Cuningham

Benefits Guide | 2026

January 1 – December 31

Table of Contents

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.
Please see page 36 for more details.

A Message from Cuningham

At Cuningham we recognize our ultimate success depends on our talented and dedicated workforce. We value the contribution every team member makes to our accomplishments, and our goal is to provide a comprehensive program of competitive benefits to attract and retain the best talent available.

This guide provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. If you have any questions after you enroll, please call the benefit plan providers directly or log on to their website. Refer to the contacts on page 30 for more information.

What's Changing in 2026?

Medical Plan Changes

For the 2026 plan year, Coupe's financing feature will not be available. All employees that choose Coupe for 2026 will be enrolled in the non-financing option. Under the Coupe Non-Financing Plan, you can visit a provider, receive care, obtain an Explanation of Benefits (EOB), and pay the provider knowing in advance the exact amount you owe for services received.

Effective January 1, 2026, the medical plans will include coverage for the following benefits:

- **Maternal Care and Medical Transfers**| Coverage for all expenses related to transferring the mother, newborn, and newborn siblings between medical facilities, when recommended by the provider, and required maternity inpatient care at both facilities. Coverage for the medical facility transfer is covered with no member cost-share. **Members enrolled in the HDHP plan must meet their deductible before facility transfer services are covered with no cost-sharing.**
- **Scalp Prosthetics (Wigs)**| Coverage for scalp hair prostheses, including necessary equipment and accessories for hair loss due to a health condition, unless there is a clinical basis for limitation. Coverage is limited to one wig per person per calendar year up to $1,000, except for alopecia areata, which has no dollar limit.
- **Preventive Service**| Coverage for additional Breast Cancer imaging services such as MRIs, ultrasound, and pathology/biopsy evaluations. These services will be covered when an initial screening mammography yields inconclusive results, ensuring a thorough and complete Breast Cancer Screening process.

First Stop Health Fee Removal

The $10 copay per visit for members enrolled in the HDHP plan will not apply in 2026. First Stop Health visits will be free to all Coupe members.

Nationwide Pet Insurance Plan Update

Nationwide launched My Pet Protection Choice, which is replacing My Pet Protection and My Pet Protection with Wellness in all states, but MD, NJ, NY, PA, and WA. My Pet Protection Choice offers flexibility for pet families, with customizable coverage, deductible and reimbursement levels.

Coverage Effective Date and Eligibility

Eligible Employees:

You are eligible to enroll in Cuningham's benefits if you are a full-time employee regularly scheduled to work 30 or more hours per week.

Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include:

- **Spouse**| a person lawfully married to the employee, regardless of the individual's sex.
- **Domestic Partner**| a person of the same or opposite sex in a mutually dependent relationship with the employee such that each has an insurable interest in the life of the other. Both the employee and the domestic partner must be 18 years of age; unmarried; the sole domestic partner of the other; sharing a primary residence with the other; and not related to the other in a manner that would bar their marriage in the jurisdiction in which they reside.
- **Children**| Employee's biological children, stepchildren, adopted children, foster children, children of domestic partners, grandchildren who depend on the employee for support, or children the employee is legally obligated to support. Children under age 26 can be covered regardless of student, tax dependent, or marital status. Child coverage ends on the last day of the month in which the child reaches age 26. There is no limiting age for mentally or physically handicapped children who depend on the employee for support.

When Coverage Begins:

The effective date for your benefits is January 1, 2026. Newly hired employees and their dependents will be effective on the first day of the month following their date of hire. Most elections are in effect for the entire plan year and can only be changed during Open Enrollment unless you experience a qualified status change.

Making Changes During the Year

A qualified status change is a change in your personal life that may impact your eligibility or dependent's eligibility for benefits. Examples of a qualified life event include:

- Change of legal marital status (i.e., marriage, divorce, death of spouse, legal separation)
- Change in number of dependents (i.e., birth, adoption, death of dependent, ineligibility due to age)
- Change in employment or job status (spouse loses job, etc.)

If such a change occurs, you must make the changes to your benefits within 30 days of the event date. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in your having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.

How and When to Enroll

How| Go to Paycom using the links on FishNet or download the Paycom App on your mobile device to enroll in all benefits, with the exception of 401K.

When| Open enrollment begins November 3, 2025, and ends November 21, 2025. Initial or Special Enrollment must happen within 31 days of any qualified status change.

With few exceptions, Open Enrollment is the only time of year when you can make changes to your benefits plan. All elections and changes take effect on January 1, 2026. During Open Enrollment, you can:

- Add, change, or delete coverage
- Add or drop dependents from coverage
- Enroll or re-enroll in the Healthcare or Dependent Care Flexible Spending Accounts (FSA).

Medical Insurance

Cuningham offers two different medical insurance plans with Coupe Health to provide quality healthcare for you and your family. It's easy to locate affordable, quality providers using the Coupe Health web portal or mobile app. Summaries of your medical plan benefits are below. Plan documents are also attached to the plans in Paycom.

2026 Monthly Rates

Coverage Tier	Cuningham Contribution	PPO Plan Employee Contribution	HDHP Plan Employee Contribution
Employee	$700	$196	$107
Employee + Spouse/DP	$1,100	$688	$499
Employee + Child(ren)	$1,100	$654	$468
Family	$1,800	$847	$565

Medical Network Information & More

Coupe Health uses the National BlueCard PPO network.

- Nationally: The BlueCard PPO network is an open-access network, allowing you to see healthcare providers without a referral. The network provides access to 92% of providers in the United States.
- Pharmacy benefits are administered by Prime Therapeutics

Tiered Copay Ranking

All Coupe in-network providers are evaluated and ranked based on the following criteria:

- **Quality** – providers renowned for their best-in-class training, certifications, and commitment to delivering excellent care outcomes.
- **Appropriateness** – providers that are associated with top-quality service lines at their facility and consistently deliver positive patient experiences.
- **Efficiency** – providers that offer the best results for their patients, delivering just the right amount of care to ensure health needs are met.

Tier 1 providers meet all standards. **Tier 2** providers meet most standards. **Tier 3** providers meet some standards.

Coupe Health Valet

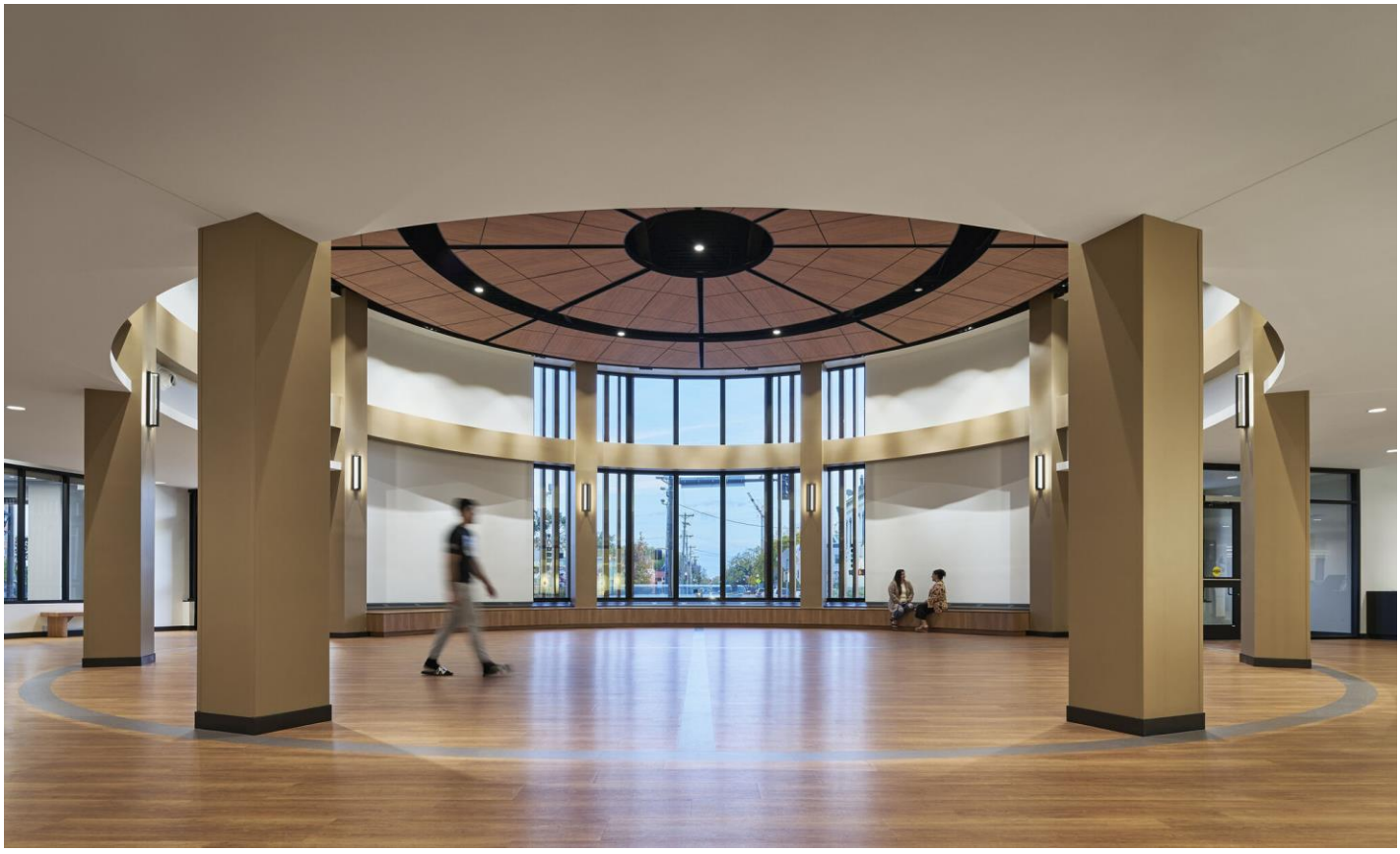
Your Coupe Health Valet is a concierge resource that can help you navigate your healthcare with confidence. Health Valets can assist with a variety of different situations including:

- Finding a provider.
- Helping you understand different care options.
- Answering questions on all things Coupe such as: billing questions, doctor questions, or even general insurance questions.
- Call 833-749-1969 or healthvalet@coupehealth.com. Health Valets are available M-F 8 AM – 8 PM CT.

	In-Network			Out-of-Network
	Tier 1	Tier 2	Tier 3	
Deductible (Individual/Family)		$0		N/A
Out of Pocket Max (OOP) Individual/Family *(includes copays – combine with Rx card)*		$6,000 / $9,000		N/A
OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited				
If you reach your out-of-pocket maximum, Coupe Health will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All copays and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts from out-of-network providers.				
Physician Services				
Primary Care Physician	$25	$30	$50	$60
Retail Health Clinic	$25	$30	$50	$60
Specialist	$45	$60	$100	$120
Preventive Services & Routine Care				
Well-Child Care *(including exams and immunizations)*		No Charge		
Adult Physical Examination *(including routine OB-GYN visit)*		No Charge		
Routine Eye Care		No Charge		
COVID 19 Vaccine		No Charge		
Breast Cancer Screening *(any age)*		No Charge		
Pap Test		No Charge		
Prostate Cancer Screening	See plan document for specific coverage based on age/necessity			
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			
Telehealth Services				
Virtual Care		No Charge		N/A
Maternity				
Initial Prenatal Office Visit	$25	$30	$50	$60
Prenatal Office Visit		No Charge		$60
Delivery & Postnatal Care	$2,275	$3,305	$5,000	$6,000
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	$2,275	$3,305	$5,000	$6,000
Outpatient Hospital	$740	$985	$1,645	$1,975
Skilled Nursing/Rehabilitation Facility *(120 days combined max per plan year)*	$2,010	$2,680	$4,470	$5,365
Ambulance Services		$375		
Ambulatory Surgical Center	$740	$985	$1,645	$1,975

PPO Plan cont'd	In-Network			Out-of-Network
	Tier 1	Tier 2	Tier 3	
Home Health Care	$45	$60	$100	$120
Home Infusion	$45	$60	$100	$120
Hospice Care	$245	$330	$550	$660
Radiology Services				
Diagnostic X-Rays	$65	$85	$145	$175
Advanced Imaging *(MRI, MRA, CAT & PET Scans)*	$230	$305	$505	$605
Laboratory Services				
Basic Labs	$15	$20	$35	$40
Advanced Diagnostic Labs	$65	$85	$145	$175
Emergency Services / Urgent Care				
Emergency Services / Emergency Room	$375			
Urgent Care Facility	$80			
Mental Disorders & Substance Use Disorders				
Office Visit	$25	$30	$50	$60
Inpatient	$2,275	$3,035	$5,000	$6,000
Outpatient	$740	$985	$1,645	$1,975
Therapy Services				
Chiropractic Care / Spinal Manipulation	$45	$60	$100	$120
Outpatient Therapies *(PT, OT, ST)*	$45	$60	$100	$120
Durable Medical Equipment				
Durable Medical Equipment (DME) / Item	$100	$135	$230	$275
Other Healthcare Facilities / Services				
Allergy Injections, Serum & Testing	$45	$60	$100	$120
Acupuncture	See plan document for specific coverage based on age/necessity			
Transplants *(Travel / lodging $5,000 lifetime maximum)*	$2,275	$3,305	$5,000	$6,000
Pharmacy Benefits				
There is no coverage under the plan for prescription drugs obtained from a Non-Participating Partner.				
Retail Pharmacy (Up to 30-Day Supply)				
Preferred Generic Drugs (Tier 1)	$10			
Preferred Brand Drugs (Tier 2)	$40			
Non-Preferred Generic Drugs	$70			
Non-Preferred Brand Drugs	$70			
PPO Plan cont'd				

Specialty Drug Program	
Specialty Drugs* *(Up to a 30-day supply)*	$200 for a 30-day supply
Specialty medications are required to be filled through Mail Order.	
Mail Order (90 Day Supply)	
Preferred Generic Drugs (Tier 1)	$30
Preferred Brand Drugs (Tier 2)	$80
Non-Preferred Generic Drugs	$140
Non-Preferred Brand Drugs	$140



	In-Network			Out-of-Network
	Tier 1	**Tier 2**	**Tier 3**	
Deductible - Individual/Family		$2,000 / $4,000		N/A
Out of Pocket Max Individual/Family *(includes copays – combine with Rx card)*		$6,000 / $9,000		N/A
OOP Max applies to in-network services only; Out-of-Network OOP Max is unlimited				
If you reach your aggregate out-of-pocket maximum, Coupe Health will pay 100% of the applicable allowed benefit for most covered services for the remainder of the year. All copays and other eligible out-of-pocket costs count toward your out-of-pocket maximum, except balance billed amounts.				
Physician Services				
Primary Care Physician	$20	$25	$40	$50
Retail Health Clinic	$20	$25	$40	$50
Specialist	$35	$50	$80	$95
Preventive Services & Routine Care				
Well-Child Care *(including exams and immunizations)*		No Charge		
Adult Physical Examination *(including routine OB-GYN visit)*		No Charge		
Routine Eye Care		No Charge		
COVID 19 Vaccine		No Charge		
Breast Cancer Screening *(any age)*		No Charge		
Pap Test		No Charge		
Prostate Cancer Screening	See plan document for specific coverage based on age/necessity			
Colorectal Cancer Screening	See plan document for specific coverage based on age/necessity			
Telehealth Services				
Virtual Care		No Charge		N/A
Maternity				
Initial Prenatal Office Visit	$20	$25	$40	$50
Prenatal Office Visit		No Charge		$50
Delivery & Postnatal Care	$1,640	$2,180	$3,690	$4,425
Hospital Expenses or Long-Term Acute Care Facility/Hospital (Facility Charges)				
Inpatient Hospital	$1,640	$2,180	$3,690	$4,425
Outpatient Hospital	$535	$715	$1,205	$1,445
Skilled Nursing/Rehabilitation Facility *(120 days combined max per plan year)*	$1,445	$1,920	$3,250	$3,900
Ambulance Services		$305		
Ambulatory Surgical Center	$535	$715	$1,205	$1,445

HDHP cont'd	In-Network			Out-of-Network
	Tier 1	**Tier 2**	**Tier 3**	
Home Health Care	$35	$50	$80	$95
Home Infusion	$35	$50	$80	$95
Hospice Care	$180	$240	$405	$485
Radiology Services				
Diagnostic X-Rays	$50	$65	$105	$125
Advanced Imaging *(MRI, MRA, CAT & PET Scans)*	$165	$215	$365	$435
Laboratory Services				
Basic Labs	$10	$15	$30	$35
Advanced Diagnostic Labs	$50	$65	$105	$125
Emergency Services / Urgent Care				
Emergency Services / Emergency Room	$305			
Urgent Care Facility	$65			
Mental Disorders & Substance Use Disorders				
Office Visit	$20	$25	$40	$50
Inpatient	$1,640	$2,180	$3,690	$4,425
Outpatient	$535	$715	$1,205	$1,445
Therapy Services				
Chiropractic Care / Spinal Manipulation	$35	$50	$80	$95
Outpatient Therapies *(PT, OT, ST)*	$35	$50	$80	$95
Durable Medical Equipment				
Durable Medical Equipment (DME) / Item	$75	$100	$170	$205
Other Healthcare Facilities / Services				
Allergy Injections, Serum & Testing	$35	$50	$80	$95
Acupuncture	See plan document for specific coverage based on age/necessity			
Transplants *(Travel / lodging $5,000 lifetime maximum)*	$1,640	$2,180	$3,690	$4,425
Pharmacy Benefits				
There is no coverage under the plan for prescription drugs obtained from a Non-Participating Partner.				
Retail Pharmacy (Up to 30-Day Supply)				
Preventive prescription drugs on the FlexRx drug list	No charge			
Preferred Generic Drugs (Tier 1)	$5			
Preferred Brand Drugs (Tier 2)	$15			
Non-Preferred Generic Drugs	$20			
Non-Preferred Brand Drugs	$20			

HDHP cont'd	
Specialty Drug Program	
Specialty Drugs* *(Up to a 30-day supply)*	$200 for a 30-day supply
Specialty medications are required to be filled through Mail Order.	
Mail Order (90 Day Supply)	
Preventive prescription drugs on the FlexRx drug list	No charge
Preferred Generic Drugs (Tier 1)	$15
Preferred Brand Drugs (Tier 2)	$30
Non-Preferred Generic Drugs	$40
Non-Preferred Brand Drugs	$40

MyPHA Program

Care Coordination included in your Coupe Health plan benefits.

When you enroll in a Cuningham medical plan, you will be assigned a Care Coordinator through Coupe's MyPHA program – a free and confidential service!

Program Features:

- **Enhanced Patient Guidance:** Care coordinators effectively guide you, and your family, through the healthcare system, especially post or prior to significant health issues. This guidance includes increasing health literacy, self-care competency, medication management, provider dialogue confidence, and healthcare benefits knowledge.
- **Improved Health Outcomes:** By addressing your actions, questions, and misunderstandings, care coordinators can significantly improve health outcomes and patient satisfaction.
- **Comprehensive Support:** During the initial connection (call or email), care coordinators review your health status, medications, appointments, home services, and additional resource needs. This comprehensive support ensures that you are well-prepared and informed about your healthcare journey.
- **Proactive Outreach:** MyPHA's telephonic outreach team contacts you based on trigger events such as benefit inquiries, prior-authorization files, and high-cost claimants. This proactive approach ensures that you receive timely education and guidance on new diagnoses or conditions.

Connect with a Care Coordinator by contacting your Health Valet to begin your journey with the MyPHA program. Call 833-749-1969 or healthvalet@coupehealth.com. Health Valets are available M-F 8 AM – 8 PM CT

First Stop Health

Virtual Care included with your medical plan enrollment.

If you enroll in a Cuningham medical plan, you and your dependents are automatically enrolled in First Stop Health's Virtual Care. First Stop Health visits are free to all Coupe members.

First Stop Health provides convenient and affordable access to quality virtual care services.

- **Urgent Care (Telemedicine)**| 24/7 access to doctors who connect to patients within 6 minutes (on average) for non-emergency, everyday healthcare issues.
- **Primary and Preventive Care**| Patients can schedule 30-minute virtual visits with a preferred doctor as soon as next day for routine wellness screenings with coordinated care for lab, imaging and procedure orders.
- **Chronic Care**| Patients can schedule virtual visits with a preferred doctor as soon as next day for the management of ongoing health issues, follow-up from urgent care, post-ER or hospital discharge follow-up.
- **Mental Health**| Patients can schedule virtual visits with a preferred doctor for mental health support, medication management, or appropriate screenings within days instead of months. Specialists include Master's level counselors, licensed clinical social workers, psychologists, and mental health coaches. Specialists have an average of 18 years of experience. You can see the same counselor for your entire episode of care.

Hinge Health

Virtual Physical Therapy included with your medical plan enrollment.

If you enroll in a Cuningham medical plan, you and your dependents age 18 and older can self-enroll into Hinge Health, no referrals needed. You will answer a short survey about your symptoms and then be assigned a Physical Therapist and Health Coach. The Physical Therapist will create a personalized therapy plan for you that you can do at home. If equipment is needed, Hinge Health will send it to your home at no charge.

Join Hinge Health to:

- Overcome pain or limited movement
- Recover from a recent or past injury
- Keep your joints healthy and pain free
- Women: enroll in the pelvic health program

Hinge Health is 100% free – no deductibles, no copays. The cost is paid entirely by Cuningham.

Wellworks Wellness Incentive

All benefit-eligible employees can receive a $40 monthly benefit credit on their paychecks. To receive the benefit credit, have your healthcare provider complete the *Proof of Annual Physical* form available on the Wellworks portal or download an after-visit summary from your health clinic. Then upload the document to Wellworks following the instructions in the Wellworks Program Guide. Annual exams occurring between January 1, 2025 and November 30, 2026 will fulfill the incentive requirement until the end of the 2026 calendar year.

The benefit credit is distributed over 26 pay periods ($18.46 per paycheck). The credit will appear on paychecks beginning in January or the month after we receive notice that your document was received by Wellworks, whichever is later. Once earned, the credit will continue until the end of the calendar year. Credit will not be given retroactively so submit your documentation early.

You do not need to enroll in any of our benefit plans to receive the benefit credit.

The Wellworks Program Guide is available on FishNet. Go to About Cuningham>Benefits.



Dental Insurance

Group No 939268

Access to good oral healthcare can help keep your overall health costs down. Dental professionals performing checkups can spot symptoms that could indicate serious health problems elsewhere in the body that need attention. **Dental insurance is provided by Delta Dental of Minnesota.**

	Basic Plan	Premier Plan
Deductible/Maximum		
Individual	$25	$50
Family	$75	$150
Annual Maximum Benefit Per Person	$1,000	$1,500
Coinsurance		
Diagnositc/Preventive Services	0% (no deductible)	0% (no deductible)*
Basic Services	20%	10%
Endo/Perio/Oral Surgery	20%	10%
Major Restorative	50%	40%
Orthodontia		
Coinsurance	Not covered	50%
Lifetime Maximum Benefit Per Person	N/A	$2,000
Eligibility	N/A	Adult and child

*Diagnostic and preventive services on the Premier plan do not reduce the $1500 annual benefit

Employee Monthly Premiums

Coverage Tier	Basic Plan	Premier Plan
Employee	$45	$57
Employee + Spouse	$89	$113
Employee + Child(ren)	$87	$152
Family	$139	$228

Find a Network Provider

- Visit **www.deltadentalmn.org**, and click “Find a Dentist.” (Search the **Delta Dental PPO** and **Delta Dental Premier** networks.)
- Download the Delta Dental mobile app
- Call the number on the back of your ID card

Vision Insurance

Group No 30093972

Cuningham's vision insurance entitles you to specific eye care benefits and offers you flexible coverage options to meet a variety of needs. V**ision insurance is provided by VSP**. If you seek the services of a provider listed in VSP's Provider Directory, your benefits include those outlined in the chart below.

	Basic Plan	Premier Plan
Exam Copay	$10	$10
Materials/Eyewear Copay	$25	$10
Lenses		
Single Lens	Covered after eyewear copay	Covered after eyewear copay
Bifocal Lens	Covered after eyewear copay	Covered after eyewear copay
Trifocal Lens	Covered after eyewear copay	Covered after eyewear copay
Lenticular Lens	Covered after eyewear copay	Covered after eyewear copay
Contact Lenses		
Elective	Covered up to $120 allowance	Covered up to $180 allowance
Medically Necessary	Covered after eyewear copay	Covered after eyewear copay
Frequency		
Exams	Once per year	Once per year
Lens	Once per year	Once per year
Contacts (in lieu of glasses)	Once per year	Once per year
Frames	Every other year	Once per year

Employee Monthly Premium Costs

Coverage Tier	Basic Plan	Premier Plan
Employee	$6.49	$10.12
Employee + Spouse	$10.39	$17.79
Employee + Child(ren)	$10.60	$18.17
Family	$17.10	$30.29

Find a Network Provider

- Visit **www.vsp.com**, and click "Find a Doctor." (Search the **VSP Choice Network**.)
- Download the VSP mobile app
- Call VSP Member Services at **800.877.7195**
- No ID cards are issued for this plan. The group number above can be used when making online appointments.
- Visit **www.vsp.com/offers** for more savings!

Health Savings Account (HSA)

An HSA is an account you can use to set aside money to pay for qualified health care expenses. You generally don't have to pay taxes on money contributed or withdrawn from an HSA, as long as the money is spent on eligible health expenses. When you are enrolled in a qualified High Deductible Health Plan (HDHP) and meet the eligibility requirements, you may open and contribute to an HSA. **HSA accounts are administered by Benepass**.

Plus, you get extra tax advantages with an HSA because:

- Money you deposit into an HSA is exempt from federal income taxes
- Interest in your account grows tax free; and
- You don't pay income taxes on withdrawals used to pay for eligible health expenses. (If you withdraw funds for non-eligible expenses, taxes and penalties apply).
- You also have a choice of investment options which earn competitive interest rates so your unused funds grow over time.

Are you eligible to open a Health Savings Account (HSA)?

Although everyone is able to enroll in the qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You are enrolled in a qualified High Deductible Health Plan (HDHP)
- You are not covered by another non-qualified HDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose health care FSA is allowed).

2026 HSA Contributions

You are able to contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions:

FOR THE 2026 TAX YEAR:

- $4,400 Individual
- $8,750 Family
- If you are age 55 and over, you may contribute an extra $1,000 catch up contribution.

How do I get reimbursed for my eligible expenses?

The easiest way to use your HSA dollars is by using your HSA debit card at the time you incur an eligible expense. If you need to pay another way, you can submit receipts for reimbursement to Benepass. **But either way keep your receipts!** You will need to prove that you were using the account for eligible expense if you are audited. If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) as well as federal income taxes. You can manage your HSA through the app at app.getbenepass.com.

Flexible Spending Accounts (FSA)

benepass

An FSA is an account that allows you to set aside pre-tax dollars to cover qualified expenses you would normally pay out of your pocket with post-tax dollars. This plan is comprised of a health care spending account and a dependent care account. You pay no federal or state income taxes on the money you place in an FSA. **FSA accounts are administered by Benepass.**

Plan	Who's Eligible	Contribution Limits	Expenses Covered
Healthcare FSA	This is for employees who aren't eligible for an HSA.	Contribute up to ***$3,400*** *You can rollover up to $680 of unused funds for use in the next calendar year*	Medical, dental, or vision copays, coinsurance, deductibles, prescription medications, and over-the-counter items with a prescription.
Limited Purpose FSA	This is for employees who are also enrolled in a Health Savings Account (HSA)	Contribute up to ***$3,400*** *You can rollover up to $680 of unused funds for use in the next calendar year*	Dental and vision copays, coinsurance, deductibles, and eligible expenses after meeting the deductible.
Dependent Care FSA	For all benefit-eligible employees	Contribute up to ***$7,500*** per year if filing jointly or single parent ($3,750 if filing separately). You have until March 15 of the following year to use the funds.	Daycare and after-school programs for children under the age of 13. Day camps; after-school programs for dependents incapable of self-care who live with you more than half the year.

Important rules to keep in mind:

- The IRS has a strict "use it or lose it" rule. Any unused funds above the FSA rollover limit will be forfeited.
- Both the Healthcare FSA and Limited Purpose FSA allow you to roll over up to ***$680*** for use in the next calendar year.
- The Dependent Care FSA has a 2.5-month grace period. You have until March 15th of the following year to spend unused funds.
- Reimbursements must be submitted within 90 days after the end of the plan year for expenses incurred on or before December 31 for Healthcare FSA or Limited Purpose FSA (on or before March 15, 2027 for Dependent care FSA) .
- Once you enroll in the FSA, you cannot change your contribution amount during the year unless you experience a qualifying life event.
- You cannot transfer funds from one FSA to another.
- You must keep a copy of all receipts because IRS regulations require the plan administrator to substantiate each claim.
- Re-enrollment is required each year.

Commuter Benefits

Everyone is eligible to participate in the commuter benefits. Benefits begin the first day of the month following your hire date. **Commuter benefits are administered by Benepass.**

Cuningham Funded Commuter Subsidy

Cuningham will contribute $200 per month to your Commuter Subsidy account up to an account cap of $500. You can use the Commuter Subsidy funds on both parking and transit expenses when the expenses are work-related. You must enroll in the Commuter Subsidy benefit to receive the subsidy. You can also enroll in the pre-tax Transit or Parking benefits if your commuter expenses are more than the monthly subsidy.

Employee Funded Commuter Benefits

- Transit: Pre-tax account to pay for work-related commuter costs such as bus or train passes.
- Parking: Pre-tax account to pay for work-related parking. This benefit can be used for park-and-ride as well as destination parking expenses.

Employee-funded commuter benefits are dedicated to either transit or parking benefits. Once you make payroll contributions to one of these accounts, the funds must be used for the specific expense type and can't be transferred.

Cuningham Provided Benefits

Life and AD&D

Cuningham provides Basic Life and Accidental Death and Dismemberment (AD&D) insurance from The Hartford for each of its full-time employees. In the event of your death, our Life Insurance policy helps provide a general safety net for your beneficiaries. Your coverage is dependent on whether or not you have a leadership title . If your death is the result of an accident, or if an accident leaves you with certain debilitating injuries, you'll be covered under the Accidental Death and Dismemberment portion of the Insurance. We hope this policy helps you feel more secure and prepared to manage your financial goals and obligations.

Eligible Employees		Coverage
Group 1	Principals, Associate Principals, Senior Associates, and Associates	$50,000
Group 2	All full time Employees not in Group 1	$25,000

Funeral Planning

Our group life insurance benefit offers funeral planning to you and your loved ones. When your family faces a loss, you are left to plan for this loss during an extremely emotional and stressful time. This benefit offers a suite of online tools to guide you through key decisions before a loss, including help comparing funeral-related costs. Please call **866.854.5429** or visit **everestfuneral.com** and use code **HFEVLC** to access this benefit.

Will Preparation

Our group life insurance benefit includes Estate Guidance will preparation services. Without a will, you have no control over what happens to your family and your belongings when you die. State laws will direct how your property is divided, and a court will decide who should become the guardian of your children. However, by preparing a will and keeping it updated as your income or property changes, you can protect your family. You can access will preparation services by visiting **estateguidance.com** and register as a new user with code **WILLHLF**.

Disability Insurance

Cuningham provides each of its full-time employees with both Short Term and Long-Term Disability insurance from The Hartford. Disability insurance provides a benefit to replace a portion of your income when you are disabled and unable to work due to a covered illness or injury. Waiting periods need to be met before benefits begin. The short-term disability benefits that you receive from Cuningham are taxable income. The long-term disability benefits you receive from The Hartford are taxable unless the taxable premium option is elected.

Benefit Name	Waiting Period	Benefit Amount	Max Duration of Benefit
Short Term Disability*	After 7 days of disability	*60% of base earnings up to a weekly maximum of $1,500	12 weeks
Long Term Disability**	After 90 days of disability	60% of base earnings up to a monthly maximum of $12,000	Until you reach your normal Social Security retirement age

*Employees with state disability programs: Your short-term disability benefits will be offset by benefits you receive from your State Disability Insurance Program. You will need to file a claim with your state first.

**The long-term disability benefit has 2 taxation options:

1. **Taxable Benefit**| The premium is paid entirely by Cuningham as a pre-tax benefit. You are electing to receive any future disability income as taxable income.
2. **Taxable Premium**| The premium is paid entirely by Cuningham as an after-tax benefit. You are electing to pay income tax on the value of the premium each pay period so that any future disability income will be non-taxable income.

Employee Assistance Program (EAP)

Cuningham automatically provides you and your family with an Employee Assistance Program (EAP) through The Hartford at no cost to you. Because unresolved personal issues can affect every aspect of life, including work performance, the EAP is a work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to our employees who have personal and/or work-related problems. Our EAP provides access to professionals trained in counseling individuals, couples, and families.

There are a broad range of services available, including but not limited to the examples listed here.

- Marital or family counseling
- Parental guidance
- Child and/or senior care
- Legal consultation
- Financial counseling
- Emotional or mental health
- Alcohol or drug abuse
- Stress

Call the EAP 24 hours a day, 7 days a week, at **800.964.3577** for unlimited confidential assistance with nearly any personal matter you may be experiencing. You can also go online to guidanceresources.com to access additional resources. To register, use web ID **HLF902** and company name **ABILI**.

FEDLogic

FEDLogic provides free, unlimited, confidential consultations with experts on federal and state benefits such as social security retirement, disability benefits, and Medicare. They understand these benefits because they have worked at the federal and state agencies that run the programs. They can help you discover and apply for benefits that you are entitled to. Scan the QR code or visit fedlogicgroup.com for more information.

Reasons to call FEDLogic

- You're approaching age 65 and want to understand more about Medicare
- You're planning to retire and want to learn more about Social Security benefits
- Someone in your family has been diagnosed with a major illness or ESRD
- Your child was born prematurely or has a disability
- You need help exploring alternative healthcare options based on your income
- You've lost a spouse

How it works

- Make a phone consultation appointment
  Call 877-837-4196 or email services@fedlogicgroup.com to schedule a phone consultation with a federal and state benefits expert. Be sure to make the appointment at a time when family members are available to listen and ask questions as well. Calls typically last an hour.
- Tell your story, ask questions and learn
  You don't have to wade through tons of complex and confusing information to try to figure out what applies to you. FEDlogic's experts take the time to listen to your story and understand your needs, concerns, and goals. Then they empower you with the unbiased information you need so you can maximize your benefits and make the best decision for your situation.

Ianacare

Iana stands for "I am not alone" and ianacare helps caregivers coordinate care across all conditions and ages. Caregiving situations might include:

- Childcare
- Chronic conditions such as cancer, Alzheimer's/dementia, diabetes, or kidney disease
- Children or adults with special needs or disabilities
- Mental health issues and addiction
- Eldercare
- Accidents and temporary care
- Veteran support

Tickets at Work

All Cuningham employees are eligible for this unique benefit. TicketsatWork offers exclusive discounts, special offers and access to preferred seating at top attractions, theme parks, sporting events, shows, movie tickets, hotels, and much more. Register by visiting **ticketsatwork.com** and use company code **CGA1** for more savings and deals on everything you love!

Voluntary Benefits

As an employee of Cuningham you have the opportunity to enroll for personal insurance plans. These benefits can enhance your current benefits portfolio and can be customized to fit your family's individual needs.

The coverage is voluntary; however, if you elect it, you can enjoy the convenience of after-tax payroll deductions while you are an employee. Coverage is also portable, which means you can take the coverage with you if you retire or change jobs. Full plan details are available on Paycom.

Life and AD&D

If you need more life insurance than your company paid benefit, you may purchase additional Life and Accidental Death and Dismemberment insurance through The Hartford:

- **Yourself**| You may elect coverage in increments of $25,000 to a maximum of the lesser of $500,000 or 5 x your annual earnings; you are eligible for a maximum of $150,000 without providing evidence of good health if elected when first offered.
- **Your Spouse**| You may elect coverage for your spouse in increments of $5,000, to a maximum of the lesser of $100,000 or 50% of the employee amount. Minimum spousal coverage is $5,000. Spouses are eligible for a maximum of $50,000 without providing evidence of good health if elected when first offered.
- **Your child(ren)**| You may elect coverage for your child(ren) in increments of $5,000, up to a maximum of $10,000. You need to elect coverage for yourself in order to elect child coverage.

Evidence of insurability (EOI) or proof of good health is required under the following circumstances:

- **Newly Eligible**| You have not been offered this coverage previously and are requesting more than $150,000 for yourself or more than $50,000 for your spouse.
- **Late entrant** | You have previously waived the opportunity to elect this coverage and are now electing coverage for the first time, or you are requesting an increase in coverage.

Voluntary Life and AD&D Rates

Insured Age	Employee and Spouse Rate Per $1,000
Under 30	$ 0.08
30-34	$ 0.10
35-39	$ 0.13
40-44	$ 0.15
45-49	$ 0.22
50-54	$ 0.25
55-59	$ 0.58
60-64	$ 0.80
65-69	$ 1.44
70+	$ 2.57
Rate per $1,000 per Child	$ 0.066

Simple Calculation

Use the following formula to calculate your monthly premium amount:

- Coverage Amount/1,000 x Rate = Monthly Premium
- Example: 45-year-old elects to purchase $100,000 of Voluntary Life Insurance. ($100,000 / 1,000 x 0.22 = $22.00)

Critical Illness Insurance

The Hartford's Critical Illness Insurance supplements major medical coverage by helping employees pay the direct and indirect costs associated with a critical illness or event. Conditions covered under this program among others include cancer, heart attack, or stroke. The option of electing spouse and/or dependent coverage is also available.

The Critical Illness policy includes an annual wellness/health screening benefit. You can receive a $50 rebate check from The Hartford when you prove you've had your annual wellness screenings.

Accident Insurance

The Hartford's Accident Insurance supplements major medical coverage by helping employees pay the direct and indirect costs associated with an accident. Accident Insurance pays specific benefit amounts for expenses resulting from non-work-related injuries or accidents. Hospitalization, physical therapy, intensive care, transportation, and lodging are some of the out-of-pocket expenses that this Accident Insurance could cover. The option of electing spouse and/or dependent coverage is also available.

The Accident policy includes an annual wellness/health screening benefit. You can receive a $50 rebate check from The Hartford when you prove you've had your annual wellness screenings.

Hospital Indemnity Insurance

The Hartford's Hospital Indemnity Insurance is designed to help provide financial protection for covered individuals by paying a benefit due to hospitalization. Employees can use the benefit to meet the out-of-pocket expenses and extra bills that can occur. Indemnity lump-sum benefits are paid directly to the employee based on the amount of coverage listed, regardless of the actual cost of treatment. The option of electing spouse and/or dependent coverage is also available.

The Hospital Indemnity policy includes an annual wellness/health screening benefit. You can receive a $50 rebate check from The Hartford when you prove you've had your annual wellness screenings.

Veterinary Pet Insurance

Nationwide Pet Insurance can help you handle the ever-increasing costs of caring for your pets when they are ill or injured. Nationwide Pet Insurance covers many medical problems and conditions related to accidental injuries, emergencies, poisonings, and illnesses, including cancer. Pet Insurance is available for cats, dogs, birds, rabbits, reptiles, and other exotic pets. To get a quote for a cat or dog, visit www.petinsurance.com/Cuningham. To enroll in the Avian and Exotic Pet plan, call 877-738-7874.

Identity Theft Protection

ID Watchdog monitors your bank, and credit cards and alerts you when they see suspicious activity. They will also alert you to identify theft issues related to tax refunds, medical fraud, or activity using your child's identity. While both the basic (1- bureau monitoring) and platinum (3-bureau monitoring) plans provide important protections against identity theft, the platinum plan includes additional protection for 401k and HSA accounts, home title fraud, cyber extortion, and deceased family member fraud.

Prepaid Legal Services

With a LegalShield family legal plan, you can receive personal legal advice or assistance, including advice 24/7 for covered emergencies. No legal issue is too big or too small.

LegalShield provides you, your spouse/domestic partner, and unmarried dependent children (up to age 26) with direct access to a dedicated provider law firm for a wide range of personal legal matters including, but not limited to:

- **Advice and consultation:** Demand letters, phone calls made on your behalf, legal research, and the ability to meet with your provider lawyer in-office or by phone.
- **Family law:** adoption and paternity, guardianship, name change, juvenile matters, prenuptial agreements, Elder Care, and more.
- **Home:** Deeds, home sales or purchases, easements, landlord/tenant matters (tenant only), foreclosures.
- **Finance:** Bankruptcy, collection letters, billing disputes, tax audit and collection, personal property protection, consumer protection, and more.
- **Wills and Estate planning:** Wills, living wills, trusts, powers of attorney, and physician's directives.
- **Motor Vehicle:** Moving traffic violations, license reinstatement.
- **Contract and document review**
- **24/7 emergency access for covered emergencies**

To learn more, go to shieldbenefits.com/cuningham.

401(k) Retirement Planning

Cuningham offers a 401(k) Retirement Savings plan that allows you to save money for retirement in two ways: 1. elect pre-tax contributions to reduce your current taxable income and 2. elect ROTH contributions to reduce your tax liability in retirement. You can choose one or both options.

Employee Deferrals

Automatic enrollment gets you started!

If you are age 18 or older, you will be automatically enrolled in the plan at a pre-tax contribution rate of 6%. This means money will be automatically taken from your pay and contributed to your plan account. Also, your contribution rate will increase 1% annually until you reach 15%. Your contributions will be automatically invested in the plan's default investment options. You can always choose a different contribution amount or opt out. You can allocate your contributions to any of the investment options available in the plan and make changes at any time.

You can defer your income until you reach the IRS limit for your age group. Participants age 50 or older by the last day of the calendar year can make catch-up contributions. The retirement contribution limits are indexed for inflation and announced by the IRS prior to the beginning of the new year. The limits only apply to your contributions and do not include the employer match.

Employer Matching Contributions

Cuningham will match 50% of your deferrals (up to 6%). This means for every dollar you contribute (up to 6% of your eligible annual earnings), Cuningham will contribute 50 cents. That's an instant 50% return on your investment! Because the money goes into your account each pay period, it starts working for you right away. The match is discretionary and may be changed periodically or suspended in times of economic need.

Vesting Schedule

You earn ownership of the employer contributions through years and hours* of service. If you leave Cuningham before becoming fully vested, you will lose a portion of the employer contributions but not your own contributions.

Vesting Schedule	
Year 1	0% Vested
Year 2	100% Vested

**Only years with 1,000 or more hours of service will be counted for vesting purposes.*

Financial Wellness Resources

If you would like to speak to a financial wellness consultant, Ian O'Brien is available to meet with you individually by phone or video visit. He can help with retirement strategies, navigating the 401k website, or help with personal financial matters. You can schedule a 30-minute meeting with Ian on his calendly.com link.

Through our partnership with Creative Planning, our retirement plan advisor, all employees can take advantage of the Creative Planning Financial Wellness Hub. Visit the Hub to register for webinars, view past webinars, use the financial calculators, or listen to podcasts about financial wellness.

Additional Cuningham Provided Benefits

Below is a summary of other benefits that are governed by Cuningham policies. To view the policies in their entirety, please go to the Employee Handbook on FishNet. These benefits are provided at the discretion of the company and the company may revoke, change, or interpret them as may reasonably be required in the interest of the company.

Vacation & Personal Time

Employees working a consistent schedule of at least 20 hours per week are eligible to accrue paid vacation time. Vacation time accrues each pay period based on years of professional experience and number of hours paid in the pay period. Employees who have less than 60 hours in any pay period will receive a prorated portion of the bi-weekly accrual amount. Employees begin accruing vacation hours immediately and continue to accrue until the maximum accrual limit is reached.

Years of Professional Experience	Annual Accrual	Maximum Accrual
At Hire / New Graduate	88 hours (11 days)	88 hours
At 3 Years	112 hours (14 days)	112 hours
At 6 Years	136 hours (17 days)	136 hours
At 9 Years	160 hours (20 days)	160 hours
Principals	200 hours (25 days)	200 hours

Sick and Safety Time

All employees are eligible for Sick and Safety Leave. Sick and Safety Leave accrues at the rate of one hour of leave for every 30 hours worked up to a maximum accrual of 80 hours. Accrual begins on the employee's hire date and can be used as soon as it is earned.

Paid Parental Leave

Cuningham offers four weeks paid leave following the birth or adoption of a child for both parents.

Holidays

Six Standard Holidays:

- New Year's Day
- Memorial Day
- July 4th
- Labor Day
- Thanksgiving Day
- Friday after Thanksgiving

Plus three days (24 hours) of flex holiday time to use on designated flex holidays.

Professional Fees

The Firm will reimburse employees for one state licensure fee plus the recordkeeping association's membership fee (e.g. NCARB, NCIDQ,). One additional professional association fee may be reimbursed per person per year. Examples of reimbursable associations fees are AIA, CSI, NOMA and other professional associations. The Firm may reimburse additional state licensure fees for Principals when there is a bona fide business need.

Continuing Education

Cuningham will provide full-time employees with up to 24 Continuing Education (CE) hours per year. The hours can be used to attend conferences, seminars, and other courses where CE credit is offered. Employees should seek approval from their Studio or Practice Leader before attending an event. Events not offering CE credit can be attended with Studio or Practice Leader approval. If approved, time spent at non-CE events is recorded under general time. Related expenses such as registration fees and travel expenses are reimbursed at the discretion of the Studio or Practice leader and should be pre-approved before incurring the expenses.

Licensure/Certification Bonuses

Cuningham will cover the cost of the exam, provide paid time off the day of the exam and pay a bonus of $1,500 (less applicable taxes and withholdings) upon receiving license or certification (proof required) for the following:

- Architectural Registration Exam (ARE)
- National Council for Interior Design Qualification (NCIDQ)

Anniversary Awards

Cuningham grants anniversary awards for 10 years of service and each five-year increment thereafter.

We speak insurance.

Call the Benefit Resource Center (BRC). We're here to help!

"Services denied?"

"Why won't they pay my claim?"

"How can my claim still be in process? It's been two months!"

"I called my insurance carrier, but now I'm just more confused."

"Do I have mail-order prescription benefits?"

Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims

Benefits Resource Center

BRCMT@usi.com | Toll Free: 855-874-0742 | Monday – Friday • 8am – 5pm MST & CST

Carrier Contacts

Benefits Plan	Carrier	Phone	Website
Medical Plans	Coupe Health	833.749.1969	coupehealth.com
Virtual Care	First Stop Health	888.691.7867	www.fshealth.com
Virtual PT	Hinge Health	855.902.2777	hinge.health/resources
Wellness	Wellworks	800.425.4657	wellworksforyoulogin.com
Dental Plan	Delta Dental	651.406.5901 or 800.448.3815	deltadentalmn.org
Vision	VSP	800.877.7195	vsp.com
FSA/HSA/Commuter	Benepass		app.getbenepass.com
Life Insurance	The Hartford	888.563.1124	thehartford.com/employee-benefits
Short-term Disability	The Hartford	800.549.6514	thehartford.com/employee-benefits
Critical Illness, Accident, & Hospital Indemnity	The Hartford	866.547.4205	thehartford.com/employee-benefits
Employee Assistance Program (EAP)	Guardian Resources through The Hartford	800.964.3577	guardianresources.com
Federal and State Benefit Consultants	FEDLogic	877.837.4196	fedlogicgroup.com
Caregiver Support	Ianacare		https://app.ianacare.com/cuningham
Discount Offers	Tickets at Work		Ticketsatwork.com Co Code CGA1
Pet Insurance	Nationwide	New Enrollments: 877.738.7874 Customer Care: 800.540.2016	www.petinsurance.com/cuningham
Identity Theft	ID Watchdog	866.513.1518	idwatchdog.com
Legal	LegalShield	888.807.0407	benefits.legalshield.com/cuningham
401(k) Retirement Plan	Transmerica	800.755.5801	transamerica.com
Financial Wellness Consultant	Ian O'Brien	952.563.6952	Ian.obrien@creativeplanning.com https://calendly.com/ian-obrien-fwc/

This brochure summarizes the benefit plans that are available to Cuningham Group Architecture, Inc. eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: $0 Deductible Plan ($0 Family Deductible): Copays vary by service and tier. $2,000 Deductible Plan ($4,000 Family Deductible): Copays vary by service and tier.

NEWBORNS ACT DISCLOSURE – FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within **30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within **30 days** after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within **60 days** from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.
No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan reviewed and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Katelynn Hittson
1675 Larimer Street, Suite 375
Denver, Colorado United States 80202
705-523-0999
khittson@cuningham.com

Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.
***Please review it carefully**.*
Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation
  If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.
- In these cases, we never share your information unless you give us written permission:
  Marketing purposes
  Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

If you are receiving a copy of this notice electronically, you are responsible for providing a copy of it to any Part-D eligible dependents covered under the group health plan.

Important Notice from Cuningham Group Architecture About Your Prescription Drug Coverage and Medicare

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Cuningham Group Architecture has determined that the prescription drug coverage offered by the Coupe Plans for the 2026 plan year is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered **Creditable Coverage**. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, the following options may apply:

- You may stay in the Coupe Plans and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
    - During the Medicare prescription drug annual enrollment period, or
    - If you lose the Coupe Plans creditable coverage.
- You may stay in the Coupe Plans and also enroll in a Medicare prescription drug plan. The Coupe Plans will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the Coupe Plans and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the Coupe Plans, you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Cuningham Group Architecture and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Cuningham Group Architecture changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

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

For more information about Medicare prescription drug coverage:

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

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

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

Date:	January 1, 2026
Name/Entity of Sender:	Cuningham Group Architecture
Contact Position/Office:	Katelynn Hittson
Address:	1675 Larimer Street, Suite 375, Denver, Colorado United States 80202
Phone Number:	705-523-0999

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)
Option 4, Ext. 61565

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
Error! Hyperlink reference not valid.1-877-267-2323, Menu

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution – as well as your employee contribution to employment-based coverage – is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.
[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023, and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023, and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact:

Name of Entity/Sender:	Cuningham Group Architecture
Contact--Position/Office:	Mary Sellner, Human Resources
Address:	201 Main Street SE, Suite 325, Minneapolis, Minnesota United States 55414
Phone Number:	612-379-6857

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Cuningham Group Architecture, Inc.	4. Employer Identification Number (EIN) 41-1456525	
5. Employer address 1675 Larimer Street, Suite 375	6. Employer phone number 612-379-3400	
7. City Denver	8. State CO	9. ZIP code 80202
10. Who can we contact about employee health coverage at this job? Katelynn Hittson		
11. Phone number (if different from above) 705-523-0999	12. Email address khittson@cuningham.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:

  - ☒ Some employees. Eligible employees are:
    Full-time employees working at least 30 hours per week.

- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:
    Your spouse, domestic partner, and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided.

  - ☐ We do not offer coverage.

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.