day supply will be the same through Express Scripts home delivery or at a Smart90 participating retail pharmacy.





## Dental (Domestic U.S.) | Delta Dental of Missouri

Want more information? Visit [deltadentalmo.com](https://deltadentalmo.com).

### Monthly dental payroll contributions

| PROFESSIONAL | PROFESSIONAL + SPOUSE OR DP | PROFESSIONAL + CHILD(REN) | FAMILY |
|--------------|-----------------------------|---------------------------|--------|
| \$21         | \$47                        | \$36                      | \$67   |

### Dental benefit highlights

| DENTAL PLAN FEATURES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PPO DENTIST<br>You pay:            | PREMIER DENTIST AND NON-PARTICIPATING DENTIST*<br>You pay: |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------|
| <b>Diagnostic and preventative services</b> <ul style="list-style-type: none"> <li>■ Oral exams (all types), twice per calendar year**</li> <li>■ Cleanings (including periodontal maintenance), twice per calendar year**</li> <li>■ Bitewing and periapical X-rays, as needed</li> <li>■ Full-mouth X-rays, once every 36 consecutive months</li> <li>■ Fluoride, once per year for dependents under age 19</li> <li>■ Sealants, once per tooth every five years, limited to non-decayed first and second permanent molars</li> <li>■ Emergency palliative treatment</li> <li>■ Space maintainers, once in five years for dependents up to age 16</li> </ul> |                                    |                                                            |
| <b>Basic services</b> <ul style="list-style-type: none"> <li>■ Restorative services using synthetic porcelain, amalgam and plastic material, including composite (white) fillings on all teeth</li> <li>■ Periodontics</li> <li>■ Endodontics: root canal filling and pulpal therapy</li> <li>■ Extractions: simple and surgical</li> </ul>                                                                                                                                                                                                                                                                                                                    |                                    |                                                            |
| <b>Major services</b> <ul style="list-style-type: none"> <li>■ Oral surgery, except for extractions covered under Basic Services</li> <li>■ Prosthetics: bridges and dentures; replacements will be covered once in five years but not during the first year of coverage</li> <li>■ Implants and bone grafts, once in five years</li> <li>■ Crowns, jackets, labial veneers, inlays and onlays when required for restorative purposes, once in five years</li> <li>■ Occlusal guards, once every five years</li> </ul>                                                                                                                                         |                                    |                                                            |
| <b>Orthodontic services</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 50%                                | 50%*                                                       |
| <b>Calendar year deductible (basic and major services only)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | \$50 per person/\$100 family limit |                                                            |
| <b>Calendar year benefit maximum***</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$2,000 per person                 |                                                            |
| <b>Separate lifetime orthodontic maximum</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$2,000 per person                 |                                                            |

\*Non-participating dentist services are subject to reasonable and customary limitations.

\*\*Patients that are pregnant, diabetic, have a suppressed immune system, or have a history of periodontal therapy are eligible for up to two additional cleanings and exams per calendar year.

\*\*\*Preventive exams, cleanings, X-rays and fluoride treatments do not count toward the calendar year maximum.





## Medical (Expatriate) | Cigna Healthcare

Want more information? Visit [CignaEnvoy.com](https://CignaEnvoy.com).

### Monthly medical payroll contributions

| PROFESSIONAL | PROFESSIONAL + SPOUSE OR DP | PROFESSIONAL + CHILD(REN) | FAMILY |
|--------------|-----------------------------|---------------------------|--------|
| \$177        | \$403                       | \$372                     | \$657  |

### Medical benefit highlights

| COVERAGE                      | OUTSIDE THE U.S. — <i>You pay:</i> | INSIDE THE U.S. — <i>You pay:</i> |                       |
|-------------------------------|------------------------------------|-----------------------------------|-----------------------|
|                               |                                    | IN-NETWORK                        | OUT-OF-NETWORK        |
| Office visit                  |                                    |                                   |                       |
| Primary care physician        | No charge                          | Deductible + 20%                  | Deductible + 40%      |
| Specialist                    | No charge                          | Deductible + 20%                  | Deductible + 40%      |
| Preventive Care               | No charge                          | 0%<br>(no deductible)             | 0%<br>(no deductible) |
| Deductible                    |                                    |                                   |                       |
| Professional                  | \$0                                | \$500                             | \$1,000               |
| Professional plus one or more | \$0                                | \$1,000                           | \$2,000               |
| Coinsurance                   |                                    |                                   |                       |
|                               | \$0                                | 20%                               | 40%                   |
| Out-of-pocket maximum         |                                    |                                   |                       |
| Professional                  | \$0                                | \$1,500*                          | \$3,000*              |
| Professional plus one or more | \$0                                | \$3,000*                          | \$6,000*              |

\*Includes deductibles, copays, pharmacy copays and coinsurance. Does not include pre-admission certification/continued stay review penalties.

### Global vision

The Cigna Healthcare medical plan includes vision coverage. Get the most out of your plan by using EyeMed network providers for services received in the U.S.

When receiving services internationally or at U.S. in-network providers:

- Exams: One every 12 consecutive months at \$0 cost.
- Lenses and frames or contacts: One every 12 consecutive months at \$0 cost.
- Maximum hardware benefit is \$250.

Access details once you register at [CignaEnvoy.com](https://CignaEnvoy.com).

### Get virtual care

Global Telehealth provides access to clinical guidance from doctors about minor ailments — by phone or video — through Cigna Envoy or the Cigna Wellbeing app.

Access Global Telehealth once you register at [CignaEnvoy.com](https://CignaEnvoy.com) or download the mobile app.





## Prescription drug (Expatriate)

When you enroll in the Cigna Healthcare medical plan, you will have prescription drug benefits through **Cigna Healthcare**.

Want more information? Visit [CignaEnvoy.com](https://CignaEnvoy.com).

### Prescription drug highlights

| COVERAGE                   | OUTSIDE THE U.S. —<br><i>You pay:</i> | INSIDE THE U.S. — <i>You pay:</i> |                  |
|----------------------------|---------------------------------------|-----------------------------------|------------------|
|                            |                                       | IN-NETWORK                        | OUT-OF-NETWORK   |
| Retail (30-day supply)     |                                       |                                   |                  |
| Generic                    | No charge                             | \$10 copay                        | Deductible + 40% |
| Preferred brand            | No charge                             | \$25 copay                        | Deductible + 40% |
| Non-preferred brand        | No charge                             | \$40 copay                        | Deductible + 40% |
| Mail order (90-day supply) |                                       |                                   |                  |
| Generic                    | No charge                             | \$30 copay                        | Not covered      |
| Preferred brand            | No charge                             | \$75 copay                        | Not covered      |
| Non-preferred brand        | No charge                             | \$120 copay                       | Not covered      |





## Dental (Expatriate) | Cigna Healthcare

Want more information? Visit [CignaEnvoy.com](https://CignaEnvoy.com).

### Monthly dental payroll contributions

| PROFESSIONAL | PROFESSIONAL + SPOUSE OR DP | PROFESSIONAL + CHILD(REN) | FAMILY |
|--------------|-----------------------------|---------------------------|--------|
| \$18         | \$36                        | \$34                      | \$57   |

### Dental benefit highlights

| DENTAL PLAN FEATURES                                                                                                                                                                                                                                                                               | You pay                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Diagnostic and preventive services</b> <ul style="list-style-type: none"> <li>Prophylaxis</li> <li>Bitewing and full-mouth series X-rays</li> <li>Oral exams</li> <li>Fluoride applications</li> <li>Sealants</li> <li>Diagnostic X-rays</li> </ul>                                             | 0%                                 |
| <b>Basic services</b> <ul style="list-style-type: none"> <li>Fillings</li> <li>Endodontics</li> <li>Oral surgery</li> <li>Root canal</li> <li>Periodontics</li> <li>Periodontal scaling and root planing</li> <li>Prosthodontics maintenance</li> <li>Repair to bridgework and dentures</li> </ul> | 15%                                |
| <b>Major services</b> <ul style="list-style-type: none"> <li>Dentures</li> <li>Bridgework</li> <li>Crowns</li> </ul>                                                                                                                                                                               | 45%                                |
| <b>Orthodontic services</b>                                                                                                                                                                                                                                                                        | 50%                                |
| <b>Calendar year deductible</b> (basic and major services only)                                                                                                                                                                                                                                    | \$50 per person/\$100 family limit |
| <b>Calendar year benefit maximum</b>                                                                                                                                                                                                                                                               | \$2,000 per person                 |
| <b>Separate lifetime orthodontic maximum</b>                                                                                                                                                                                                                                                       | \$2,000 per person                 |





## Vision (U.S. domestic and expatriate) | VSP

Want more information? Visit [vsp.com](https://vsp.com).

### Monthly vision payroll contributions

| PLAN          | PROFESSIONAL | PROFESSIONAL + SPOUSE OR DP | PROFESSIONAL + CHILD(REN) | FAMILY  |
|---------------|--------------|-----------------------------|---------------------------|---------|
| Standard Plan | \$8.32       | \$16.56                     | \$18.72                   | \$29.40 |
| Premium Plan  | \$17.36      | \$33.36                     | \$40.80                   | \$63.40 |

### Vision benefit highlights

| VSP CHOICE NETWORK PROVIDERS                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BENEFIT                                                                                                                                               | STANDARD PLAN                                                                                                                                                                                                                                                                                                                                                                                                                      | PREMIUM PLAN                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Exam</b> (every 12 months)                                                                                                                         | Covered in full                                                                                                                                                                                                                                                                                                                                                                                                                    | Covered in full                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Retinal screening</b> (every 12 months)                                                                                                            | \$39 copay, or \$0 copay at a Premier Program location                                                                                                                                                                                                                                                                                                                                                                             | \$39 copay, or \$0 copay at a Premier Program location                                                                                                                                                                                                                                                                                                                                                                             |
| <b>Prescription glasses</b><br><i>Lenses (every 12 months)</i>                                                                                        | <ul style="list-style-type: none"> <li>■ Covered in full after \$10 copay               <ul style="list-style-type: none"> <li>■ Single vision, lined bifocal and lined trifocal lenses</li> <li>■ Polycarbonate lenses for dependent children</li> </ul> </li> </ul>                                                                                                                                                              | <ul style="list-style-type: none"> <li>■ Covered in full after \$10 copay               <ul style="list-style-type: none"> <li>■ Single vision, lined bifocal and lined trifocal lenses</li> <li>■ Polycarbonate lenses for dependent children</li> <li>■ Anti-reflective coating, all types, \$25 copay</li> </ul> </li> </ul>                                                                                                    |
| <b>Frames</b>                                                                                                                                         | <ul style="list-style-type: none"> <li>■ Every 24 months, frame of your choice is covered up to \$180 plus 20% off any out-of-pocket costs</li> <li>■ KidsCare coverage allows frame replacements for children every 12 months</li> </ul>                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>■ Every 12 months, frame of your choice is covered up to \$230, plus 20% off any out-of-pocket costs.</li> <li>■ Second pair of prescription glasses or contacts, every 12 months after \$10 copay, same copays as first pair benefit</li> </ul>                                                                                                                                            |
| <b>Computer glasses</b><br><i>(frames &amp; lenses)</i>                                                                                               | <ul style="list-style-type: none"> <li>■ Frames every 24 months, covered up to \$175 after \$25 copay</li> <li>■ Lenses prescription specific for computer use, includes anti-reflective and blue light-filtering</li> </ul>                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>■ Frames every 12 months, covered up to \$175 after \$25 copay</li> <li>■ Lenses prescription specific for computer use, includes anti-reflective and blue light-filtering</li> </ul>                                                                                                                                                                                                       |
| <b>Contact lens care</b><br><i>(every 12 months, in lieu of prescription glasses)</i>                                                                 | <ul style="list-style-type: none"> <li>■ When you choose contacts instead of glasses, your \$180 allowance applies to the cost of your contacts</li> <li>■ The contact lens exam (fitting and evaluation) is in addition to your vision exam and is covered in full after \$60 copay</li> <li>■ If you choose contact lenses, you will be eligible for a frame 12 months from the date the contact lenses were obtained</li> </ul> | <ul style="list-style-type: none"> <li>■ When you choose contacts instead of glasses, your \$230 allowance applies to the cost of your contacts</li> <li>■ The contact lens exam (fitting and evaluation) is in addition to your vision exam and is covered in full after \$60 copay</li> <li>■ If you choose contact lenses, you will be eligible for a frame 12 months from the date the contact lenses were obtained</li> </ul> |
| <b>LightCare</b><br><i>(in lieu of prescription glasses or contacts)</i>                                                                              | Ready-made non-prescription sunglasses or blue light-filtering glasses, every 24 months, covered up to \$180 after \$10 copay                                                                                                                                                                                                                                                                                                      | Ready-made non-prescription sunglasses or blue light-filtering glasses, every 12 months, covered up to \$230 after \$10 copay                                                                                                                                                                                                                                                                                                      |
| <b>Out-of-network reimbursement (for both Standard Plan and Premium Plan)</b>                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Get the most out of your plan with a VSP network doctor. Call <b>VSP's Member Services</b> at <b>+1 800-877-7195</b> for out-of-network plan details. |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                    |





## Savings and spending accounts | WEX

Want more information? Visit [wexinc.com](https://wexinc.com).

Want an easy way to save on out-of-pocket health care, dependent care and commuter expenses? Contributions for these accounts are taken out through pretax payroll deductions, which lowers your taxable income.

### Convenient payment options

- **WEX debit card:** New enrollees will receive an email with information about obtaining a new debit card for paying health care providers and health-related services (such as prescriptions).
- **Pay someone else:** Send payment directly to your health care provider.
- **Pay me:** File a claim online, by fax or mail for reimbursement.
- **Pay on-the-go:** Use the Benefits by WEX mobile app to file a claim from a mobile device.

### Health Savings Account (HSA)

If you enroll in the HDHP A or HDHP B medical plans, you can:

- Make contributions through convenient pretax payroll deductions to an HSA with WEX.
- Use funds from your HSA to pay for qualifying non-preventive care (such as your deductible and coinsurance costs) and prescription drug, dental and vision expenses.

### Who's eligible to contribute to an HSA?

To determine whether you are eligible to open and contribute to an HSA, visit the [HSA, FSA & Pretax Premiums portal](#) on the Empowered Well-being BVconnect site.

**If you enroll in Medicare and/or Social Security, you may not be eligible to make or receive HSA contributions and may be penalized if you do. Consult your personal tax adviser for more information.**

### Flexible Spending Accounts (FSA)

The company's Health Care Full Purpose and Limited Purpose FSAs help you save money on health care expenses by reducing your taxable income.

- **Health Care Full Purpose FSA:** Use this FSA to reimburse yourself for certain medical, dental and vision expenses that are not paid by your health care plans. Professionals who enroll in an HSA are not eligible for the Health Care Full Purpose FSA; refer to the Limited Purpose FSA.
- **Health Care Limited Purpose FSA:** If you enroll in the HDHP A or HDHP B medical plans and open an HSA, you can use this FSA to reimburse yourself for certain dental and vision expenses that are not paid by the plans. Professionals who have not enrolled in an HSA are not eligible for this FSA. Instead, they can elect the Full Purpose FSA.

### Dependent Care FSA

Use your Dependent Care FSA to reimburse yourself for certain child care or dependent day care expenses.

### Commuter FSA

Use your Commuter FSA to reimburse yourself for certain work-related transit or parking expenses.

### FSA reminders

- **Enrollment required.** You must make a new election each year.
- **Deadline for incurred expense reimbursement:**
  - Current professionals: Jan. 1 to Dec. 31, 2027.
  - Qualified events: Effective date through Dec. 31, 2027.
  - New hires: Date of hire through Dec. 31, 2027.
- **Deadline to submit expenses.** All 2027 claims must be submitted by March 31, 2028.
- **Use it or lose it.** If you do not meet the deadlines for incurring or submitting expenses, any money remaining in your account will be forfeited, according to IRS guidelines.
- **Keep your receipts.** The IRS requires you to provide proof of your expenses. Unsubstantiated claims may become taxable income.





| QUESTIONS                                                        | HSA                                                                                                                        | FULL PURPOSE FSA                                                                               | LIMITED PURPOSE FSA                            | DEPENDENT CARE FSA                                                                             | COMMUTER FSA                                                                  |
|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>What expenses can be paid from the account?</b>               | Medical expenses for you or your dependents, including prescription drugs, dental and vision.*                             | Medical expenses for you or your dependents, including prescription drugs, dental and vision.* | Dental and vision expenses only.*              | Day care expenses for children up to age 13, disabled dependent care and elder care expenses.* | Work-related transit or parking expenses.                                     |
| <b>Who is eligible?****</b>                                      | Professionals enrolled in the HDHP A or HDHP B who are not covered by another non-qualifying health plan (e.g., Medicare). | Professionals not enrolled in an HSA.                                                          | Professionals enrolled in an HSA.              | Professionals who require day care for eligible dependents.                                    | Professionals who have work-related transit or parking expenses.              |
| <b>Can the account be used with other accounts?</b>              | An HSA can be used with a Limited Purpose FSA. It cannot be used with a Full Purpose FSA.                                  | Cannot be used with an HSA.                                                                    | Designed to work with an HSA.                  | Yes                                                                                            | Yes                                                                           |
| <b>What are the tax benefits?</b>                                | Contributions are tax-free; savings grow tax-free; and reimbursements for eligible health care expenses are tax-free.**    | Contributions and reimbursements are tax-free.                                                 | Contributions and reimbursements are tax-free. | Contributions and reimbursements are tax-free.                                                 | Contributions and reimbursements are tax-free.                                |
| <b>Can unused amounts carry over?</b>                            | Yes                                                                                                                        | No                                                                                             | No                                             | No                                                                                             | Yes. Unused amounts will carry over month-to-month irrespective of plan year. |
| <b>Can you take it with you if you leave your job or retire?</b> | Yes                                                                                                                        | No                                                                                             | No                                             | No                                                                                             | No                                                                            |
| <b>Does interest accrue?</b>                                     | Yes                                                                                                                        | No                                                                                             | No                                             | No                                                                                             | No                                                                            |
| <b>Is there an annual contribution limit?</b>                    | Professional: \$4,500<br>Professional plus one or more: \$9,000                                                            | \$3,400***                                                                                     | \$3,400***                                     | \$7,500 per household                                                                          | Transit:<br>\$340*** per month<br>Parking:<br>\$340*** per month              |
| <b>Are catch-up contributions allowed?</b>                       | Yes                                                                                                                        | No                                                                                             | No                                             | No                                                                                             | No                                                                            |

\*Eligible expenses for savings and spending accounts are governed by the IRS. For information on what expenses are eligible, refer to IRS Publication 502 (health care expenses) and IRS Publication 503 (dependent care expenses), available at [irs.gov](https://www.irs.gov).

\*\*Certain states do not allow HSA tax breaks.

\*\*\*These are the 2026 limits. At the time of publishing this brochure, the IRS had not released all the 2027 FSA contribution limits.

\*\*\*\*Puerto Rico professionals are not eligible for the HSA or FSAs. Hawaii professionals are not eligible for the HSA or limited-purpose FSA.





## Lifestyle Spending Account | *Espresa*

Want more information? Visit [espresa.com](https://espresa.com).

At the company, we recognize that providing an exceptional employee experience means supporting you in your holistic health, safety and overall well-being. The company is proud to provide a company-funded lifestyle spending account (LSAs), which gives you flexibility and choice in meeting your individual well-being needs and empower you to better maintain your overall well-being, including physical, mental, social and financial health.

### What is an LSA?

An LSA is a company-funded spending account that is designed to meet individual well-being needs. It can be used for a wide range of wellness-related expenses, such as gym memberships, fitness equipment and well-being apps. You will also have access to Espresa's Marketplace, which contains a variety of well-being related items that can be purchased using your LSA funds and then shipped directly to you.

### How much is the company funding into the LSAs?

For the 2027 program year, the LSA reimbursement amount will be based on a professional's assigned work schedule. Professionals who are newly hired or become eligible during the year will receive a prorated reimbursement amount based on their eligibility date and the months remaining in the calendar year. To view your allotted reimbursement amount, visit [Espresa.com](https://Espresa.com).

### Where can I learn more?

For program guidelines, eligibility requirements and more, visit the [Lifestyle Spending Accounts \(LSAs\) portal](#) on the Empowered Well-being BVconnect site.

## Global medical benefits abroad<sup>®</sup> | *Cigna Healthcare<sup>SM</sup>*

When traveling outside your home country on a company business trip, you and eligible family members have medical coverage through Cigna Healthcare's Medical Benefits Abroad. The company pays for this coverage, which includes:

- Doctor visits, prescription drugs and inpatient hospital expenses for urgent and emergency care
- Emergency medical evacuations and repatriation

Want more information? Visit [CignaEnvoy.com](https://CignaEnvoy.com) or the [International Assignees & Business Travelers BVconnect site](#).

| BENEFIT                                         | COVERAGE                    |
|-------------------------------------------------|-----------------------------|
| Deductible                                      | None                        |
| Maximum benefit                                 | \$500,000 per calendar year |
| Medical evacuation/repatriation maximum benefit | \$250,000 per calendar year |
| Hospital services                               | 100%                        |
| Physician services                              | 100%                        |
| Outpatient prescription drugs                   | 100%                        |
| Other medical expenses                          | 100%                        |





## Other benefits

### Accident insurance | Voya

Accident insurance pays you benefits for specific injuries and events resulting from a covered accident that occurs on or after your coverage effective date\*.

The Premium Plan provides a higher benefit payment compared to the Standard Plan. For a complete listing of payment amounts by plan, view the Schedule of Benefits at [presents.voya.com/EBRC/BVH](https://presents.voya.com/EBRC/BVH).

| MONTHLY ACCIDENT INSURANCE CONTRIBUTIONS |          |         |
|------------------------------------------|----------|---------|
|                                          | STANDARD | PREMIUM |
| Professional                             | \$3.48   | \$6.92  |
| Professional + spouse/DP                 | \$6.96   | \$13.88 |
| Professional + child(ren)                | \$7.84   | \$15.60 |
| Family                                   | \$11.32  | \$22.56 |

### Hospital indemnity insurance | Voya

Hospital indemnity insurance pays a benefit if you have a covered stay in a hospital, critical care unit, or rehabilitation facility on or after your coverage effective date\*.

The Premium Plan provides a higher benefit payment compared to the Standard Plan. For a complete listing of payment amounts by plan, view the Schedule of Benefits at [presents.voya.com/EBRC/BVH](https://presents.voya.com/EBRC/BVH).

| MONTHLY HOSPITAL INDEMNITY INSURANCE CONTRIBUTIONS |          |         |
|----------------------------------------------------|----------|---------|
|                                                    | STANDARD | PREMIUM |
| Professional                                       | \$9.28   | \$22.56 |
| Professional + spouse/DP                           | \$22.68  | \$49.64 |
| Professional + child(ren)                          | \$15.32  | \$42.16 |
| Family                                             | \$28.72  | \$69.24 |

\*See the product brochure, certificate of coverage and any applicable riders for a complete list of covered conditions, along with complete provisions, exclusions and limitations. These benefits are not health insurance and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Accident Insurance, Hospital Confinement Indemnity Insurance and Critical Illness Insurance are limited benefit policies and are issued and underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy provisions and product availability may vary by state.





## Critical illness insurance | Voya

Critical illness insurance pays a lump-sum benefit if you are diagnosed with a covered disease or condition on or after your coverage effective date\*.

If you enroll in critical illness insurance coverage, you have access to the Wellness Benefit which provides a yearly benefit if you complete a health screening test, whether or not there were any out-of-pocket costs. The Wellness Benefit helps you maintain your health with tests that screen for a wide range of potential illnesses and diseases.

### Coverage amounts:

#### Standard Plan:

- \$15,000 Professional
- \$7,500 Spouse or DP
- \$7,500 Child(ren)

#### Premium Plan:

- \$30,000 Professional
- \$15,000 Spouse or DP
- \$15,000 Child(ren)

## Monthly critical illness insurance contributions\*\*

| YOUR AGE | STANDARD**        |                          | PREMIUM**         |                          |
|----------|-------------------|--------------------------|-------------------|--------------------------|
|          | PROFESSIONAL ONLY | PROFESSIONAL + SPOUSE/DP | PROFESSIONAL ONLY | PROFESSIONAL + SPOUSE/DP |
| < 25     | \$4.80            | \$8.40                   | \$9.60            | \$16.80                  |
| 25-29    | \$4.80            | \$9.60                   | \$9.60            | \$19.20                  |
| 30-34    | \$9.60            | \$15.00                  | \$19.20           | \$30.00                  |
| 35-39    | \$9.60            | \$15.60                  | \$19.20           | \$31.20                  |
| 40-44    | \$10.80           | \$17.40                  | \$21.60           | \$34.80                  |
| 45-49    | \$15.60           | \$27.60                  | \$31.20           | \$55.20                  |
| 50-54    | \$27.60           | \$42.60                  | \$55.20           | \$85.20                  |
| 55-59    | \$32.40           | \$49.20                  | \$64.80           | \$98.40                  |
| 60-64    | \$37.20           | \$55.80                  | \$74.40           | \$111.60                 |
| 65-69    | \$38.40           | \$58.20                  | \$76.80           | \$116.40                 |
| 70+      | \$45.60           | \$69.00                  | \$91.20           | \$138.00                 |

\*\*Your rate will increase as of your birth date when you move into a new age band throughout the year. All coverage tiers include coverage for eligible dependent children.

Benefit payments for accident, hospital indemnity or critical illness insurance can be used for any expense you choose. For example, you can use it to help pay for expenses not covered by your insurance, deductibles, lost wages, child care, travel, home

health care costs or any regular household expense — it's up to you. Visit the [Voya Employee Benefits Resource Center](#) for more information.

\*See the product brochure, certificate of coverage and any applicable riders for a complete list of covered conditions, along with complete provisions, exclusions and limitations. These benefits are not health insurance and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Accident Insurance, Hospital Confinement Indemnity Insurance and Critical Illness Insurance are limited benefit policies and are issued and underwritten by ReliaStar Life Insurance Company (Minneapolis, MN), a member of the Voya® family of companies. Policy provisions and product availability may vary by state.





### Hinge Health\*

Hinge Health is a digital musculoskeletal (MSK) program, offering tools to help participants conquer back and joint pain, recover from injuries, prepare for surgery, and stay healthy and pain-free. They will assess the member's current condition and match them to a care team to personalize a treatment plan. This program is free for eligible participants.

A personalized treatment plan could include:

- A physical therapist
- A health coach
- Access to the Hinge Health app
- Virtual visits with the care team
- A kit with a tablet and tools to assist in guiding exercise therapy



To learn more, visit [hinge.health/blackandveatch](https://hinge.health/blackandveatch), call Hinge Health at **+1 855-902-2777** or scan the QR code.

### PathFinder\*

PathFinder allows eligible members to complete their annual physical through a Virtual CheckUp with a doctor anytime throughout the year. The Virtual CheckUp screens for important health risks, ensures that members understand their results and are provided with preventive counseling on ways to promote a healthy lifestyle.

Completing a Virtual CheckUp with PathFinder is easy:

1. Visit [portal.pfhcheckups.com/BVH-2027](https://portal.pfhcheckups.com/BVH-2027) to get started with your PathFinder Virtual CheckUp.
2. Sign up for a virtual visit and select where you want to complete your labs. You can complete your labs at a LabCorp service station or have a kit shipped to your home. Labs include A1c (blood sugar) and a complete lipid panel (total cholesterol, LDL, HDL, triglycerides).
3. Log into the secure patient portal using the link in your confirmation email to complete your personal health information (health history, biometrics, and vitals).

\*Available to professionals and their eligible dependents who are enrolled in the BlueCross BlueShield (BCBS) medical plans: HDHP A, HDHP B, or PPO Plan. Additional eligibility requirements may apply.





4. After completing steps two and three, access the patient portal to schedule a virtual appointment with a Pathfinder doctor to review your lab results and discuss health options.

For more information, contact Pathfinder at **+1 847-686-7284** or via email at [help@pathfinder-health.com](mailto:help@pathfinder-health.com).

### Progyny\*

Progyny is a comprehensive fertility and family-planning benefit, leveraging the latest technologies and treatments through a premier network of fertility specialists. Whether you want to learn more about your options, are trying to conceive, or are exploring fertility treatment, Progyny can support you each step of the way. Progyny removes barriers to care so you and your doctor can create the customized treatment plan that is best for you.

In addition to traditional fertility services, members have access to:

- Fertility and family building education
- A digital emotional support program
- Personalized emotional support and guidance from dedicated Patient Care Advocates (PCAs)

Members also have access to the Progyny member portal that provides access to:

- Educational resources
- View coverage details
- Review appointments
- View account and claims information
- Communicate directly with their PCA

For more information, contact Progyny at **+1 866-988-5259**.



### TouchCare

TouchCare is your personal, concierge benefits assistant. They provide free, confidential assistance to help take the stress out of benefit navigation — all at no cost to you! TouchCare provides support for all your company benefits, not just health care.

TouchCare can help with:

- Finding in-network providers and scheduling appointments
- Getting health care cost estimates
- Reviewing claims and resolving billing challenges
- Explaining your benefits and answering questions in plain language
- And more

As part of TouchCare's commitment to helping professionals navigate the complexities of their benefit programs, all newly hired professionals are eligible to receive an individualized, one-on-one consultation of company benefits with a TouchCare Health Assistant.



For more information, contact TouchCare at **+1 866-486-8242**, log in to your member portal at [touchcare.com](https://touchcare.com), send them an email at [assist@touchcare.com](mailto:assist@touchcare.com), or download the TouchCare mobile app by scanning the QR code.

### Milk Stork

#### Breast milk delivery service

If you're a working, breastfeeding mom, let Milk Stork make your life easier by getting your breast milk safely home to your baby while you travel for company business.

#### SimpliFed

SimpliFed provides tele-lactation support to help new moms get access to board-certified lactation consultants for breastfeeding support and infant nutrition support from the comfort and safety of their own homes.

Visit [milkstork.com/bv](https://milkstork.com/bv) or call **+1 510-356-0221** to use this benefit.

\*Available to professionals and their eligible dependents who are enrolled in the BlueCross BlueShield (BCBS) medical plans: HDHP A, HDHP B, or PPO Plan. Additional eligibility requirements may apply.

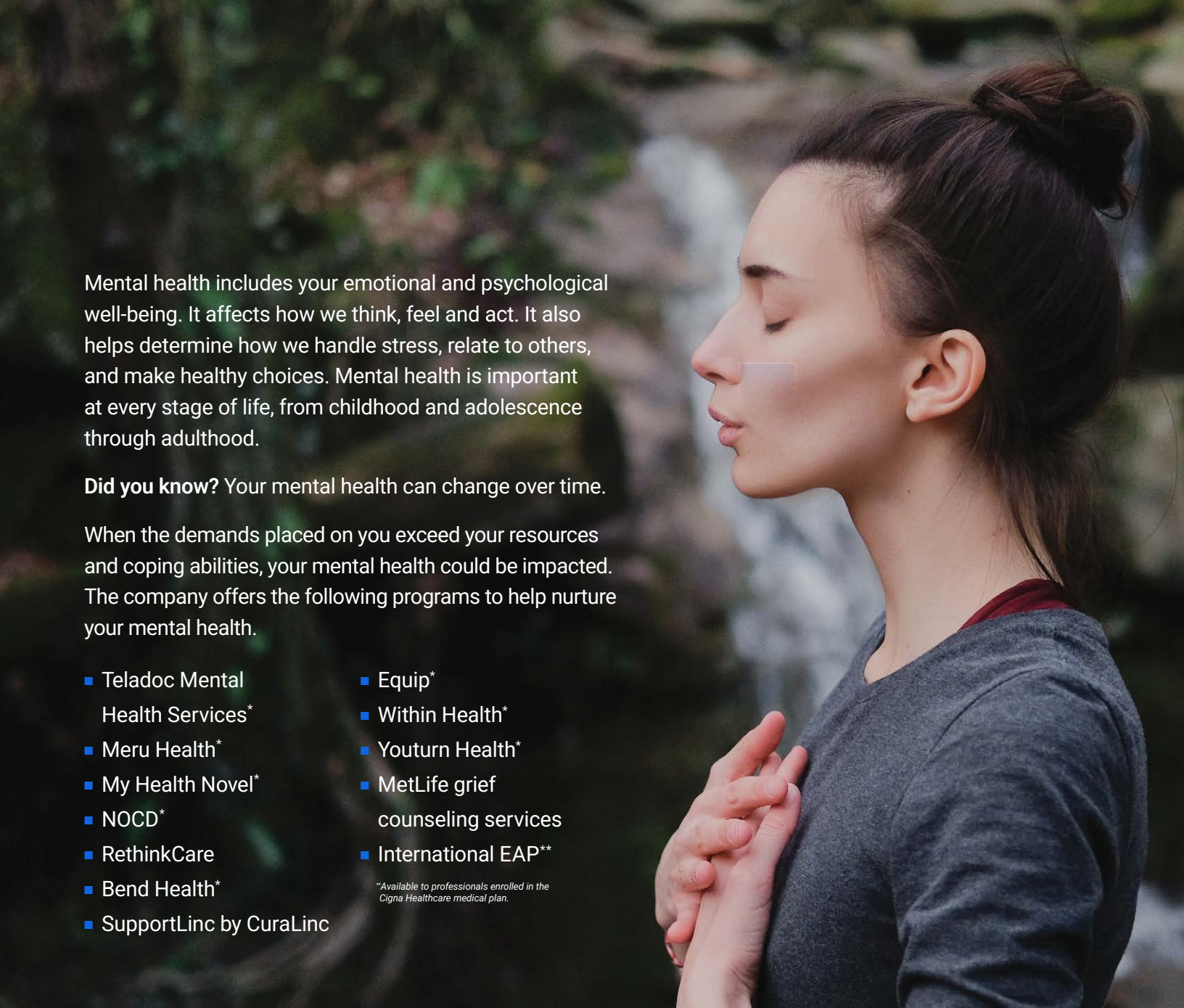




# Nurture your **mental health**



Nurture your emotional and psychological health, and live your life with a sense of purpose and meaning.



Mental health includes your emotional and psychological well-being. It affects how we think, feel and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.

**Did you know?** Your mental health can change over time.

When the demands placed on you exceed your resources and coping abilities, your mental health could be impacted. The company offers the following programs to help nurture your mental health.

- Teladoc Mental Health Services\*
- Meru Health\*
- My Health Novel\*
- NOCD\*
- RethinkCare
- Bend Health\*
- SupportLinc by CuraLinc
- Equip\*
- Within Health\*
- Youturn Health\*
- MetLife grief counseling services
- International EAP\*\*

\*Available to professionals enrolled in the Cigna Healthcare medical plan.

## According to the Centers for Disease Control and Prevention (CDC):

More than  
**one in five  
U.S. adults**  
lives with a mental illness.

\*Available to professionals enrolled in the BCBS medical plans: HDHP A, HDHP B, or PPO Plan.

Over  
**one in five youths**  
(ages 13-18) either  
currently or at some point  
during their life have had  
a seriously debilitating  
mental illness.

About  
**one in 18  
U.S. adults**  
lives with a serious  
mental illness, such as  
schizophrenia, bipolar  
disorder or major  
depression.





# Mental health resources

## Teladoc Mental Health Services

Not feeling like yourself? Teladoc Mental Health Services can get you back to feeling like yourself.

Professionals and their eligible dependents enrolled in the BCBS medical plans: HDHP A, HDHP B or PPO Plan have the opportunity to build a relationship with an experienced therapist or psychiatrist of their choice by phone or video. Teladoc's experts provide support for:

- Anxiety, stress, depression
- Relationship conflicts
- Mood swings
- Trauma and PTSD
- Not feeling like yourself
- Medication management

Start making progress:

1. Set up your account and fill out a brief medical history
2. Choose the expert you think will be the best fit for you
3. Pick the preferred dates and times that fit your schedule
4. Make progress from wherever you're most comfortable

Visit [TeladocHealth.com/go](https://TeladocHealth.com/go), or call **+1 866-789-8155** or download the Teladoc app.

## My Health Novel

Professionals and their eligible dependents enrolled in the BCBS medical plans: HDHP A, HDHP B or PPO Plan have access to My Health Novel. My Health Novel matches members to third-party, helpful resources based on their risk factors, interests, and engagement preferences. It helps members reach their health goals using digital tools, resources and programs customized to meet their needs, all at no cost to the member.

My Health Novel provides a spectrum of resources targeting behavioral health, weight management and women's health.

- **Behavioral health:** Includes best-in-class mindfulness and digital cognitive behavioral therapy offerings, addressing a continuum of mental health conditions, helping members reduce stress, improve sleep quality and increase happiness. Members may be eligible for behavioral health coaching, on-demand and live session programs, and mindfulness and meditation resources.

- **Weight management:** Whether a member is interested in starting new healthy habits or maintaining their weight, My Health Novel provides access to the best nutrition, physical activity and weight management tools, programs and apps available. Members may be eligible for health coaching, nutrition guidance, digital tools, group support and more.
- **Women's health:** Whether a member is dealing with pelvic pain, fertility challenges, breastfeeding or menopause, My Health Novel can provide help and solutions. Members may be eligible for virtual coaching, physical therapy advice and support from health care experts.

How it Works:

1. Log in to your BCBS [MyHealthToolkitKC.com](https://MyHealthToolkitKC.com) account.
2. Select 'Wellness & Care Management,' then 'Wellness Programs,' then 'My Health Novel.'
3. Take a quick, one-minute assessment.
4. You'll receive your recommended program and resources available to you.

For more information, contact BCBS at **+1 866-400-8941** or log in to your [MyHealthToolkitKC.com](https://MyHealthToolkitKC.com) account.

## NOCD

Professionals and their eligible dependents enrolled in the BCBS medical plans: HDHP A, HDHP B or PPO Plan have access to NOCD. Obsessive Compulsive Disorder (OCD) is a severe and misunderstood chronic condition that affects one in 40 people.

NOCD offers effective and convenient OCD therapy. NOCD's licensed ERP-trained therapists help you get better; they have 24/7 support to make sure you stay better.

To schedule your live virtual sessions with a NOCD Network ERP therapist and get support between sessions from peer communities and self-help tools, visit [nacd.com](https://nacd.com).





## Meru Health

Professionals and their eligible dependents enrolled in the BCBS medical plans: HDHP A, HDHP B or PPO Plan have access to Meru Health. Meru Health is a groundbreaking mental health program that blends one-on-one therapist support with helpful digital tools and interactive practices to transform the way you think about your mental health.

### Fast, effective therapy

This personalized treatment program has been clinically proven to help people feel better in a matter of weeks.

### Continuous care

Life happens between therapy appointments. So does Meru Health. That's why your therapist will be available via both scheduled video-call sessions and unlimited in-app chat.

### Dedicated therapist

You'll receive personalized support from a dedicated, licensed therapist who will customize feedback to your specific needs and circumstances.



Scan this code or visit [meruhealth.com/cba](https://meruhealth.com/cba).

## RethinkCare

RethinkCare offers a robust digital training experience and on-demand clinical consulting to support you across your parenting, personal, and professional needs — all at no cost to you!

RethinkCare provides you and your family with access to hundreds of expert-led training courses focused on Personal Wellbeing and Parental Success.

- **Personal wellbeing** includes training collections to help improve your mental, emotional, and physical wellbeing.
  - Mindfulness Basic Training
  - Cultivate Healthy Thoughts
  - Self-Awareness
  - Yoga Basics
  - Understanding Neurodiversity
  - Parenting Basics
- **Parental success includes:**
  - Training areas for caregivers including Family Wellbeing, Social & Emotional Learning and Foundational Skills training.
  - Training modules, individualized assessment tools, customized curriculum planning, progress tracking, Individualized Education Program goal starters, mini-courses and thousands of sessions, tips, articles,





exercises and printable items for modern parenting and caregiving challenges.

- Remote-consultation access to RethinkCare's on-staff Board Certified Behavior Analysts (BCBAs).



For more information, email RethinkCare at [support@rethinkcare.com](mailto:support@rethinkcare.com), log in at [connect.rethinkcare.com/sponsor/BV](https://connect.rethinkcare.com/sponsor/BV) and use code 'BV' or scan the QR code.

## Equip

Professionals and their eligible dependents enrolled in the BCBS medical plans: HDHP A, HDHP B or PPO Plan have access to Equip. Equip provides virtual, evidence-based eating disorder treatment for children, teens, and adults across all 50 states. Their multidisciplinary team treats all eating disorder diagnoses and co-occurring conditions like anxiety, depression, and OCD — right from home, allowing patients to maintain daily routines. With personalized care and proven outcomes, Equip helps families achieve real recovery: 80% of patients report reduced symptoms, and many experience fewer school or work absences and less need for higher levels of care.



Scan the QR code or visit [equip.health/treatment-now](https://equip.health/treatment-now).

## Bend Health

Professionals and their eligible dependents enrolled in the BCBS medical plans: HDHP A, HDHP B or PPO Plan have access to Bend Health. Bend Health offers personalized mental health care for children, teens, and young adults, with services ranging from general behavioral support to specialized treatment for conditions like ADHD, anxiety, depression, trauma, and more. Their care includes LGBTQIA+ affirming support, parenting guidance, and help with school, sleep, and technology-related stress. For more intensive needs, they provide a Virtual Intensive Outpatient Program (IOP) for ages 7–25, designed to address severe anxiety and depression over a 6–12 week period. Neuropsychological evaluations are also available to help families better understand and support their child's unique strengths and challenges.



Get started today by scanning the QR code.

## Youturn Health

For professionals and their eligible dependents enrolled in the BCBS medical plans: HDHP A, HDHP B, or PPO Plan, Youturn Health is a confidential, virtual support program that helps you and your family manage stress, anxiety, and other behavioral health challenges that can lead to substance misuse. It offers peer coaching, resources, and an online learning library to guide you through triggers and promote healthier coping strategies.



Scan the QR code to learn more.

## Within Health

Professionals and their eligible dependents enrolled in the BCBS medical plans: HDHP A, HDHP B or PPO Plan have access to Within Health. Within Health provides eligible members a personalized remote eating disorder treatment. The science-backed program embraces intuitive eating, body image restoration, radical self-love and acceptance, social and emotional therapy, and trauma-informed healing to bring patients virtual treatment that works. Within Health uses technology, connectivity, and therapeutic groups to enhance treatment and promote long-term recovery.



To learn more, visit [within.health/cba](https://within.health/cba), call Within Health at +1 866-559-3073 or scan the QR code.

## MetLife grief counseling services

MetLife's Grief Counseling Program, offered through TELUS Health, provides confidential, no-cost support to professionals and their families during difficult times such as loss, serious illness, divorce, or job loss. The program includes up to five counseling sessions per event, available in person or by phone, and offers legal and financial consultations, funeral assistance, and online self-help resources. Services are available to help navigate grief and life changes with professional guidance and care.

Contact a TELUS health counselor by calling +1 888-319-7819 or visit [one.telushealth.com](https://one.telushealth.com). Username 'metlifeassist', password 'support'.





SupportLinc is always by your side: Call, text, email or live chat with a SupportLinc expert 24/7. For more information, visit [supportlinc.com](https://supportlinc.com) and use username: bv.

## Employee Assistance Program

*SupportLinc by CuraLinc*

### Domestic & expatriate

We know life can get tough sometimes, and we want you to know you're never alone. That's why the company has partnered with CuraLinc to bring you SupportLinc — a holistic employee assistance program. SupportLinc is a no-cost resource that helps professionals deal with life's challenges and the demands that come with balancing home and work. The program provides confidential services for a wide array of personal and work-related concerns, such as:

- **Short-term counseling** for depression, anxiety, relationship challenges, stress management, substance abuse, grief, anger management, family counseling, marital concerns, etc.
- **Work-life benefits** such as legal assistance, financial and ID theft consultation, and expert dependent care referrals.

SupportLinc's experts are available 24/7, day or night, by phone, video, email, text and live chat.

*Eligibility for SupportLinc includes you, your spouse/DP and your dependents up to age 26 living in the same household.*

### Expatriate | International EAP

You can contact International EAP by direct dial 24/7 for immediate access to confidential services for behavioral challenges or concerns. Services include telephonic triage for emergent and urgent referrals, crises intervention and referrals to community resources. Referrals are available for face-to-face sessions with a licensed behavioral professional. Work-life referrals are available for childcare, eldercare, legal and financial situations.

#### Calling from the U.S.:

Call **+1 800-441-2668** (toll-free) or **+1 302-797-3100** (Direct, collect calls accepted).

#### Calling from outside the U.S.:

It's important to use the International Access Code. Go to [CignaEnvoy.com](https://CignaEnvoy.com) and select Contact Us for a list of country codes and helpful calling instructions.





# Build your **wealth**



Building your knowledge of finances while  
empowering you to make decisions for your future.



**Building your wealth** includes your job-based income and much more. Wealth-building is the process of generating long-term income through multiple sources. This includes savings, along with investments and other income-generating assets. The keys to building wealth are financial planning and insight into one's future financial goals.

**Did you know?** Employee-owners retire wealthier.

According to the National Center for Employee Ownership (NCEO), professionals at S corporation ESOP companies like Black & Veatch had more retirement savings and more employer-side retirement contributions compared to companies offering only a 401(k) plan.



## Black & Veatch Retirement Program

### 401(k) (Other Investments)

**Employee-owner contribution:**  
Choose to contribute to a pre-tax 401(k), a Roth 401(k) or a combination of both.

**Company contribution:**  
50% match on employee contributions up to 6% of eligible compensation, made on a quarterly basis.

### ESOP

**Company contributions:**  
Discretionary annual contributions provided by the company investment can be in the BV Stock Fund or cash.

**98%** of professionals are **eligible to participate in an employee ownership plan.** Your efforts to improve the company's profitability contribute to the company's success, which can positively affect the stock price. Ultimately, this grows your ownership account value and helps you build wealth over time.





# Employee Stock Ownership Plan (ESOP) | Schwab

As part of the Retirement Program, you are also eligible to participate in the ESOP, a company-provided retirement benefit where eligible employees gain an ownership interest in Black & Veatch and hold company stock through a trust fund. Participating employees of the ESOP are referred to as employee-owners.

The company is proud to be 100% employee-owned, with 98% of our professionals eligible to participate in our employee ownership programs.

## ESOP eligibility & contributions

The company may make ESOP contributions to Black & Veatch Retirement Program (Retirement Program) participant accounts at its sole discretion. The timing, amount and payment may vary from year to year.

- You are not required to enroll in the Retirement Program to receive an ESOP contribution.
- To receive ESOP contributions, you must have been paid for at least 100 hours in the calendar year and be employed on the last day of the year, unless employment is terminated due to death, disability or attainment of qualified retirement (age 59½ with 10 years of service or age 65).
- Your ESOP contribution by the company will be based on your eligible compensation paid in the calendar year or after becoming an eligible Retirement Program participant.
- The ESOP contribution amount is calculated as a percentage of plan-eligible compensation paid in the calendar year, which is defined as Base, Bonus, Overtime and Shift Differential, up to the Annual Compensation Limit.
- ESOP contributions can be made in company stock or cash.

### Vesting:

Professional's ESOP contributions are vested using the following method:

| YEARS OF SERVICE | THE COMPANY'S ESOP CONTRIBUTIONS, % |
|------------------|-------------------------------------|
| 0-1              | 0                                   |
| 2                | 20                                  |
| 3                | 40                                  |
| 4                | 60                                  |
| 5                | 80                                  |
| 6                | 100                                 |

- ESOP contributions are vested 20% after two years of service, then an additional 20% each year of service until you are 100% vested after six years of service.
- A year of service for vesting is defined as a calendar year in which you have been credited with at least 1,000 hours of service.

### Diversification

Generally, you are not eligible to transfer holdings out of BVH, Inc. Stock (BV Stock) to other investments until you become qualified to diversify BV Stock holdings.

You may diversify up to 25% of your BV Stock ownership interest into other 401(k) investments in the year after you have reached age 55 and have participated in the ESOP for 10 years.

In addition, during the sixth plan year after you become qualified to diversify, the diversification percentage increases from 25% to 50%.

For details, reference the [Diversification Rights](#) document on the Retirement Plan site.

### Payment of ESOP contributions

#### Payment after termination

- After termination of employment, generally:
- You may initiate a distribution when you want to receive your vested 401(k) holdings and start lump sum distributions of BV Stock.
- Payments can be either paid directly to you or rolled over into another tax-deferred investment account based on your direction.
- When you request a distribution, BV stock contributed to your ESOP account before 2022 is paid in a lump sum as soon as administratively feasible. BV stock contributed in 2022 or later is paid in a second lump sum the year after the distribution request.
- See the Black & Veatch Retirement Program Summary Plan Description (SPD) for full details.
- You have the option to leave your money in the Plan after termination if your balance is more than \$7,000.



# Retirement program | Schwab

*The company's retirement program is a convenient way to save for your retirement.*

## The retirement program benefits include:

- Pre-tax and after-tax Roth 401(k) savings options
- Company matching contributions (made quarterly)
- A broad selection of quality Investments
- Automatic payroll deductions
- Convenient account access
- In-plan Roth transfers

## Who's eligible to participate

You are immediately eligible to participate in the retirement program on your date of hire unless you are:

- A leased professional
- Represented by a collective bargaining agreement
- A non-resident alien with no U.S. source income
- An independent contractor or contract worker
- An intern
- Foreign Pay Local National in Puerto Rico paid by BV Special Project Puerto Rico or BV Puerto Rico PSC.
- Employed in a craft job classification

## Employee contribution

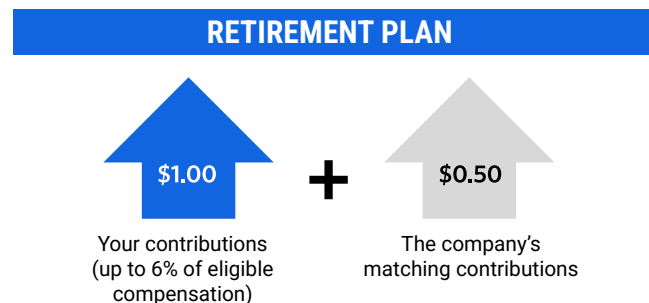
You can contribute 1% to 60% of **your eligible compensation and bonus payments**, up to the annual IRS limits, via separate base and bonus deferral elections. You may choose to make pretax or Roth contributions or a combination of the two. **The company will match your retirement program contributions 50 cents on the dollar (or 50%) on the first 6% of your own contributions.**

If you will be age 50 or older by year-end, you may be eligible to make catch-up contributions. Employees ages 50-59 and age 64 or older can make the standard catch-up contribution allowed by the IRS. Employees ages 60-63 may be eligible for a higher catch-up contribution limit. IRS limits are updated annually. Visit [workplace.schwab.com](https://workplace.schwab.com) for current limits. Catch-up contributions may be made on a pre-tax and/or Roth 401(k) basis.

## How Matching Contributions Work

When you contribute at least 6% of your pay to your

retirement program account, either as pretax or Roth after-tax contributions (or a combination of the two), you will receive the maximum 3% match from the company. **That means your total retirement program savings will equal 9% of earnings annually.**



## Automatic enrollment

Unless you choose to opt out or make a contribution election within 45 days of your date of hire, you are automatically enrolled at a pretax contribution rate of 6%. Your contributions will be invested in the Vanguard Target Retirement Fund closest to your estimated retirement age of 65. The company's matching contributions will be invested in the Vanguard Target Retirement Fund.

Your contribution will also increase by 1% annually on the anniversary date of your automatic enrollment, up to a maximum of 15% of your compensation.

See the company's Retirement Program Enrollment Guide or the Retirement Program Summary Plan Description found on [BVconnect](#) for more details on how automatic contributions work.

## In-plan Roth rollover

**Convert all or part of your eligible balances to Roth savings** while leaving the funds in your plan account.

Converted pre-tax amounts are taxable in the year of conversion. Consult a tax advisor to determine whether an in-plan Roth rollover is right for you.



## Vesting

Your contributions are always 100% vested, meaning you own them immediately. You are fully vested in matching 401(k) contributions as shown below.

| YEARS OF SERVICE | THE COMPANY'S MATCHING CONTRIBUTIONS, % |
|------------------|-----------------------------------------|
| 0-1              | 0                                       |
| 2                | 0                                       |
| 3                | 100                                     |

*You can start, stop or change your contributions at any time through your Schwab account at [workplace.schwab.com](https://workplace.schwab.com), via chat or by calling Participant Services at +1 800-724-7526 Monday through Friday, 8 a.m. to 10 p.m. ET. You can also download the Schwab Workplace Retirement App for convenient access to your retirement account on the go.*

## Investment options

The Retirement Program lets you decide how best to save for retirement by giving you the option to choose from a variety of investment funds. As always, your investment portfolio should reflect your age, risk tolerance and overall savings goals. As you consider your investment options, think about what level of involvement you'd like to have in managing your account.

### A "low-maintenance" approach — Target retirement funds

- Offers a diversified portfolio in a single fund based on your target retirement date
- Is automatically managed to invest more conservatively as you get closer to retirement age

### A "hands-on" approach — Build your own portfolio

- Offers a choice from individual core funds selected and monitored by the company to create your own unique portfolio OR
- Provides even more investment options; contribute up to 95% of your contribution to a self-directed Personal Choice Retirement Account (PCRA) through Schwab

## Retirement planning support

Retirement plan advice powered by Morningstar® Retirement Manager<sup>SM</sup> is available at no additional cost. This tool can help you:

- Create a personalized retirement strategy
- Set financial goals and identify steps to achieve them
- Consider the right contribution rate and investments for you

Visit [workplace.schwab.com](https://workplace.schwab.com) to learn more.

## Puerto Rico retirement plan Banco Popular

The Black & Veatch Puerto Rico Retirement Plan (the "Plan") is qualified under sections 1081(a) and (d), of the Puerto Rico Internal Revenue Code, as amended. This plan is available to professionals classified as Foreign Pay Local Nationals and paid from company Black & Veatch Puerto Rico, PSC payroll. The Plan only accepts pre-tax contributions up to the Puerto Rico contribution limits. Company match is 50% of employee pre-tax contributions up to 6% of employee compensation. Company match vests after 3 years of service. See additional [plan information](#) for more details.

Puerto Rico professionals may be eligible for the [Global Employee Ownership Plan](#) (GEO); information is available on BVconnect.



### Monthly supplemental and dependent life insurance rates:\*

| YOUR AGE: | RATE PER \$1,000 OF COVERAGE: |
|-----------|-------------------------------|
| < 30      | \$0.034                       |
| 30-34     | \$0.034                       |
| 35-39     | \$0.044                       |
| 40-44     | \$0.059                       |
| 45-49     | \$0.093                       |
| 50-54     | \$0.147                       |
| 55-59     | \$0.230                       |
| 60-64     | \$0.407                       |
| 65-69     | \$0.715                       |
| 70+       | \$1.648                       |

Child: \$10,000 or \$20,000 \$0.152

*\*You may choose spouse/DP life insurance amounts in increments of \$25,000, ranging from \$25,000 to \$250,000.*



To learn more about the Statement of Health form requirement, view this helpful [video](#) from MetLife.

## Life insurance | MetLife

### Basic life insurance

The company provides you with basic life insurance of one times your annual salary (rounded up to the next \$5,000 increment), up to \$500,000. If eligible, you have the opportunity to select more life insurance protection for you, your eligible spouse/DP and dependent child(ren) up to age 26.

### Supplemental life insurance

You have the opportunity to enroll in amounts equal to one, two, three, four or five times your basic life insurance amount. The combined basic and supplemental life insurance maximum is \$2,000,000.

As a new hire, if you elect supplemental life coverage for yourself in excess of three times your basic life insurance amount, you must complete and submit a Statement of Health form to MetLife for approval.

If you request to increase your existing supplemental life coverage by more than one increment, or make a late request for supplemental life coverage, you must complete and submit a Statement of Health form to MetLife for approval.

### Dependent life insurance

- You may enroll in coverage for your spouse/DP, your dependent child(ren) or both.
- For spousal/DP coverage, monthly premiums are calculated on the amount of insurance selected and are based on your age, not the age of your spouse/DP.
- You must complete and submit a Statement of Health form to MetLife for approval if you enroll in insurance coverage for your spouse/DP in excess of \$50,000. Your spouse/DP will be enrolled at up to \$50,000 until you receive notice of approval or denial.
- You may choose life insurance for your child(ren) in the amounts of \$10,000 or \$20,000 without completing a Statement of Health form.

## Business travel accident insurance | Zurich

Professionals get \$250,000 of business travel accident insurance as additional life insurance protection when traveling for business.





## Accidental death & dismemberment (AD&D) insurance | Zurich

The company provides you with basic AD&D insurance of one times your annual salary (rounded up to the next \$5,000 increment), up to \$500,000. If eligible, you have the opportunity to select more AD&D insurance protection for you, your eligible spouse/DP and dependent child(ren) up to age 26.

You can enroll in or change coverage without the need to obtain insurance approval or submit a Statement of Health form.

### Supplemental and dependent AD&D insurance

| COVERED PERSON      | BENEFIT AMOUNT                                                                                                    | RATES               |
|---------------------|-------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>Professional</b> | \$25,000 increments up to \$500,000<br><i>(for amounts above \$300,000, up to 10 times annual salary maximum)</i> | \$0.018 per \$1,000 |
| <b>Spouse/DP</b>    | Your spouse or DP will be insured for 60% of your principal sum if there are no dependent children covered.       | \$0.030 per \$1,000 |
| <b>Child(ren)</b>   | If you have no spouse or DP, each dependent child will be insured for 20% of your principal sum.                  | \$0.030 per \$1,000 |
| <b>Family</b>       | Spouse or DP<br><i>(50% of your principal sum)</i><br>PLUS<br>Child(ren)<br><i>(10% of your principal sum)</i>    | \$0.030 per \$1,000 |

## Disability insurance

### Short-term disability (STD) insurance

The company provides eligible professionals with an STD insurance plan that provides a percentage of income replacement for up to 90 days after meeting a seven-day elimination period. The company pays the full cost for this coverage. Coverage begins on date of hire.

- The elimination period is seven consecutive calendar days.
- The STD benefit duration is up to 90 calendar days (elimination period is included).
- STD pays 100% of the base pay rate for the first 30 calendar days (elimination period is included) and 70% of the base pay rate for the remaining days.

See the complete time away from work policy details under "Paid, Unpaid & Protected Time Off" on the [Empowered Well-being BVconnect site](#).

### Long-term disability (LTD) insurance | MetLife

The company offers voluntary LTD through MetLife to help protect you against loss of income in the event of an unexpected illness or injury for a long period of time. You pay the full cost for this coverage. No Statement of Health form is required if you enroll when you are first eligible. Otherwise, if you choose to enroll at a later date, a Statement of Health form must be completed and approved by MetLife.

The voluntary LTD benefit pays 60% of monthly earnings, up to \$20,000 per month, after meeting a 90-day elimination period.

New enrollees are subject to a pre-existing condition limitation. If you received medical treatment, advice, care or services, including diagnostic measures, or took prescribed drugs or medicines in the three months prior to your effective date, any disability for that condition would not apply until you are covered under the plan for 12 months from the effective date.

#### Monthly long-term disability rate:

\$0.314 per \$100 monthly salary





### Credit union

The BV Credit Union provides convenient, high-quality, competitive, personalized financial services that are responsive to the changing needs of its members. The Credit Union offers superior loan and savings products, while operating in a financially prudent and efficient manner.

Call **+1 913-458-2739** or **+1 800-348-0119** for more information.

### Bank of America

The BofA Rewards Preferred Plus program offers benefits, resources and rewards based on the ways you save, spend and borrow.

More details can be found at [go.bofa.com/14755\\_BV](https://go.bofa.com/14755_BV).

### Discount programs

#### PerkSpot

Provides you with exclusive discounts and perks. Access at work, home or on the go.

Visit [blackandveatch.perkspot.com](https://blackandveatch.perkspot.com) to take advantage of this benefit.

#### Care.com

Provides you a premium membership to connect with qualified caregivers, as well as access to LifeMart which offers online discounts for everyday essentials.

Visit [care.com/yourbenefits](https://care.com/yourbenefits) and enter "Black & Veatch" for employer name to access these benefits.





## Legal plans | *MetLife Legal Plan*

The company offers MetLife Legal Plan, a MetLife Company.

Choose from two legal plans:

### Standard Plan

Enrolling in this plan provides you with convenient access to a wide range of legal services such as:

- Court appearances
- Document review and preparation
- Money matters
- Digital estate planning
- Family law
- Real estate matters
- Will and trust preparation
- Reproductive matters
- LGBTQ+ matters

### Premium Plan

Enrolling in this plan provides you with all of the services listed above under the Standard Plan, plus tax preparation services, and caregiving services. Additionally, the following services are available to your parents and parents-in-law:

- Money matters
- Family and personal matters
- Home and real estate matters
- Estate planning documents
- Elder care matters

MetLife Legal Plan provides you with telephone and office consultations for an unlimited number of matters with any attorney, anywhere or anytime. For more information on the MetLife Legal Plan, visit [info.legalplans.com](https://info.legalplans.com).

You pay the full cost of this benefit.

### Monthly legal plan contributions:

Standard Plan \$17.24

Premium Plan \$22.44



## Identity theft and cyber protection services | *Norton LifeLock*

The company offers comprehensive identity monitoring, fraud detection, privacy management, cybersecurity protection, financial recovery assistance, and expert restoration services to help individuals and families prevent, detect, and recover from identity theft and online threats through Norton LifeLock. Plan features include identity and credit monitoring and alerts, identity theft insurance up to \$5 million, 24/7 customer service and recovery support and much more.

Coverage is available at the following monthly rate:

### Benefit Premier Plus:

Professional: \$7.96

Family: \$14.64

For more information about what's covered, contact Norton LifeLock customer service at +1 800-543-3562. For more information, visit the [Identity Theft Protection Plan](#) portal on the Empowered Well-being BVconnect site or members can log in to [Norton.com/PremierPlus](https://Norton.com/PremierPlus).

## Student loan assistance

### *MetLife + Savi*

Want to minimize your student loan debt? MetLife + Savi Student Loan Assistance is a digital service that can help minimize your student debt. Savi helps borrowers better understand their debt, lower their payments, and enroll in a plan that will help them on their path to student loan freedom.

### MetLife + Savi helps you:

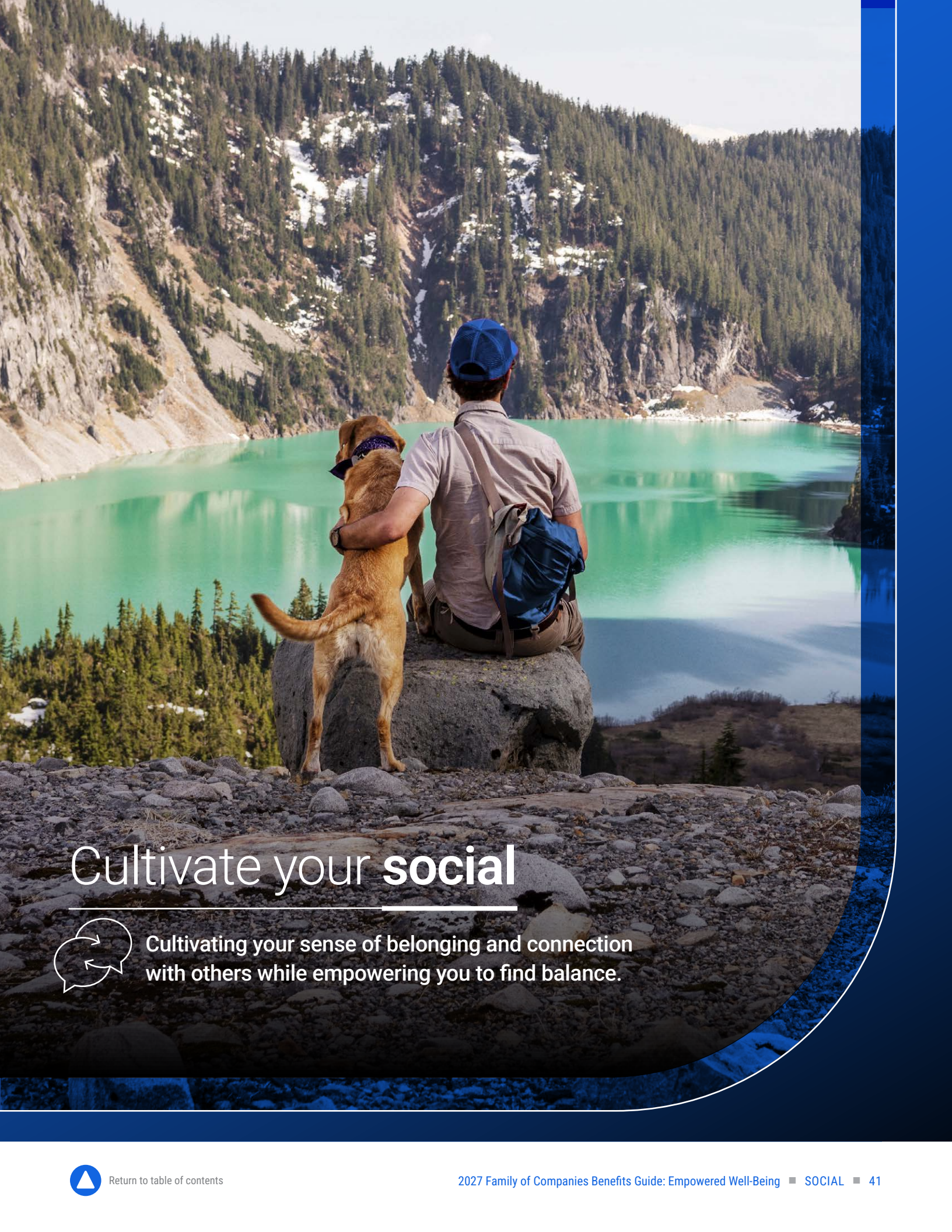
- Identify the programs you qualify for.
- Navigate the application process.
- Increase your chances for approval.

### How it works:

- **Calculate** – tell Savi about you and your loans to see all available options.
- **Review** – compare all your repayment and forgiveness options side-by-side.
- **Enroll** – pick a plan and quickly enroll to get ongoing advice, tools, and information.

For more information and to get started go to [blackandveatch.bysavi.com/metlife](https://blackandveatch.bysavi.com/metlife).





# Cultivate your **social**



Cultivating your sense of belonging and connection with others while empowering you to find balance.





Connections to friends, family and community are important to **cultivating your social** well-being. Pursuing personal interests and hobbies can help in building your network of friends. Additionally, spending time away from work and creating a healthy work-life balance support your social well-being.

**Did you know?** Employee Resource Groups (ERGs) can help forge connections with colleagues.

ERGs provide you with several benefits: opportunities for career development, networking, mentoring and community involvement.

**At the company, we have 10 ERGs:**

- BienVenidos
- Christian Friends Network
- DiverseAbility
- EBONY
- Global Fusion
- MERGE
- Pride
- Thrive
- WAVE
- Young Professionals

**One in three** professionals participates in ERGs.

The company offers flexibility through **9/80 schedules**.

The **Black & Veatch Foundation** supports four core focus areas:

- STEM & workforce development
- Thriving communities
- Sustainability
- Signature programs

*your*  
**United Way**

In 2024, the company surpassed **\$30 million** in total giving to the United Way.





## Work-life balance

A healthy work-life balance means consciously managing your time to meet both your personal and professional responsibilities. The company's vacation, sick time and floating holidays help ensure you can take the time you need to prevent burnout, recharge and fulfill your personal obligations.

### Time off

For your first year of employment, time off may be prorated based on hire date. For more details and to learn how to schedule time off, see the complete time away from work policy details under "Paid, Unpaid & Protected Time Off" on the [Empowered Well-Being BVconnect site](#).

### Holiday allowance (in hours)

Active full-time and part-time professionals working 20 or more hours per week are eligible for holiday pay as outlined below. *Expatriates follow the holiday schedule of their host country. Visit BVconnect for more details.*

| U.S. HOLIDAY                      | FULL-TIME SCHEDULE | PART-TIME SCHEDULE |                  |
|-----------------------------------|--------------------|--------------------|------------------|
|                                   |                    | 30-39 HOURS/WEEK   | 20-29 HOURS/WEEK |
| New Year's Day                    | 8                  | 6                  | 4                |
| Martin Luther King Jr. Day        | 8                  | 6                  | 4                |
| Memorial Day                      | 8                  | 6                  | 4                |
| Independence Day                  | 8                  | 6                  | 4                |
| Labor Day                         | 8                  | 6                  | 4                |
| Thanksgiving Day                  | 8                  | 6                  | 4                |
| Friday following Thanksgiving Day | 8                  | 6                  | 4                |
| Christmas Eve afternoon           | 4                  | 3                  | 2                |
| Christmas Day                     | 8                  | 6                  | 4                |
| Floating holiday                  | 24                 | 18                 | 12               |

### Vacation

The company encourages you to take time off to relax and rejuvenate. Eligible full-time and part-time professionals earn vacation incrementally throughout the calendar year.

If you have any unused vacation time at the end of the year, those unused hours may carry over into the next calendar

year. The maximum hours you can carry over will depend on your schedule and location. For more information, including scheduling and time reporting, see the complete time away from work policy details under "Paid, Unpaid & Protected Time Off" on the [Empowered Well-Being BVconnect site](#).

### Annual vacation amount (in hours)

| JOB LEVEL    | YEARS OF SERVICE | FULL-TIME SCHEDULE | PART-TIME SCHEDULE |                  |
|--------------|------------------|--------------------|--------------------|------------------|
|              |                  |                    | 30-39 HOURS/WEEK   | 20-29 HOURS/WEEK |
| 1-15         | 0 - 4            | 120                | 90                 | 60               |
| 1-15         | 5 or more        | 160                | 120                | 80               |
| 16 and above | 0 or more        | 160                | 120                | 80               |





## Sick time

The company provides eligible professionals paid sick time to be used for illness, injuries and regular health care appointments for themselves and their eligible family members. Exempt professionals do not accrue sick time; however, they are excused

with pay for a reasonable number of absences.

During the first year of employment, non-exempt professionals receive a prorated sick time allotment based on their date of hire, as outlined below.

### Non-exempt sick time allowance (in hours)

| MONTH HIRED       | FULL-TIME SCHEDULE | PART-TIME SCHEDULE |                  |                 |
|-------------------|--------------------|--------------------|------------------|-----------------|
|                   |                    | 30-39 HOURS/WEEK   | 20-29 HOURS/WEEK | 0-19 HOURS/WEEK |
| January           | 64                 | 62                 | 46               | 30              |
| February-March    | 56                 | 54                 | 40               | 26              |
| April             | 48                 | 47                 | 35               | 23              |
| May-June          | 40                 | 39                 | 29               | 19              |
| July              | 32                 | 31                 | 23               | 15              |
| August-September  | 24                 | 23                 | 17               | 11              |
| October           | 16                 | 16                 | 12               | 8               |
| November-December | 8                  | 8                  | 6                | 4               |

Non-exempt professionals may carry over unused hours of sick time to the next calendar year. The annual benefit and maximum accrual is outlined below.

### Non-exempt sick time carry over allowance (in hours)

| SCHEDULE         | ANNUAL BENEFIT | MAXIMUM ACCRUAL |
|------------------|----------------|-----------------|
| <b>Part-time</b> |                |                 |
| 0-19 hours/week  | 30             | 30              |
| 20-29 hours/week | 46             | 60              |
| 30-39 hours/week | 62             | 90              |
| <b>Full-time</b> | 64             | 120             |

## Maternity and parental bonding leave

The company provides paid leave to support parents during the arrival of a new child:

- **Maternity leave** provides paid time away from work while recovering from pregnancy and childbirth.
- **Parental bonding leave** provides up to four weeks of paid

leave to bond with a newborn child, adopted child, or child born through surrogacy.

See the complete time away from work policy details under “Paid, Unpaid & Protected Time Off” on the [Empowered Well-Being BVconnect site](#).





## Pet insurance | *Pets Best\**

Your pets are a significant part of your and your family's lives, which is why it is important to keep them safe and healthy. Our partnership with Pets Best can help reduce the stress, heartache and uncertainty associated with unexpected events. Pets Best provides flexible pet insurance coverages at a discounted group rate. For more information and to enroll go to [petsbest.com/BVPets](https://petsbest.com/BVPets) or call +1 888-984-8700 reference discount code: BVPets.

## Employment Referral Program

The company encourages you to refer qualified candidates for job openings. To reward you for referring qualified candidates for certain types of positions, the company pays a cash referral bonus for each eligible and successfully hired referral made. You can find more details about the Employment Referral Program on the [Global Employee Referral Program BVconnect site](#).

## Education Assistance Program

The Education Assistance Program is designed to reimburse certain expenses for degree-granting programs that you actively pursue at an accredited post-secondary institution. The

courses should have a direct link to the work you are currently performing or help prepare you for future assignments at the company.

### Annual reimbursable amount

The company will reimburse you for a portion of your direct tuition costs and textbooks only, up to \$5,250 per year (IRS annual maximum).

View the [Qualified Education Assistance Program Policy](#) on BVconnect for details.

## Additional benefits and services

The company provides you with a variety of additional benefits to help you balance the demands of work and your personal life, including:

- Flexible work schedules
- Adoption reimbursement program
- Mothers' rooms at select locations
- Fitness facilities at select locations
- Quiet rooms at select locations

\*Benefit not available to Puerto Rico Professionals.





## CURRENT ERGS



BienVenidos



ChristianFriends  
Network



DiverseAbility



GlobalFusion



EBONY



MERGE



Pride



Thrive



WAVE



Young  
Professionals

## Additional benefits and services

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## Employee experience

Accountability, respect and common purpose embody the best of what it means to be an employee-owner. We hold ourselves accountable for everything we commit to deliver. We engage with others respectfully. And together, we work with a "we" not "me" mindset toward a common purpose that drives the best outcomes for the company and our fellow employee-owners.

To learn more about our employee experience and Culture, visit the [Culture](#) site on BVconnect.

## Employee Resource Groups

The company strives to provide professionals with opportunities to learn, develop and grow to their fullest potential. The company believes its continued success depends on the diverse skills, experiences and backgrounds that professionals bring to the organization. Through Employee Resource Groups (ERGs), we can provide an inclusive company culture and further empower professionals to drive exceptional business results.

### What is an Employee Resource Group (ERG)?

ERGs are grassroots organizations made up of professionals who voluntarily join together based on common or shared characteristics and life experiences. ERGs work together to create long-term business benefits to the company and their members. They also provide a positive work environment by actively contributing to the company's strategy and mission.

ERGs have a clearly defined business purpose that ties to the company's strategy. They are formed and managed by professionals with an executive sponsor (director-level or above) and are open to all professionals regardless of the theme or focus of the group.

To find out more or join an ERG go to the [Life & Family Employee Resource Groups](#) page on BVconnect.





## Career development

You are part of a movement driven by employee-owners to help us identify how we can succeed in a world characterized by constant change.

Check out our career development programs and platforms that expand your capabilities through diverse assignments and experiences across the company.

### EARLY CAREER



Explore a variety of career paths across the company while diversifying your skills, identifying your strengths, and expanding your network.

[More information about EDGE](#)

### MID-CAREER

#### Leadership development trainings

We empower everyone to act as leaders, constantly learning, growing, and engaging different perspectives to push us

to a greater future. Platforms such as IMS provide you the opportunity to take courses from top business schools that transform your approach to leadership and business skills development.

[More information about Trainings](#)

#### Project manager (PM) development

Programs, courses and resources designed to support and develop aspiring and current PMs at all stages of their career.

[More information about PM](#)

### ADDITIONAL OPPORTUNITIES

#### Change management toolkit

Tools that help you lead responsively and with agility when working with the company's distributed workforce.

[More information about change management](#)

#### Mentoring

Tools to help you identify a mentor and resources for strengthening your existing mentoring relationships.

[More information about mentoring](#)





## Who's eligible for coverage

Under the company's benefits program, eligible dependents include:

- Your legal spouse
- Your same or opposite sex domestic partner (DP)
- Your children, or children of your spouse or DP, who are under age 26
- Your unmarried children age 26 or older who are permanently and totally disabled, do not provide more than 50% of their own support, and live with you for more than half of the year

Children include biological children; stepchildren; adopted children; children placed for adoption; children whom you, your spouse or DP are legally obligated to support; and children for whom you or your spouse or DP are the legal guardian.

If you and your spouse, DP or dependent child(ren) work at the company, you cannot be covered as both a professional and a dependent under any of the company's benefits plans. More details about eligibility can be found in the benefit plan documents posted on BVconnect or by contacting the HR Support Center at [+1 913-359-1608](tel:+19133591608) or [HRUnitedStates@hrsupport.bv.com](mailto:HRUnitedStates@hrsupport.bv.com).

### Covering a DP and/or DP's child(ren)

If you enroll in DP coverage, you will need to submit a DP Affidavit. During enrollment, you must identify your eligible DP and/or your DP's dependent child(ren) who will be covered under your health plans. Benefits for a DP, or child(ren) of a DP, are purchased after taxes. The total value of your DP's and DP's child(ren)'s benefits is considered imputed (taxable) income.

### Dependent verification

After you enroll, you must show proof of eligibility (such as a marriage certificate, birth certificate or DP registration) to HMS, a Gainwell Technologies Company, to provide coverage for your newly enrolled dependents in the medical, dental and/or vision plans. HMS will contact you with details about how to complete the verification process.

**If you fail to complete the dependent verification process with HMS, your unverified dependents will not be eligible for coverage under the medical, dental and vision plans, and their coverage under these plans will be terminated.**

## When you can make changes

Consider your benefit elections carefully. You will not have an opportunity to change your elections until the next open enrollment period – unless you have a qualifying event or a change in family status.

Examples of a qualifying event or change in family status include:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in work status for you or your spouse or DP
- Death of your spouse or DP
- Loss of coverage in another group health plan

**If you have a change in family status, you must notify the HR Support Center within 30 days from the date of the event to make changes to your benefits plan(s).** [Information about qualifying events](#) is available on BVconnect. To request more information about a special enrollment (or if you experience a change in family status), contact the HR Support Center at [+1 913-359-1608](tel:+19133591608) or [HRUnitedStates@hrsupport.bv.com](mailto:HRUnitedStates@hrsupport.bv.com).



## Important notices

### Plan documents

As a participant in the company's benefit plans and programs, it is your responsibility to read the benefit plan documents and policies and to understand how they apply to you and your family.

If you would like a copy of your plan documents (e.g., Summary Plan Description, Certificate of Coverage, Summary of Benefits and Coverage) or have any questions about the plan options or about any Summary of Material Modification and how it affects your coverage, please contact the HR Support Center at **+1 913-359-1608** or [HRUnitedStates@hrsupport.bv.com](mailto:HRUnitedStates@hrsupport.bv.com). Copies of the Black & Veatch Health and Welfare Benefit Plan documents are also available on the [Empowered Well-Being BVconnect site](#).

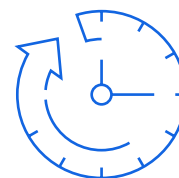
### Legal notices

Legal notices are available on the [Empowered Well-Being BVconnect site](#). Copies are also available by contacting the HR Support Center at **+1 913-359-1608** or [HRUnitedStates@hrsupport.bv.com](mailto:HRUnitedStates@hrsupport.bv.com).

- Black & Veatch Retirement Program EACA-QDIA Notice
- Children's Health Insurance Program (CHIP)
- Continuation Coverage Rights Under COBRA
- Health Insurance Marketplace Coverage Options and Your Health Coverage
- HIPAA Notice of Special Enrollment Rights
- Illinois Consumer Coverage Disclosure
- Medicare Part D Notice
- Newborns' and Mothers' Health Protection Act Notice
- Notice of Privacy Practices
- Women's Health and Cancer Rights Act (WHCRA) Notice
- Your Rights and Protections Against Surprise Medical Bills

### Life insurance and AD&D continuation

If you become ineligible for active life insurance and/or AD&D insurance through the company, you may be able to port or convert some or all of your current coverage to an individual plan or policy with the carriers. Information regarding your rights to portability or conversion of coverage may be obtained by contacting the HR Support Center at **+1 913-359-1608** or [HRUnitedStates@hrsupport.bv.com](mailto:HRUnitedStates@hrsupport.bv.com). Applications for portability/ conversion must be submitted to the carriers within 31 days after active coverage ends.



### Benefits during extended leave

If you are on a leave of absence of 180 days or longer, all your active benefits through the company will end. You may have the option of continuing benefits through the Consolidated Omnibus Budget Reconciliation Act (COBRA), portability and/ or conversion. Contact the HR Support Center at **+1 913-359-1608** or [HRUnitedStates@hrsupport.bv.com](mailto:HRUnitedStates@hrsupport.bv.com) for more information.



# Contacts

## HR Support Center

+1 913-359-1608 | [HR Support Center](#)  
[HRUnitedStates@hrsupport.bv.com](mailto:HRUnitedStates@hrsupport.bv.com)

## Concierge benefits assistant

TouchCare  
 +1 866-486-8242 | [touchcare.com](#) | [assist@touchcare.com](mailto:assist@touchcare.com)

## Plan information

[Empowered Well-being BVconnect site](#) | [bvtotalrewards.com](#)

## Employee Assistance Program

SupportLinc by CuraLinc  
 +1 888-881-LINC (5462) | [supportlinc.com](#)  
 Username: bv | Text 'support' to 51230

## Medical — Domestic U.S.

BlueCross BlueShield  
 +1 833-644-1298 | [MyHealthToolkitKC.com](#)

## Prescription drug — Domestic U.S.

Express Scripts  
 +1 800-398-5164 | [express-scripts.com](#)  
 Pre-enrollment website: [express-scripts.com/blackandveatch](https://express-scripts.com/blackandveatch)

## Digital musculoskeletal program

Hinge Health  
 +1 855-902-2777 | [hinge.health/blackandveatch](#)

## Teladoc Health

+1 866-789-8155 | [TeladocHealth.com/go](#)

## Fertility & family planning

Progyny  
 +1 866-988-5259 | [progyny.com](#)

## Dental — Domestic U.S.

Delta Dental of Missouri (Group number: 6945-1000)  
 +1 800-335-8266 | [deltadentalmo.com](#)

## Expatriate Medical, Dental and Prescription Drug

Cigna Healthcare  
 +1 800-441-2668 | [CignaEnvoy.com](#)

## Vision

VSP (Group number: 12296989)  
 +1 800-877-7195 | [vsp.com](#)

## Identity theft and cyber protection services

Norton LifeLock  
 +1 800-543-3562 | [Norton.com/PremierPlus](#)

## Health Savings Account and Health Care, Commuter and Dependent Care FSA

WEX  
 +1 866-451-3399 | [wexinc.com/login/benefits-login](#)  
[customerservice@wexhealth.com](mailto:customerservice@wexhealth.com)  
 Pre-enrollment phone: +1 844-561-1337

## Life, FMLA and disability

MetLife (Group number: 139705)  
 FMLA and Disability | +1 877-638-8262  
 Life insurance | +1 800-638-6420 | [metlife.com/mybenefits](#)

## Retirement program

Schwab Retirement Plan Services  
 +1 800-724-7526 | [workplace.schwab.com](#)

## Global medical benefits abroad

Cigna Healthcare  
 +1 800-243-1348 | [CignaEnvoy.com](#)

## Accident, Critical Illness and Hospital Indemnity insurances

Voya  
 +1 877-236-7564 | [presents.voya.com/EBRC/BVH](#)

## Legal plans

MetLife  
 +1 800-821-6400 | [info.legalplans.com](#)

## BV Credit Union

+1 913-458-2739 | +1 800-348-0119  
[bvcreditunion.com](#) | [info@bvcreditunion.com](mailto:info@bvcreditunion.com)

## Bank of America

[go.bofa.com/14755\\_BV](#)

## Student loan assistance

MetLife + Savi  
[blackandveatch.bysavi.com/metlife](#)

## Lifestyle Spending Account

Espresa  
[espresa.com/login](#) | [support@espresa.com](mailto:support@espresa.com)

## Digital personal wellbeing & parental success

RethinkCare  
[connect.rethinkcare.com/sponsor/BV](https://connect.rethinkcare.com/sponsor/BV) | [support@rethinkcare.com](mailto:support@rethinkcare.com)

## Milk Stork

+1 510-356-0221 | [milkstork.com/bv](#)

## PerkSpot

[blackandveatch.perkspot.com](#)

## Pets Best

+1 888-984-8700 | [petsbest.com/BVPets](#)  
 Discount code: BVPETS

## Care.com

[care.com/yourbenefits](#)

## HMSA (Hawaii professionals)

+1 800-776-4672 | [hmsa.com](#)

## Triple-S (Puerto Rico professionals)

+1 800-981-3241 | [salud.grupotriples.com](#)

## Puerto Rico Retirement Program

Banco Popular  
 +1 888-724-3657 | [popular.com/401k](#)



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*This brochure provides highlights and is not a complete, detailed description of your benefits plans. While every effort has been taken to accurately reflect your benefits, discrepancies or errors are always possible. In case of discrepancies between this brochure and the actual plan documents, the actual plan documents will prevail. This brochure is not a substitute for the official plan documents nor is it an employment contract. The company does not intend to terminate or change the plans in the near future; however, the company reserves the right to amend or terminate the program in whole or in part at any time. Benefits administered by BVH, Inc. (the company).*

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