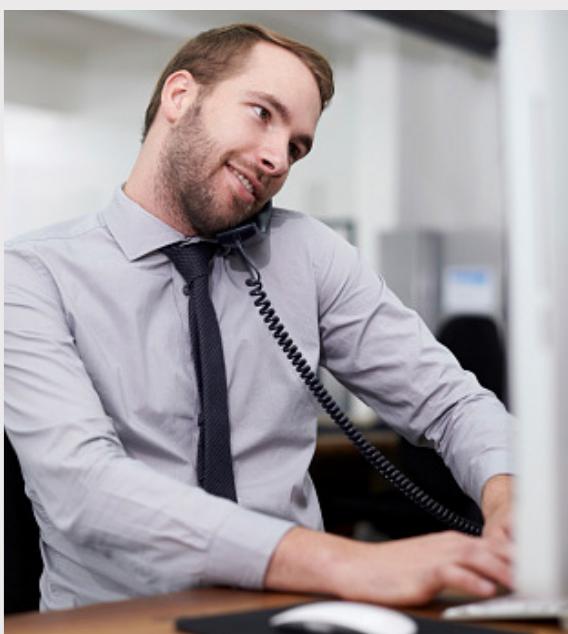


# My Benefits Guide

OCTOBER 2021 – SEPTEMBER 2022



F.W. WEBB COMPANY





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F.W. Webb Company • 160 Middlesex Turnpike • Bedford, MA 01730  
781-272-6600 • fwwebb.com

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# My Benefits Guide

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This brochure is a summary only. Please see insurance certificates and Summary Plan Descriptions for complete plan details. Plan summary, insurance certificates and SPD's are available from Human Resources.



## Our Benefits Highlights

At F.W. Webb Company, we take the health and well-being of our employees very seriously. We view our employees as our most valuable asset and have taken great steps to offer a comprehensive benefits program. Our goal is to attract and retain the best and brightest talent and remain competitive within our industry.



### Who is Eligible

Employees working at least 30 hours per week, and their dependents, are eligible for benefits on the 30th day of employment. Employees may enroll in benefits within 30 days of becoming eligible.

### Definition of Dependent

The Medical, Dental, and Vision Plans define dependent as:

- Your spouse to whom you are legally married.
- Your natural born child, your legally adopted child, your stepchild, your foster child, or any other child for whom you have legal custody, **who is under age 26**.

If a dependent covered under the Plan no longer meets the definition of eligible dependent, you must cancel coverage for that dependent within 30 days of the date they become ineligible. That dependent will be offered the opportunity to continue the coverage through a provision called COBRA by paying for full cost of the coverage for a limited period of time.

### Life Event Changes

Certain life events during the plan year allow for you to change your active selections outside the standard enrollment period. Events such as marriage or divorce, birth or adoption of a child, death, loss or gain of other coverage, and a child's loss or gain of eligibility offer you the opportunity to change your benefit choices to allow your benefits to still meet your needs. The new coverage you choose must be consistent with the qualified family status change, and must be requested **within 30 days of the change**.

### Open Enrollment

#### ► **Changes/forms due by 9/17/21**

This is the time of year when you are able to make changes to your health coverages without a qualifying life event. Changes can include:

- Adding coverage you do not currently have
- Dropping coverage
- Adding/dropping dependents
- Changing coverage i.e. single to family, or family to single.

If you are making any changes, please complete the "Health Benefits Election Form" and return to Human Resources by 9/17/2021. If you are not making changes, PLEASE do not send in a form. No action is necessary.

## Webb Wellness Program

F.W. Webb is dedicated to providing healthy initiatives for all to ensure that all our employees are healthy, happy, and productive.



Our Wellness program complements the many standing healthy benefits F.W. Webb employees enjoy. Our goal is to educate and engage employees in the importance of health and well-being by increasing the participation in wellness activities through emails, posters, home mailings and contests.

Be sure to visit our Wellness intranet site for wellness related information and previous Wellness activities that have taken place throughout Webb!

### Preventive Care

Employees enrolled in our medical plan, who have had a preventive exam within the last two years, pay a lower weekly medical premium. Preventative exams are covered 100% so there are no out of pocket costs to the employees for these important health services.

- “What is a preventive exam?” — It is otherwise known as a “physical” and sometimes lab work is involved.
  - A DOT physical does not qualify as it is not always done by a medical doctor (M.D.) and the purpose of our program is to promote a relationship with your primary care provider.

Employees (and enrolled spouses) are required to submit a “Preventive Care Verification Form” to confirm premium discount eligibility. This form can be found on the Webb intranet (<https://intranet.fwwebbcorp.fwwebb.com>) under Human Resources. A letter from your Primary Care Physician stating your name, that you have had the exam, the date of the exam, and their signature is also acceptable.

- It can take a while to get an appointment for a preventive exam, so if you don’t already have one or do not have a relationship with a primary care provider (PCP), be sure to start this process soon.
  - You can call CIGNA customer service at 800.CIGNA24 (800-244-6224) for help finding a local PCP accepting new patients, or visit <http://www.cigna.com/> and click on “Find a Doctor.”

### Tobacco Affidavit

#### ► Due by 9/17/2021

F.W. Webb Company requires all medical plan participants to annually complete a tobacco affidavit. Forms must be submitted to HR. **If the tobacco affidavit is not received, you will be defaulted to the smoking rate and retroactive adjustments will not be made.** The preferred method to complete this requirement is to login to Kronos.

1. Login to your Kronos account and you will land on your home page
2. In the Start menu to the far right click on Tobacco Affidavit
3. Click + Add for the 2021/2022 form
4. Choose your smoking status on the right-hand side by checking the appropriate box (If you are in a smoking cessation program, please make sure to also complete Page 2 of the affidavit)
5. Click sign, enter your password, and then I agree
6. Click the blue Next box on the top right-hand side
7. If you are in a Smoking cessation program, check off the appropriate box and sign this page
8. Click the blue Submit box -Submit - OK

You can also email the form to [hrdept@fwwebb.com](mailto:hrdept@fwwebb.com) or mail it to Human Resources at 160 Middlesex Turnpike, Bedford, MA 01730.

# Medical and Pharmacy Benefits

## CIGNA and MaxorPlus



- Eligible:** Full-time employees (30+ hours a week)
- Waiting Period:** Eligible on the 30th calendar day of employment
- Cost:** Employer / Employee paid

### Medical Benefit Summary – Effective Plan Year 10/1/2021

Medical and Pharmacy Plan CIGNA Open Access Plus / MaxorPlus Rx	
In Network Only	
Plan Year Deductible (Ind/Fam)	\$400 / \$800
<b>Plan Year Out-of-Pocket Max.</b>	
Medical (Ind/Fam)	\$1,500 / \$3,500
Prescription Drug (Ind/Fam)	\$1,000 / \$2,000
<b>Office Visits</b>	
Annual Preventive Exam	Plan pays 100%
Office Visits (PCP)	Plan pays 90% after deductible
Specialist Visits	Plan pays 90% after deductible
Chiropractic Care	Plan pays 90% after deductible
<b>Emergency Services</b>	
Emergency Room Visit	\$50 copay after deductible then Plan pays 90%
Urgent Care	Plan pays 90% after deductible
<b>Inpatient/Outpatient Services</b>	
Inpatient Hospital	Plan pays 90% after deductible
Ambulatory Day Surgery	Plan pays 90% after deductible
Diagnostic X-Ray	Plan pays 90% after deductible
Diagnostic Lab	Plan pays 90% after deductible
Imaging (CT/PET Scans, MRIs)	Plan pays 90% after deductible
<b>Prescription Drugs<sup>1</sup></b>	
Retail (30 day supply)	\$15/ \$30/ \$50
Mail (90 day supply)	\$30/ \$60/ \$100
International Rx Benefit	\$0/ Free Shipping
Out of Network Benefits	
\$5,000 Individual / \$10,000 Family	
50% Co-insurance	
Unlimited Out -of-Pocket Maximum	

Weekly Contributions	Non-Smoker with Preventive Care	Non-Smoker without Preventive Care	Smoker with Preventive Care	Smoker without Preventive Care
Employee Only	\$20.00	\$25.00	\$40.00	\$45.00
Family	\$45.00	\$50.00	\$90.00	\$95.00

<sup>1</sup>Tier 1 generally refers to generic drugs; Tier 2 generally refers to preferred brand-name drugs; Tier 3 refers to non-preferred drugs.

### CIGNA Open Access Plus

- MDLive: 888.726.3171
- 800.244.6224
- [www.myCIGNA.com](http://www.myCIGNA.com)

### MaxorPlus Pharmacy

- Retail, Mail Order, Specialty Rx
- 800.687.0707
- [www.MaxorPlus.com](http://www.MaxorPlus.com)

### International Prescription Drug Program

Voluntary for Certain Brand Name Prescriptions

- 866.893.6337
- [www.FWWebbIntlRx.com](http://www.FWWebbIntlRx.com)

The Summary of Benefits and Coverage (SBC), Summary Plan Description (SPD) and Summary Annual Report (SAR), which summarize important information about your health coverage in a standard format, are available on the Intranet, or you can request a paper copy free of charge in Human Resources.

This is a brief summary of benefits. If there are any discrepancies between this and the CIGNA/Maxor certificate, the certificate will always take precedence.

## Make myCigna Your Personal Health Place

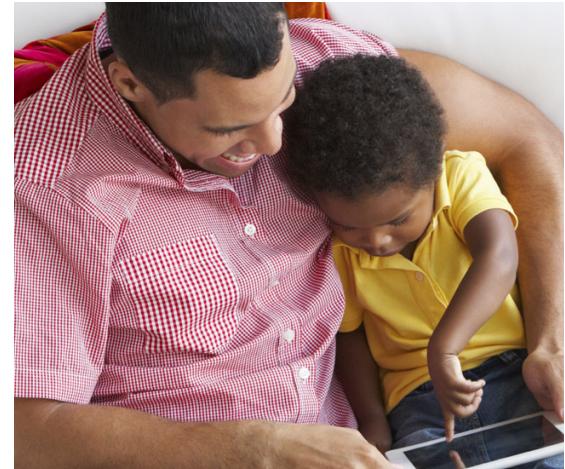
Enjoy a simple way to personalize, organize and access your important plan information.

### Register on myCigna.

Once you do, you can log in anytime, anywhere to:

- Manage and track claims
- View ID card information
- Find doctors and compare cost and quality ratings
- Review your coverage
- Track your account balances and deductibles

Register today! Visit [myCigna.com](http://myCigna.com) or download the myCigna Mobile App\*.



### Go to [myCigna.com](http://myCigna.com) to go paperless!

After you register, you can set up paperless communications. Just log in to [myCigna.com](http://myCigna.com) and select "Go Paperless".

## International Prescription Drug Program

Employees have the opportunity, if they so choose, to participate in an international mail order drug program. Participating brand name drugs can be obtained via mail order at a \$0 copay with no shipping and handling costs. **Please note that this does not replace your current prescription drug program.**

### How Does It Work?

Review the formulary list of brand name prescriptions to determine if any of your current medications are available through this program. Before ordering through CanaRx, you or your doctor must attest that you have been taking your prescribed medication for at least 30 days to ensure you do not have any problems with the medication.

#### To Order:

- Ask your doctor for a prescription for a **3-month supply with 3 refills:**
  - Request your doctor to fax your enrollment form and prescription directly to FWWebbIntlRx, Or
  - Mail your original prescription and completed enrollment form to FWWebbIntlRx
- Include a new prescription for each medication being ordered
- CanaRx will call you prior to each refill to ensure that you have a continuous supply of medications
- Allow 4 weeks for delivery when ordering new medications



#### CanaRx

##### Mail:

FWWebbIntlRx  
P.O. Box 44650  
Detroit, Michigan 48244-0650

##### Phone:

1.866.893.(MEDS) 6337  
Fax: 1.866.715.(MEDS) 6337

##### Web:

[www.FWWebbIntlRx.com](http://www.FWWebbIntlRx.com)

## Dental Benefit – Delta Dental of Massachusetts



- Eligible:** Full-time employees (30+ hours a week)
- Waiting Period:** Eligible on the 30th day of employment
- Cost:** Employer / Employee paid

Members will have access to the same benefit level for covered services no matter what dentist they utilize. However, balance billing may apply if you use a non-contracted dentist.

**Note:** If you utilize a Delta Dental network dentist, your calendar year maximum dollars will go farther (due to deeper discounts) and your out of pocket costs will be less!

Weekly Contributions	
Employee Only	\$1.00
Family	\$2.00

Delta Dental of Massachusetts

### Dental Benefit Summary – Effective Plan Year 10/1/2021

Dental Plan Delta Dental of Massachusetts	
Calendar Year	In Network or Out of Network
Deductible (Type 2 & 3 Only)	\$50 per person
Calendar Year Maximum Benefit	
	\$1,500 per person
<b>Services</b>	
Type 1—Diagnostic & Preventive	Plan pays 100%
Type 2—Basic	Plan pays 80%, after deductible
Type 3—Major	Plan pays 50%, after deductible
<b>Rollover Maximum Benefit</b>	
Rollover Benefit Details	If you receive at least one cleaning per year and your total yearly claims don't exceed \$700, you can roll over \$500 to use next year and beyond up to a total of \$1,250.

*This is a brief summary of benefits. If there are any discrepancies between this and the Delta Dental certificate, the certificate will always take precedence.*

## Voluntary Vision Insurance – EyeMed

- Eligible:** Full-time employees (30+ hours a week)
- Waiting Period:** Eligible on the 30th day of employment
- Cost:** 100% Employee paid

Increased frame allowance and frames now every 12 months.



### Vision Benefit Summary – Effective Plan Year 10/1/2021

EyeMed Insight Network		
Plan Details	Frequency	In-Network Member Cost
Vision Exam	Every 12 months	\$10 copay
Lenses	Every 12 months	\$25 copay for single vision, bifocal, trifocal and lenticular lenses. Progressive lenses are extra.
Frames	Every 12 months	\$150 frame allowance; 20% off balance
Contact Fitting & Evaluation	Every 12 months	\$40 standard fit & follow; 10% off retail premium
Contact Lens	Every 12 months	Conventional: Allowance up to \$150; 15% off balance over \$150 Disposable: Allowance up to \$150; plus balance over \$150
Extra Savings	Discounts for sunglasses, extra glasses, lens enhancements, and laser vision correction	
Hearing Benefit	40% off hearing exams and low price guarantee on discounted hearing aids	

Weekly Cost	
Employee Only	\$1.54
Employee + 1	\$2.91
Family	\$4.28

**Note:** Members will receive benefits for covered vision services no matter what vision provider they utilize. However, If you utilize an EyeMed contracted provider, you will have better benefits, which means your out of pocket costs will be less!

*This is a brief summary of benefits. If there are any discrepancies between this and the EyeMed certificate, the certificate will always take precedence.*

## Flexible Spending Accounts (FSA) Healthcare and Dependent Care – Benefit Resource Inc.



- **Eligible:** Full-time employees (30+ hours a week)
- **Waiting Period:** Annual Open Enrollment on January 1 or Qualifying Event; Eligible on the 30<sup>th</sup> day of employment
- **Cost:** 100% Employee Paid via Pre-tax payroll deduction

### **2021 Contribution Limits:\*** \$2,750 for Health Care FSA and \$5,000 for Dependent Care FSA

These are tax-advantaged accounts established to pay for qualified expenses that you incur in each calendar year. Funds are deducted from your pay pre-tax, and must be used for qualified expenses. Employees have access to their full annual health care election on the first day of the plan year regardless of how much has been contributed into your account.

- “Use it or Lose it”—whatever money you put in must be used by plan year end, otherwise money is forfeited.
- Plan participants in the Health Care FSA may carryover up to \$550 of unused funds into the next plan year.
- Participants have a 2 ½ month grace period to use unused funds from the prior plan year for the Dependent Care FSA.
- You can submit for reimbursement up to 90 days following the end of the plan year.

\*IRS limits set annually.

## Commuter Benefit Plan

- **Eligible:** All Employees

F.W. Webb offers a commuter benefit through Benefit Resource Inc. (BRI) for those who take public transportation to and/or from work.

The commuter benefit plan is a tax-free account for your workplace commute (including mass transit and parking expenses), which lets you set aside up to \$260 monthly pretax for mass transit or parking. Eligible expenses include buses, trains/subways, ride-sharing (such as Uber or Lyft), vanpools, ferries, and parking. (Taxis, carpools, fuel and tolls are excluded.)

- ① Go to: [www.BenefitResource.com](http://www.BenefitResource.com)
  - Click on Participants under Secure Login and Register an Account
  - Use Company Code fwwebb, and your SSN to register
- ② We will deduct the election from your paycheck.
  - The enrollment period runs from the 25th of each month to the 24th of the next month, for the 1st of the following month. For example, you can enroll between 5/25/19 and 6/24/19 for deductions to be taken July 5.
- ③ You will receive the Beniversal Prepaid Mastercard.
  - After the last deduction is taken, the funds will be loaded onto your Prepaid Card
- ④ You can use the Beniversal Card for any workplace commute expenses.
  - It can be used at any approved mass transit and parking vendors; at a transit vending machine or ticket counter or link the Beniversal Card to an existing card through an online re-load program. Unused balances carry over every month
  - Purchases are limited to your card's current balance
- ⑤ Once an election is made, it can elect to have it self-renew each month.

*This is a summary of the benefit. For additional details and limitations please refer to the Benefit Resource's plan documents.*



## Life, AD&D and Disability Insurance

We encourage employees to review beneficiary designation(s) annually. If you would like to add or change a beneficiary please contact Human Resources

- **Eligible:** Full-time employees (30+ hours a week)
- **Waiting Period:** Eligible on the 30th day of employment

### Basic Life and Accidental Death & Dismemberment Insurance—100% Employer Paid

- Life Benefit—2 times annual earnings, up to \$500,000
- AD&D Benefit—2 times annual earnings, up to \$500,000
- Guaranteed Issue—No evidence of insurability required
- Age Reduction—Benefit reduced to 65% at age 65 and to 50% at age 70

### Short Term Disability Insurance (STD) - 100% Employer Paid

- Weekly Benefit—60% of weekly earnings after waiting period up to the 26th week of disability
- Employees in Rhode Island, New York, New Jersey, Massachusetts and Connecticut (2022) are covered under state disability plans governed by the laws of those states

### Long Term Disability Insurance (LTD) - 100% Employer Paid

- Monthly Benefit—60% of monthly earnings, up to \$5,000
- Elimination Period—LTD benefits will begin after 180 days
- Maximum Benefit Duration—LTD benefits can be paid until Social Security Normal Retirement Age depending on disability

### Supplemental Life Insurance: 100% Employee Paid

- Employee Life Benefit—\$10,000 increments up to \$500,000 (Evidence of insurability required except for new hires enrolling within 30 days of employment)
- Spouse Life Benefit—\$5,000 increments up to \$100,000 (Must enroll in employee supplement in order to elect)
- Dependent Life Benefit—\$10,000
- Coverage can be converted at termination or upon retirement

### Assist America

As a covered member of Sun Life Financial, you have the protection of Assist America's global emergency travel assistance services. Download the free Assist America Mobile App for your iPhone from the Apple App Store or for your Android phone from Google Play. Then, log in with your reference number of 01-AA-SUL-100101.

### Workers Compensation

- **Eligible:** All Employees

F.W. Webb Company provides Workers' Compensation coverage through a private insurance carrier for employees who sustain work-related injuries or illnesses as required by state and federal laws. Workers' Compensation applies to all employees. If possible, all employees who sustain a work-related injury and need medical attention should proceed to the nearest Occupational Health location or their own doctor.

*This is a brief summary of benefits. If there are any discrepancies between this and the SunLife certificate, the certificate will always take precedence.*

## 401K Retirement Savings Plan – John Hancock



- **Eligible:** Full-time and part-time employees
- **Waiting Period:** 15 days
- **Cost:** Employee Pre-tax Salary Deferral
- **Website:** [www.myplan.johnhancock.com](http://www.myplan.johnhancock.com)

*Please refer to the Summary Plan Description (SPD) and Summary Annual Report (SAR) on the Intranet for detailed plan information. You can request a paper copy free of charge in Human Resources.*

*\*Limits set annually.*

- F.W. Webb matches fifty cents to the dollar for deferrals of the first 4% after one year of employment
- Five-year vesting schedule
- Deferral for 2021 is \$19,500 or \$26,000 for employees turning 50 in 2021\*
- Profit sharing is determined by management each year and begins after one full calendar year of service for those who worked at least 1,000 hours during the year
- If you do not enroll within your first 90 days of employment, you will be auto-enrolled at 4%

## 401K Financial Advisors – Morgan Stanley

## Morgan Stanley

F.W. Webb has partnered with Morgan Stanley to serve as the financial advisors to the company 401(k) retirement plan. As a global leader in financial services, we believe Morgan Stanley will be able to further enhance the resources we bring to our employees as they plan for retirement; those resources include personalized planning, investment insights and offices located in city centers nationwide.

In addition, employees have access to Morgan Stanley's Financial Wellness Platform. The goal is to provide employees with financial planning resources and support on their path to financial security. The program not only focuses on saving for retirement, but also on more immediate financial needs, such as paying down debt or planning for a family.

At F.W. Webb Company, we take the well-being of our employees very seriously. We view our employees as our most valuable asset, and we believe our partnership with Morgan Stanley will continue to elevate the competitiveness of our retirement program.

### Contact Information

**Morgan Stanley**  
35 Village Road, Suite 601  
Middleton, MA 01949  
**Phone:** 978-739-3943



### The Benefits of Financial Wellness

The goal of this kind of program is to help you move from a state of financial stress to a state of financial confidence. By providing you with access to educational tools, resources and professionals, the Morgan Stanley Financial Wellness Program can help you get started on the path to financial well-being today.

## Employee Assistance Program – KGA



Free assistance with family/elder care issues, family and personal relationships, substance abuse and addictions, legal resources, stress/psychological issues, financial resources, parenting children, and health and wellness.

**Phone:** 1.800.648.9557

**Username:** webb

**Website:** [www.kgreer.com](http://www.kgreer.com)

**Password:** 9557

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## Employee Discount Program – Working Advantage

Through Working Advantage you have access to exclusive savings on movie tickets, theme parks, hotels, Broadway and Vegas shows, shopping partners & more. Be sure to visit often as new products and discounts are constantly being added!

**Website:** [www.workingadvantage.com](http://www.workingadvantage.com)

**Company code:** fwwebb



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## Additional Benefits

### Tuition Reimbursement



- **Eligible:** Full-time employees (30 or more hours per week)
- **Waiting Period:** 90 days
- **Benefit:** Company pays 50% up to \$10,000 per year in tuition

F.W. Webb Company recognizes that the skills and knowledge of its employees are critical to the success of the organization. The educational assistance program encourages personal development through formal education so those employees can maintain and improve job-related skills or enhance their ability to compete for reasonably attainable jobs within F.W. Webb Company.

Such courses must be part of a degree, licensing, or a certification program related to the employee's current job duties, or a foreseeable future position in the organization, in order to be eligible for educational assistance. F.W. Webb Company has the sole discretion to determine whether a course relates to an employee's current job duties or a foreseeable future position. Employees should contact Human Resources for more information or questions about educational assistance.

While tuition reimbursement may enhance an employee's performance and professional abilities, F.W. Webb Company does not guarantee that participation in formal education will bring employee advancement, a different job assignment or pay increases.

## Additional Benefits (continued)



### Paid Time Off\*

#### SICK DAYS

F.W. Webb provides paid time off for employees who must be absent from work for short periods of time for sickness and medical treatment/appointments. All regular, full-time employees with a minimum of 1 year of service are eligible for up to 40 hours each calendar year. (Please see the appendices in the Employee Handbook for state specific policies for MA and NY.)

Non-exempt full-time employees who do not use their allotted sick time by December 31st of the same calendar year will receive a pro-rated cash reward (bonus). Please note that employees have to be employed the entire calendar year to be eligible for the sick reward.

#### HOLIDAYS

F.W. Webb provides employees with time off to observe national and/or state holidays.

All full time and regular part time employees who work 20 hours or more per week are eligible for 10 paid holidays per calendar year.

There are 6 major holidays recognized throughout the company. The remaining 4 holidays vary by location.

#### VACATION

All regular full time and part time employees who work 20 hours or more per week are eligible for paid vacation.

- Eligible part time employees earn vacation based on the average number of hours worked in the entire previous year. For part time new hires, vacation will be based on the average number of hours worked during their time of employment.

All eligible employees hired more than one year will adhere to the following vacation schedule as of January 1st each calendar year:

**2 weeks** — employees hired with 1 full year but less than 5 full years

**3 weeks** — employees hired with 5 full years of service but less than 15 full years

**4 weeks** — employees hired with 15 full years of service but less than 25 full years

**5 weeks** — employees hired with 25 full years of service

\* Please see the employee handbook for more details on these policies.

## Government Required Benefit Compliance Notices

### ► Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible (or you think that you maybe 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 on the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

Please visit <https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/chipra/model-notice.pdf> for additional details and state information.

### ► Health Insurance Portability and Accountability Act (HIPAA) - Privacy Rule

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") requires that we maintain the privacy of protected health information, give notice of our legal duties and privacy practices regarding health information about you and follow the terms of our notice currently in effect.

If not attached to this document, you may request a copy of the current Privacy Practices, explaining how medical information about you may be used and disclosed and how you can get access to this information.

As Required by Law, we will disclose Health Information when required to do so by international, federal, state or local law.

You have the right to inspect and copy, right to an electronic copy of electronic medical records, right to get notice of a breach, right to amend, right to an accounting of disclosures, right to request restrictions, right to request confidential communications, right to a paper copy of this notice and the right to file a complaint if you believe your privacy rights have been violated.

### ► Health Insurance Portability and Accountability Act (HIPAA) - Special Enrollment Rights

If you decline 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.

If you decline enrollment for yourself or your dependents (including your spouse) while coverage under Medicaid or a state Children's Health Insurance Program (CHIP) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' Medicaid or CHIP coverage ends. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or a CHIP program with respect to coverage under this plan, you may be able to enroll yourself and your dependents (including your spouse) in this plan. However, you must request enrollment within 60 days after you or your dependents become eligible for the premium assistance.

To request special enrollment or obtain more information, contact Human Resources.

### ► Medicare Part D

This notice has information about your current prescription drug coverage 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 eligible. Notice is distributed to all employees prior to October 15th. If you are considering joining a Medicare prescription drug plan, 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 the notice. All notices can be accessed via the Webb intranet.

### ► Women's Health and Cancer Rights Act of 1998 (WHCRA)

The Women's Health and Cancer Rights Act of 1998 (WHCRA) requires group health plans to provide benefits for mastectomy-related services. When a covered member elects breast reconstruction in connection with a mastectomy, based on consultation between the attending physician and the patient, the plan will cover the mastectomy-related services listed below:

- All stages of reconstruction of the breast on which the mastectomy has been performed. - Surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

The group health plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and co-insurance amounts that are consistent with those that apply to other benefits under the plan.

## Contact Information

### MEDICAL BENEFITS

#### CIGNA

Group #: 3340106  
 Member Services: 800.244.6224  
[Website: www.cigna.com](http://www.cigna.com)  
 Mobile app: mycigna



### PHARMACY BENEFITS

#### Maxor Plus

Member Services: 800.687.0707  
[Website: www.maxorplus.com](http://www.maxorplus.com)  
 Mobile app: MaxorPlus



#### International Prescription Drug Program

Member Services: 866.893.(MEDS) 6337  
[Website: www.FWWebbIntlRx.com](http://www.FWWebbIntlRx.com)  
 Mobile app: N/A

### DENTAL BENEFITS

#### Delta Dental

Group #: 004545  
 Member Services: 800.872.0500  
[Website: www.deltadentalma.com](http://www.deltadentalma.com)  
 Mobile app: deltadentalma



### VOLUNTARY VISION INSURANCE

#### EyeMed

Group #: 1012830  
 Member Services: 866.939.3633  
[Website: www.eyemedvisioncare.com](http://www.eyemedvisioncare.com)  
 Mobile app: eyemed



### FLEXIBLE SPENDING ACCOUNT (FSA)

#### Benefit Resource Inc.

Member Services: 800.473.9595  
[Website: www.BenefitResource.com](http://www.BenefitResource.com)  
 Mobile app: BRiMobile



### COMMUTER BENEFIT PLAN

#### Benefit Resource Inc.

Member Services: 800.473.9595  
[Website: www.BenefitResource.com](http://www.BenefitResource.com)  
 Mobile app: BRiMobile



### LIFE / AD&D / SHORT/LONG TERM INSURANCE

#### Sun Life

Policy #: 241948  
 Member Services: 888.247.6875  
[Website: www.sunlife.com](http://www.sunlife.com)  
 Mobile app: N/A



### GLOBAL EMERGENCY MEDICAL SERVICES

#### Assist America

Reference Number: 01-AA-SUL-100101  
 Member Services: 800.8721414, 609-986-1234  
[Website: www.assistamerica.com](http://www.assistamerica.com)  
 Mobile app: Assist America



### EMPLOYEE ASSISTANCE PROGRAM

#### KGA

Member Services: 800.648.9557  
[Website: www.kgreer.com](http://www.kgreer.com)  
 Mobile app: KGA Mobile



### RETIREMENT PROGRAM

#### John Hancock

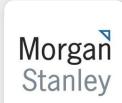
Member Services: 800.294.3575  
[Website: myplan.johnhancock.com](http://myplan.johnhancock.com)  
 Mobile app: John Hancock Retirement



### RETIREMENT PLAN ADVISORS

#### Morgan Stanley

Member Services: 978-739-3946  
[Website: www.morganstanley.com](http://www.morganstanley.com)  
 Mobile app: N/A



### F.W. WEBB COMPANY

#### Human Resources

Cathy Thompson, Benefits Specialist  
 781.272.6600, ext. 324  
[cathleen.thompson@fwwebb.com](mailto:cathleen.thompson@fwwebb.com) or  
[hrdept@fwwebb.com](mailto:hrdept@fwwebb.com)



Employees can find plan summaries and notices online on the Webb Intranet at: <https://intranet.fwwebbcorp.fwwebb.com>