



2023 OPEN ENROLLMENT: OCTOBER 31 - NOVEMBER 11, 2022


WELCOME TO YOUR 2023 EMPLOYEE BENEFITS

Use this interactive guide to learn about your 2023 benefit options and how they can help you live well.



HOW TO USE THIS GUIDE:

This is an interactive guide with tabs and links that navigate to other pages and websites, making it easy for you to find exactly what you're looking for, fast!

- To view a different page, go to the table of contents or use the navigation buttons on the top of every page.
- Look for the  icon, which draws your attention to important changes for 2023.
- Use the “Next” and “Back” buttons to flip through the guide page by page.
- Use the “Print” button if you want to print specific pages or the entire guide.

We hope you find this easy-to-use format helpful as you consider how to make the most of your WSP USA benefits.

This guide provides detailed information to help you understand your benefit options and complete your benefits enrollment for the upcoming year. Please read it carefully in order to make the best choices for you and your family for 2023.



LIVE WELL WSP USA'S WELLNESS PROGRAM

VISION

WSP USA's Live Well program is designed to help our employees increase their health, nutrition and fitness knowledge, and enable them to engage in a better work/life balance. Through this annual initiative, WSP USA takes an important step in improving the health and productivity of our employees to encourage and support their wellness goals. Live Well is also a key driver to control rising medical costs, which is necessary to maintain our robust health plan.

MISSION

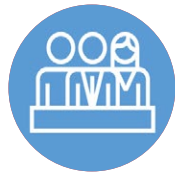
To promote and build a culture of wellness in the organization that will inspire and empower employees to Live Well.

PILLARS OF WELLNESS

The Live Well program centers around five pillars of wellness for a holistic approach that supports the *whole* you.



PHYSICAL



SOCIAL



COMMUNITY



EMOTIONAL



FINANCIAL

SOCIAL MEDIA

#WSPLIVEWELL

You can share your Live Well experiences and pictures and see how your colleagues are living well!

- **LinkedIn:** <https://www.linkedin.com/company/wsp/>
- **Facebook/Twitter:** [@wspusa](#)
- **Instagram:** [@wsp.usa](#)

WSP USA'S WELLNESS PROGRAM: LIVE WELL

PHYSICAL

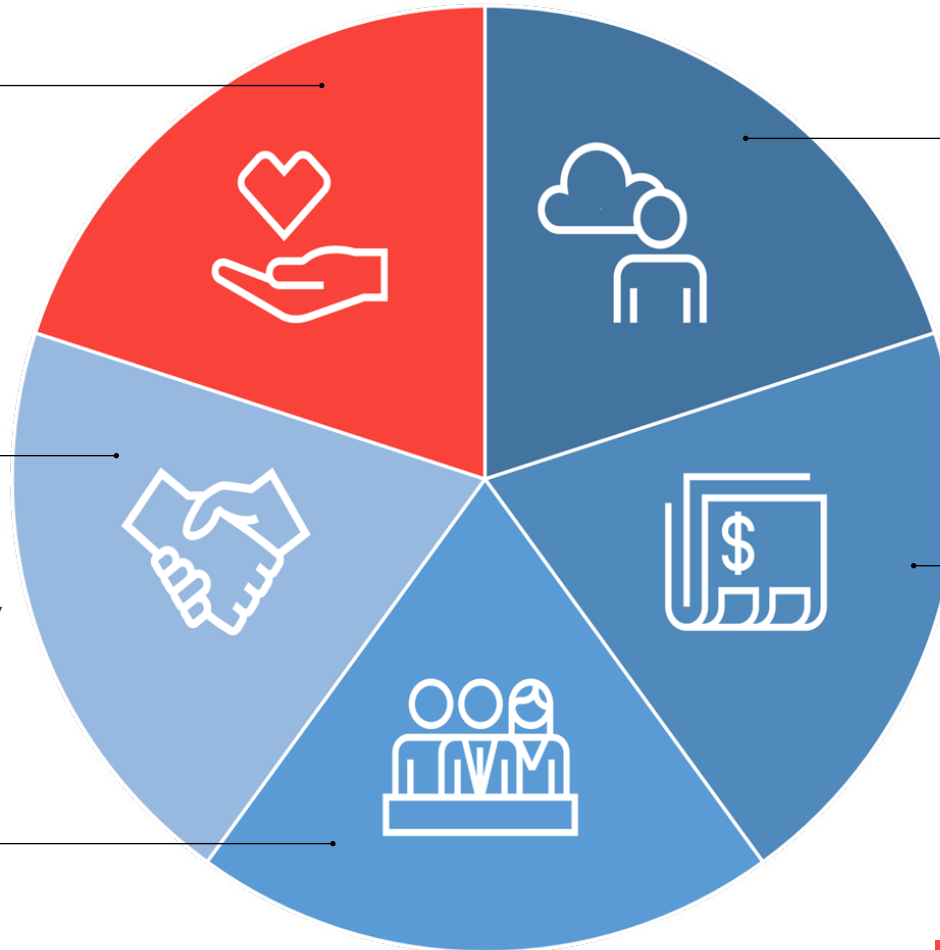
- Preventive Care Campaign
- Annual Move Well Challenge
- ClassPass Employee Fitness Program
- Hydration Challenge

COMMUNITY

- Wellness Ambassadors
- Local Office Events, Fundraisers and Charities
- Collaboration with the Developing Professionals Network and Inclusion & Diversity

SOCIAL

- Social Media Campaigns
- Mentoring with Wellness
- Weekly "Tea Time Talks"
- Local Office 5k Walk/Runs and Sport Leagues
- Lunch and Learns



EMOTIONAL

- Carebridge Employee Assistance Program
- U.S. Mental Health Program and Resources Site
- Aetna Behavioral Health Resources
- Blue Ocean Brain Digital Learning Platform
- Weekly 10-minute Meditation Sessions

FINANCIAL

- T. Rowe Price Retirement Planning
- SmartDollar Budgeting and Saving
- Morningstar Investment Management
- SoFi Student Loan Center
- Optavise Member Advocacy Program
- HTA Medicare Assistance Services
- Norton LifeLock Identity Theft Protection

Look out for new wellness activities in 2023!



LIVE WELL BENEFITS

Your Live Well benefits will continue to provide excellent value and a variety of choices to help you stay healthy, centered and resilient. We're pleased to offer your 2023 benefits remain strong, stable and affordable, with minimal changes to benefit plans and premiums, plus a number of enhancements.

• Your 2023 Carriers

Most of your benefit plan carriers will remain in place for 2023, except where indicated as new below:

- ✓ **Medical:** Aetna
- ✓ **Pharmacy:** Express Scripts
- ✓ **Medical/Pharmacy (for employees with a Hawaii work location only):** Kaiser Permanente and HMSA
- ✓ **Health Savings Accounts/Flexible Spending Accounts:** HealthEquity
- ✓ **Dental:** MetLife
- ✓ **Vision:** Vision Service Plan (VSP)
- NEW!** **Disability: New Carrier!** Prudential | AbsenceOne
- ✓ **Life and AD&D:** MetLife
- ✓ **Retirement Savings:** T. Rowe Price
- ✓ **Accident and Critical Illness:** MetLife
- ✓ **Telemedicine:** Teladoc
- NEW!** **Health Advocacy Services: New Name! DirectPath is now Optavise**
- ✓ **Medicare Assistance Services:** HTA
- ✓ **Employee Assistance Program:** Carebridge
- ✓ **Brightline Pediatric Behavioral Health:** Aetna
- ✓ **Meru Mental Health Care Support:** Aetna
- ✓ **Tobacco Cessation Program:** Aetna
- ✓ **Legal:** MetLife
- ✓ **Identity Theft Protection:** Norton LifeLock
- ✓ **Auto and Home:** Farmers GroupSelectSM
- ✓ **Commuter:** HealthEquity
- ✓ **SoFi Student Loan Program**
- ✓ **SmartDollar Financial Wellness Benefit**

WHAT DOES IT MEAN TO LIVE WELL?

At WSP USA, we believe living well means thriving in all aspects of your life — at work, at home and in your community. We value your well-being and understand that your overall health has a huge impact on your happiness and sense of achievement, both personally and professionally.

You embody the committed effort, strong values and passion for turning possibilities into realities that help us connect clients to a better future.

The support we provide for you, including valuable and diverse Live Well resources for your well-being, creates the foundation of our success.



NEW WHAT'S NEW FOR 2023

• 2023 Employee Premiums for Health and Buy-Up STD

- Good news! There will be minimal increases to employee health premiums. Aetna Choice POS II Basic HDHP premiums will remain unchanged from 2022, as will premiums for all Dental Plan and Vision Plan options. Premiums for the other Aetna Choice, HMSA (Hawaii only) and Kaiser Permanente (Hawaii only) medical plan options will increase well below the rate of overall inflation and the cost increases many other companies are passing on to employees for next year. Note that WSP has not increased medical plan premiums in any of the last three years.
- Employee premiums will decrease for the Buy-Up Short Term Disability (STD) coverage.

• Increase in Annual HSA Contribution Limit

- The IRS annual contribution limit for Health Savings Accounts will increase in 2023 to \$3,850 for individual coverage and to \$7,750 if you cover dependents (amount includes WSP USA's contributions of \$500 individual / \$1,000 family).
- Participants who will be age 55 or older in 2022 may contribute an additional \$1,000 in catch-up contributions.
- An HSA is available to those enrolled in the Aetna Choice POS II Basic HDHP or Aetna Choice POS II Enhanced HDHP.

NEW Dental coverage will now include a second fluoride treatment per year for children up to age 14.

• Other Changes for 2023 to Keep in Mind:

- **Flexible Spending Accounts (FSAs):** Contribution limits are reviewed by the IRS each year. The 2023 annual contribution limits for both the Health Care and Limited Purpose FSAs are \$3,050. The annual contribution limit for the Dependent Care FSA will remain at \$5,000.
- **Pharmacy Programs:** The prescription drugs that are included in the pharmacy formulary or a pharmacy program (such as Prior Authorization and Step Therapy) may change from year to year.
- **Retirement Savings Plan:** Annual contribution limits are reviewed by the IRS each year and may increase for 2023.

NEW New Carrier for Disability and Leave Benefits

- Prudential | AbsenceOne will replace MetLife as the carrier for the Short-Term Disability and Long-Term Disability Insurance plans, as well as Personal and Family Leave benefits. There will be no differences in disability and leave benefits as a result of this change.

NEW DirectPath Member Advocacy Renamed Optavise

- Under the new Optavise name, Member Advocates will continue to provide the same valuable level of benefits guidance and advocacy that you receive today.

BENEFITS GUIDANCE FROM YOUR OPTAVISE MEMBER ADVOCATE



Contact your Member Advocate by phone at **(866) 253-2273**, Monday to Friday 8:00 am to 9:00 pm or Saturday 9:00 am to 2:00 pm, Eastern Time or email wspassistance@directpathhealth.com.

DirectPath is becoming Optavise. It's a new name for the same great Advocacy service. This confidential, no-cost service is included as part of your benefits program.

Open Enrollment comes with big decisions. Your Member Advocate can help!

Your Member Advocate can answer your Open Enrollment questions, and any benefits or health care question throughout the year! As you're going through Open Enrollment this year, remember that you have a Member Advocate to assist with questions about your benefits and health care options. Call your Advocate during Open Enrollment to:

- Learn the differences between your benefit options, so you can make the best decisions for yourself and your family
- Understand who is eligible for coverage
- Confirm your doctor is in-network for your chosen plan

And remember, you can call your Member Advocate anytime throughout the year for help with:

- Comparing costs for tests and procedures
- Reviewing your bill for errors and expediting corrections
- Appealing a denied claim and overseeing the process
- Finding in-network providers
- Making appointments
- Verifying eligibility and coverage
- Answering prescription drug questions and finding ways to save money
- Coordinating care and providing education for complex or chronic cases
- Explaining the Qualified Life Event process for birth of a child, marriage, etc.
- Answering any question about how your benefits work





COVERAGE OVERVIEW: WHO PAYS?

| Core Benefits | Who Pays? |
|---------------------------------------|-----------------|
| Medical/Rx | You and WSP USA |
| Dental | You and WSP USA |
| Vision | You |
| Basic Life/AD&D | WSP USA |
| Core STD | WSP USA |
| Retirement Savings | You and WSP USA |
| Other Benefits | |
| Supplemental and Dependent Life | You |
| Voluntary AD&D | You |
| Buy-Up STD | You |
| Basic and Enhanced LTD | You |
| Accident | You |
| Critical Illness | You |
| ClassPass | You and WSP USA |
| Telemedicine | You and WSP USA |
| Optavise Member Advocacy | WSP USA |
| Medicare Assistance | WSP USA |
| Employee Assistance Program | WSP USA |
| Tobacco Cessation Program | WSP USA |
| Financial Wellness Benefit | WSP USA |
| SoFi Student Loan Refinancing Program | WSP USA |
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| Identity Theft Protection | You |
| Auto and Home | You |
| Commuter | You |



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Critical Illness Insurance
Accident Insurance



YOUR WEALTH

Disability Insurance
Life and AD&D Insurance
Retirement Savings Plan
SmartDollar
SoFi
Morningstar



YOUR LIFE

Employee Assistance Program (EAP)
Tobacco Cessation
ClassPass Corporate Fitness Program
Auto and Home Insurance
Legal Services
Identity Theft Protection
Commuter Benefits Program



YOUR COSTS

Employee Premiums



YOUR ENROLLMENT

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YOUR RESOURCES

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In this guide, we use the term Company to refer to WSP USA. This guide is intended to describe the eligibility requirements, enrollment procedures and coverage effective dates for the benefits offered by the Company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

YOUR HEALTH

Benefits and programs designed to help prevent illness, maintain health and provide access to the information and care you need.



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IMPORTANT!

If you enroll in the Aetna Choice POS II Basic or Enhanced HDHP and the HSA, WSP USA will make an automatic per paycheck contribution to your HSA totaling \$500 annually for individual coverage or \$1,000 annually if you cover dependents. You must enroll in a HealthEquity HSA account on the [bswift enrollment website](#) to receive WSP USA's contributions.

MEDICAL PLANS

Medical benefits from WSP USA help you maintain your well-being through preventive care and access to an extensive network of high quality, lower-cost providers, as well as affordable prescription medication.

Your medical coverage is provided through Aetna, with pharmacy coverage from Express Scripts. Your Aetna ID card includes both medical and pharmacy coverage information. You may select from the following medical plan options for 2023 coverage:

Aetna Choice POS II Basic HDHP:

- This HDHP option has lower contributions and a higher deductible than the Aetna Choice POS II Enhanced HDHP option, and you'll be eligible to participate in a Health Savings Account (HSA).

Aetna Choice POS II Enhanced HDHP:

- This HDHP option has higher contributions and a lower deductible than the Aetna Choice POS II Basic HDHP option, and you'll be eligible to participate in the HSA.

Aetna Choice POS II Plan:

- This option has a higher contributions and a lower deductible than either of the HDHP options. You'll be eligible to participate in a Health Care Flexible Spending Account (FSA) but not the HSA.

Open Access Aetna Select Plan (closed to new participants)

Your Aetna medical plan options allow you to choose a plan that will best help you and your family enjoy the benefits of good health. It is up to you to choose the plan that best matches your needs. Be sure to choose carefully, because your medical plan will remain in place for all of 2023, unless you have a Qualifying Life Event.

HELPFUL HEALTH RESOURCES

These programs, available at no cost to you, are designed to give you better insight into health care options and their costs. Use them year-round to save money, reduce hassles and make confident decisions.

MEMBER ADVOCACY BENEFIT

Optavise Member Advocates (formerly DirectPath) serve as your single resource for all benefit-related questions and enrollment assistance. Your Member Advocate can help you resolve claim and billing issues, determine potential out-of-pocket costs and seek referrals for second opinions. Optavise can also assist with the following:

- Resolving medical and prescription drug claims issues
- Locating providers and scheduling appointments
- Researching physicians and facilities
- Searching for in-network providers for our benefit programs, therefore helping reduce your out-of-pocket costs for treatment
- Comparing cost and quality of elective tests and procedures

You can contact an Optavise Member Advocate at **866-253-2273**, Monday to Friday 8:00 am to 9:00 pm or Saturday 9:00 am to 2:00 pm, ET. You can also get support via email at wspassistance@directpathhealth.com.

MEDICARE ASSISTANCE SERVICES

Medicare Assistance Services, provided by HTA, gives you all you need to transition to Medicare, acquire the best secondary coverage and obtain ongoing support. HTA's licensed counselors can explain the Medicare enrollment process and the Medicare claims systems, so you know what to expect. You can contact HTA for a free consultation, which will be followed by a detailed summary email and report outlining your specific "action plan" based on your health needs and situation. There is no cost for this service - you pay the same price for the insurance products through HTA as you would by going directly to the insurance companies.

To contact Medicare Assistance Services, call 610-430-6650, Monday to Thursday 9:00 am to 5:00 pm or Friday 9:00 am to 4:00 pm ET; you can also schedule a consultation via email at medicare@htafinancial.com.

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MEDICAL PLANS (CONTINUED)

SEE HOW THE PLANS COMPARE AT A HIGH LEVEL:

| | Aetna Choice POS II Basic HDHP | Aetna Choice POS II Enhanced HDHP | Aetna Choice POS II | Open Access Aetna Select (Closed to New Enrollees) |
|--|--------------------------------|-----------------------------------|-----------------------------|--|
| Medical/Rx Premium (via payroll deductions) | Lowest | Middle | Higher | Highest |
| Free in-network preventive care | ✓ | ✓ | ✓ | ✓ |
| Extensive network of providers offering negotiated rates (while the network names are different, the networks are essentially the same) | Aetna Choice POS II network | Aetna Choice POS II network | Aetna Choice POS II network | Open Access Aetna Select network |
| Referrals and primary care physician NOT required | ✓ | ✓ | ✓ | ✓ |
| Copays for office visits | | | | ✓ |
| Deductible and coinsurance for certain services | | | ✓ | ✓ |
| Deductible and coinsurance for all services | ✓ | ✓ | | |
| Embedded individual deductible within family coverage (each member may satisfy a “per individual” deductible, and any member or combination of members may satisfy the “per family” deductible); see FAQs for more details | | | ✓ | ✓ |
| Aggregate deductible and out-of-pocket maximum within family coverage (any member or combination of members may satisfy the “per family” deductible and out-of-pocket maximum); see FAQs for more details | ✓* | ✓ | | |
| Receive tax-free annual Company contribution to a Health Savings Account to help you offset plan deductible and other eligible expenses | ✓ | ✓ | | |
| Contribute tax-free money to a Health Savings Account (HSA) that helps offset the plan deductible and is yours for life | ✓ | ✓ | | |
| Contribute tax-free money to a Health Care Flexible Spending Account (FSA) to pay your current year’s expenses | | | ✓ | ✓ |

*Individual out-of-pocket amount will be capped at the ACA maximum (\$9,100 in 2023).



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STAY IN-NETWORK TO SAVE MONEY

With the Choice POS II and HDHP plans, you have flexibility to see any provider, but in-network providers have agreed to lower fees. Out-of-network, your plan pays reduced benefits, and your provider may charge more.

WHAT COSTS YOU NOTHING AND COULD SAVE YOUR LIFE?

Preventive care, including regular check-ups, immunizations and related testing, seeks to identify illnesses before they become more serious and costly to treat. They're an extremely important part of staying healthy. Be sure you receive your age- and gender-appropriate preventive check-ups and screenings as often as they're recommended.

And here's a great incentive — it costs you nothing but a little bit of time. When you receive preventive care services through an Aetna network provider, WSP USA covers expenses in full.

MEDICAL PLANS (CONTINUED)

All four Aetna medical plans provide coverage for the same services, but at different levels. **Please note:** The Open Access Aetna Select Plan provides coverage for in-network care only. If you go to an out-of-network provider or facility, your costs will not be covered (except in cases of true emergency).

MEDICAL COVERAGE DETAILS

| | Aetna Choice POS II Basic HDHP | | Aetna Choice POS II Enhanced HDHP | | Aetna Choice POS II | | Open Access Aetna Select (Closed to New Enrollees) |
|--|--------------------------------|-----------------------------|-----------------------------------|-----------------------------|---------------------|-----------------------------|--|
| | In-Network | Out-of-Network ¹ | In-Network | Out-of-Network ¹ | In-Network | Out-of-Network ¹ | In-Network Only |
| Calendar Year Deductible | | | | | | | |
| Individual | \$3,000 | \$7,500 | \$1,500 | \$3,750 | \$1,000 | \$2,500 | \$750 |
| Family | \$6,000 | \$15,000 | \$3,000 | \$7,500 | \$2,000 | \$5,000 | \$1,500 |
| WSP-Funded HSA Contribution | | | | | | | |
| Individual | \$500 | | \$500 | | N/A | N/A | N/A |
| Family | \$1,000 | | \$1,000 | | N/A | N/A | N/A |
| Coinsurance | | | | | | | |
| Your Share of Costs | 20% ² | 40% ² | 20% ² | 40% ² | 20% ² | 40% ² | 10% ² |
| Calendar Year Out-of-Pocket Maximum | | | | | | | |
| Individual | \$5,000 | \$12,500 | \$4,000 | \$10,000 | \$4,000 | \$10,000 | \$4,000 |
| Family | \$10,000 ³ | \$25,000 | \$8,000 | \$20,000 | \$8,000 | \$20,000 | \$8,000 |
| Your Cost for Medical Care (what you pay) | | | | | | | |
| Preventive Care | No charge | 40% ² | No charge | 40% ² | No charge | 40% ² | No charge |
| Physician's Office Visits (primary/specialist ⁴) | 20% ² | 40% ² | 20% ² | 40% ² | 20% ² | 40% ² | \$25 copay/ \$40 copay |
| Hospital Inpatient ⁵ (physician and hospital charges) | 20% ² | 40% ² | 20% ² | 40% ² | 20% ² | 40% ² | 10% ² |
| Hospital Outpatient (physician and hospital charges) | 20% ² | 40% ² | 20% ² | 40% ² | 20% ² | 40% ² | 10% ² |
| Virtual Visits (Teladoc) | 20% ² | Not covered | 20% ² | Not covered | \$25 copay | Not covered | \$25 copay |
| Minute Clinic | 20% ² | Not covered | 20% ² | Not covered | \$25 copay | | \$25 copay |
| Urgent Care | 20% ² | 40% ² | 20% ² | 40% ² | 20% ² | 40% ² | \$40 copay |

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MEDICAL PLANS (CONTINUED)

| | Aetna Choice POS II Basic HDHP | | Aetna Choice POS II Enhanced HDHP | | Aetna Choice POS II | | Open Access Aetna Select (Closed to New Enrollees) |
|--|---|---|---|---|---|---|---|
| | In-Network | Out-of-Network ¹ | In-Network | Out-of-Network ¹ | In-Network | Out-of-Network ¹ | In-Network Only |
| Emergency Room (no coverage for non-emergency care) | 20% ² | 20% ² | 20% ² | 20% ² | 20% ² | 20% ² | \$75 copay |
| Diagnostic X-Rays and Labs | 20% ² | 40% ² | 20% ² | 40% ² | 20% ² | 40% ² | \$25 or \$40 copay at physician's office; 10% ² at independent lab or hospital |
| Mental Health/ Substance Abuse | 20% ² – outpatient 20% ^{2,4} – inpatient | 40% ² – outpatient 40% ^{2,4} – inpatient | 20% ² – outpatient 20% ^{2,4} – inpatient | 40% ² – outpatient 40% ^{2,4} – inpatient | 20% ² – outpatient 20% ^{2,4} – inpatient | 40% ² – outpatient 40% ^{2,4} – inpatient | \$25 copay – outpatient 10% ^{2,4} – inpatient |
| Extended Care/Skilled Nursing Facility ⁵ (90 days per year) | 20% ² | 40% ² | 20% ² | 40% ² | 20% ² | 40% ² | 10% ² |
| Home Health Care ⁵ (120 visits per year) | 20% ² | 40% ² | 20% ² | 40% ² | 20% ² | 40% ² | 10% ² |
| Hospice ⁵ | 20% ² | 40% ² | 20% ² | 40% ² | 20% ² | 40% ² | 10% ² |
| Rehab Services ⁶ (50 visits per year) | 20% ² | 40% ² | 20% ² | 40% ² | 20% ² | 40% ² | 10% ² |
| Chiropractic (30 visits per year) | 20% ² | 40% ² | 20% ² | 40% ² | 20% ² | 40% ² | \$40 copay |

COMPARE COSTS

Charges for medical services can vary greatly — even for the same procedure, in the same area, within the same network. Take the time to compare costs through the Aetna member portal or with the help of Aetna Concierge. If you need to know costs of specific services and procedures, contact an Optavise Member Advocate, who can provide you with a custom cost transparency report.

CONVENIENT CARE

Convenient care is just a click away — you can use the Virtual Visits (Teladoc) service to see a U.S board-certified doctor 24/7/365. You can also visit walk-in Minute Clinics at CVS Pharmacy and Target stores to diagnose and treat acute conditions or minor injuries.

¹All out-of-network services are subject to reasonable and customary limits.

²After deductible

³Individual out-of-pocket amount will be capped at the ACA maximum (\$9,100 in 2023).

⁴A specialist is any provider other than an internist, family doctor, pediatrician, or OB-GYN.

⁵Precertification required. Participating (or in-network) providers are generally responsible for obtaining precertification from Aetna before they provide certain services to you. When you choose to receive certain covered services from nonparticipating (or out-of-network) providers, you are responsible for notifying Aetna before you receive these covered services. See noncompliance penalties below.

⁶Rehab Services include physical, speech or occupational, cardiac and pulmonary therapy.

NONCOMPLIANCE PENALTIES: Benefit reduces to 50% of eligible expenses for certain out-of-network services. These services include inpatient hospitalization, mental/nervous/alcohol/drug confinement, extended care/skilled nursing facility, home health care and hospice.

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SAVE THE ER FOR TRUE EMERGENCIES

You'll save a lot of money and time if you seek care through Virtual Visits (Teladoc) or an urgent care clinic for non-life-threatening conditions. Visit www.aetna.com to find a participating urgent care center near you.

DID YOU KNOW?

Virtual Visits (Teladoc) can also be used for dermatology-related consultations and treatment, and mental health counseling!

You can provide details (and photos) about skin conditions, such as psoriasis and infections, and receive counsel and necessary prescriptions within 2 business days — and schedule follow-ups, too. If you need mental health support for issues including anxiety, depression, or stress, Teladoc mental health counseling can connect you with a professional therapist seven days a week right from your home.

AETNA PROGRAMS

In addition to valuable financial protection and deeply negotiated provider fees, your Aetna medical plan offers many resources and programs to help you manage your health, along with discounts to make taking care of your well-being more affordable.

MEDICAL CARE

Broad Network of Providers

Aetna's extensive network of providers gives you access to primary care doctors and specialists who have agreed to lower rates. Visit www.aetna.com or use the **Aetna Health mobile app** to find network doctors. Or call **866-267-1454** to ask questions.

- If you are looking for doctors who are in-network with the HDHP or POS II plans, please select "Aetna Choice POS II" when selecting a plan.
- If you are looking for doctors who are in-network with the Open Access Plan, please select "Open Access Aetna Select" when selecting a plan.

24-Hour Nurse Line

More round-the-clock support: this 24-hour information line allows you to speak with a registered nurse about health issues and receive helpful information to prevent a potential trip to the emergency room. You can call the Informed Health Line toll-free at **1-800-556-1555**.

Aetna One Choice

Get personalized one-on-one clinical nurse support for more complex or severe issues as they arise. Digital programs and resources help create a customized health action plan based on your needs and preferences. Log in to your member website at www.aetna.com to access this resource.

Virtual Visits (Teladoc)

You can see a U.S. board-certified doctor 24/7/365 through Teladoc. To get started, set up your account at www.teladoc.com, download the **Teladoc mobile app**, or call **855-Teladoc (835-2362)**. Once you've registered, seeing a doctor is just a call or click away — any time you need them.

Minute Clinics

Walk-in clinics at CVS Pharmacy and Target stores are available to all Aetna medical plan members. You can find a MinuteClinic near you by using the provider search tool at www.aetna.com.

National Medical Excellence

Case management and related support for members considering and undergoing transplants.

Aetna Advice®

Aetna Advice® applies artificial intelligence and behavioral economics to determine the best blend of messaging and channels to inspire healthy action. Combined with our unmatched local touchpoints, members have the right guidance and convenient access to trusted care.

MedQuery

Patient safety and clinical quality program that delivers care considerations to providers.

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IF A NURSE CALLS

Aetna nurses may reach out to you to help you manage your health care. This support is optional and available to you at no extra cost.

INFORMATION & ONLINE TOOLS

Health Assessment

A free, confidential health assessment allows you to identify your health risks and receive a personalized report about your well-being, all while encouraging you to continue engaging in healthy behaviors. The health assessment is accessible on your member engagement platform and the Aetna HealthSM app. Sign in at www.aetna.com and select "Well-being Resources" on the home page.

Member Engagement Platform

Check out your personal member health site to track your activity, get wellness advice, take a health assessment and connect with a digital coach. The member health site is accessible at-home and on-the-go for your convenience. Log in to your member website or register at www.aetna.com and click "Well-being Resources" on the home page.

MindCheckSM

Take control of your emotional well-being with MindCheck digital tools and resources. Go to mindchecktoday.com to get started at no cost. You can access MindCheck on a web browser and download the app on your phone.

Aetna Microsite for WSP Employees

You'll have access to a dedicated microsite just for WSP USA employees that provides information about your medical plans and provides helpful information about your coverage, like a list of free preventive care services and information on additional programs available to you at no cost. Visit www.aetnaresource.com/n/wsp (Password: WSPUSA1).

Aetna Member Website

Register as a new user through www.aetna.com to access the Aetna member portal and easily find network providers, compare physician ratings, look up costs, view your claims, see your coverage details, get discounts, find wellness resources and more. After you're enrolled in an Aetna medical plan, you can click "Login" from the www.aetna.com homepage and then click "Register."

Aetna Health Mobile App

Download the Aetna Health mobile app to your smartphone for convenient on-the-go access to your ID card, provider information, claims, coverage details and much more.

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AETNA IS THERE WHEN YOU NEED THEM

Note the many different Aetna services you and your family receive when you enroll in a WSP medical plan. You can create and track a personalized health plan (Aetna Engagement Platform), access one-on-one expertise from professionals (24-Hour-NurseLine, One Choice) and even enlist an Aetna Concierge to help you coordinate things like finding specialists and understanding provider bills if you're dealing with complex care. Read pages 14-16 of this guide and keep them handy throughout the year!

ASSISTANCE & SUPPORT

Aetna Concierge

Whenever you need assistance with your medical coverage, an Aetna Concierge will be ready to help you. Call Aetna if you have a question about your coverage, an upcoming treatment, choosing a doctor, understanding a bill, or managing costs. An Aetna Concierge can help you make more informed decisions. Log in to the Aetna member portal to chat online. Or call **866-267-1454 (TTY: 711)** to speak with a concierge Monday through Friday from 8:00 am to 6:00 pm in all time zones.

Aetna Compassionate CareSM Program

If you or a loved one have been diagnosed with a serious illness or disease, a care support team is ready to help you through the health system, your benefits and your options. Call the Member Services number on your Aetna ID card and ask to speak with an Aetna Compassionate Care case manager.

ABA – Applied Behavior Analysis

Part of the Behavioral Health (BH) benefit, Aetna advocates with special training in autism spectrum disorder can help:

- Promote early treatment Find and connect employees with an ABA provider in the community Ensure the quality and appropriateness of the
- ABA treatment plan
- Coordinate a variety of behavioral health services

Transgender Advocates

Advocates provide education, support and resources:

- Understand and access benefits
- Support throughout gender affirmation surgery process
- Referral to online resources and local community support
- Find providers and facilities specialized in transgender care
- Focus on the physical and mental well-being

HEALTH MANAGEMENT

AbleTo

This eight-week virtual therapy program focuses on health conditions and emotional challenges, and is provided at no cost to you. For more information, contact Aetna Concierge at **1-866-267-1454 (TTY: 711)**, or visit [AbleTo.com/Aetna](https://www.ableto.com/aetna).

Aetna Autism Advocate

If a family member is diagnosed with autism, use this advocate to answer your questions, pair you with professionals and connect you with support, including applied behavior analysis (ABA) therapy. Contact Aetna Autism Advocate at **1-866-724-0604 (TTY: 711)**, and select Option 5.

Tobacco Cessation Program

Many years of research document the health hazards of tobacco use — diseases from secondhand smoke and higher cancer rates, which lead to higher medical costs. You can use Aetna's tobacco cessation services at no cost to you by calling **866-533-1410**, or visiting www.aetna.com.

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EARN A BUMP BOX

When you complete the Aetna Enhanced Maternity Program, you will receive a Bump Box of baby supplies to get you started.



Aetna Enhanced Maternity Program

This program provides support wherever you are on your journey: family planning and fertility through post-partum care. And if you're already expecting a baby, you'll get the special attention you deserve. Aetna is here to offer plenty of support for a healthy pregnancy, along with extra help for at-risk pregnancies. All you have to do is sign up if you are enrolled in WSP's medical plan — there's no additional cost to you. Log in to www.aetna.com and look under "Health & Wellness" or call **800-CRADLE-1 (272-3531)** weekdays, 8:00 am to 7:00 pm Eastern Time.

Aetna Lifestyle and Condition Coaching

Personalized coaching that supports your needs and creates a tailored approach to living well. You'll receive coaching in a style that works for you to get active, eat better or manage a health condition. Log in at www.aetna.com, click "Health & Wellness," then "Stay Healthy" and then "Enroll in Lifestyle and Condition Coaching." Or, call us at **1-866-533-1410** at no cost to you.

Personal Health Website

It's easy to discover a healthier you with Aetna's personal health website. Take a health assessment to get a picture of your overall health, view your health data, track appointments, join coaching groups, sync to apps and devices, look up symptoms, find healthy recipes and more. Once you're registered on and logged in to the Aetna member portal, www.aetna.com, you can click "Health & Wellness" and then "Discover a healthier you" to get started.

Health Condition Management

If you are managing a chronic condition or facing a new diagnosis, an Aetna nurse may reach out to offer support. This personal assistance is available at no extra cost and is designed to help you make informed decisions and achieve optimal results from your treatment.

Transform Oncology

This comprehensive, connected approach to managing cancer connects you with a personal navigator who will work with you one-on-one to address your needs, such as finding quality care, getting services approved, managing treatment side effects, understanding your benefits and more. It includes the Guided Genetic Health[®] program offers genetic counseling and testing to guide your treatment and assess your risk of developing other forms of cancer. You also have access to the online Aetna Cancer Support Center, serving as your trusted source for information and guidance on what to expect while managing cancer treatment and care. Log in at Aetna.com/cancersupport or text CancerCare to 66902 for a link. If you've been diagnosed with cancer, an Aetna nurse may reach out to you. Or you can call your Aetna Concierge at **1-866-267-1454 (TTY: 711)** to learn more.

Aetna Kidney Support

Aetna Kidney Support uses predictive technology to determine members of progression of chronic kidney disease and delay progression to dialysis treatment. Aetna Kidney Support provides members with chronic kidney disease education and support designed to help delay the onset of end-stage renal disease (ESRD).

COST CONTROL

Discounts and Savings

Your Aetna medical plan comes with built-in discounts that you and your family can use to save money on eye exams, eyewear, LASIK laser eye surgery, gym memberships, weight loss programs, home exercise equipment, natural therapy services and products, hearing exams, hearing aids and more. Log in to your Aetna member portal at www.aetna.com to access the discounts available to you.

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SAME ID CARD FOR MEDICAL AND RX

Your medical plan ID card has your pharmacy coverage on it, so you can use the same card at the doctor's office and the pharmacy.

USE GENERICS AND SAVE

Generic medications are generally just as effective as brand-name medications, but they typically cost between 30% and 75% less.

IF YOU REQUEST A BRAND-NAME DRUG

Please keep in mind that if you wish to purchase a brand-name drug when a chemically equivalent generic drug is available, you'll pay the brand cost share plus the difference in cost between that brand and generic drug, unless the provider requires it.

PHARMACY COVERAGE

Pharmacy coverage is provided by Express Scripts and is included with each medical plan. Your Aetna ID card includes both medical and pharmacy coverage information. You may use all the major retail pharmacies, like CVS, Walgreens and Target. For long-term maintenance medications, you can use Express Scripts' home delivery program, for convenience and cost savings. Sign in at www.express-scripts.com/wspusa or call 844-823-5295 to set up home delivery.

PHARMACY COVERAGE DETAILS

| | Aetna Choice POS II Basic HDHP | | Aetna Choice POS II Enhanced HDHP | | Aetna Choice POS II | | Open Access Aetna Select (Closed to New Enrollees) |
|---|--------------------------------|----------------|-----------------------------------|----------------|----------------------------|----------------|--|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network Only |
| Retail (30-day supply) – What you pay | | | | | | | |
| Generic | 20%* (\$10 max) | Not covered | 20%* (\$10 max) | Not covered | \$10 copay | Not covered | \$10 copay |
| Preferred Brand | 20%* (\$40 max) | | 20%* (\$40 max) | | 20% (\$30 min; \$40 max) | | 20% (\$30 min; \$40 max) |
| Nonpreferred Brand | 20%* (\$80 max) | | 20%* (\$80 max) | | 20% (\$60 min; \$80 max) | | 20% (\$60 min; \$80 max) |
| Specialty** | 20%* (\$150 max) | | 20%* (\$150 max) | | 20% (\$100 min; \$150 max) | | 20% (\$100 min; \$150 max) |
| Mail Order (90-day supply) – What you pay | | | | | | | |
| Generic | 20%* (\$20 max) | Not covered | 20%* (\$20 max) | Not covered | \$20 copay | Not covered | \$20 copay |
| Preferred Brand | 20%* (\$80 max) | | 20%* (\$80 max) | | 20% (\$60 min; \$80 max) | | 20% (\$60 min; \$80 max) |
| Nonpreferred Brand | 20%* (\$160 max) | | 20%* (\$160 max) | | 20% (\$120 min; \$160 max) | | 20% (\$120 min; \$160 max) |
| Specialty** | N/A | | N/A | | N/A | | N/A |

*After deductible

**Specialty drugs must be obtained through Accredo Specialty Pharmacy. For 31-60 day supply, any applicable minimums and maximums will be two times the 30-day cost share (\$200 min; \$300 max). For 61-90 day supply, minimums and maximums will be three times the 30-day cost share (\$300 min; \$450 max).

Note: Your Prescription Drug List (PDL) is available on www.express-scripts.com/wspusa.

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EXPRESS SCRIPTS MAKES IT EASY

Visit www.express-scripts.com/wspusa or download the Express Scripts mobile app to easily review your pharmacy coverage, manage your prescriptions, order refills and more.

QUESTIONS?

Call Express Scripts at **844-823-5295** to speak with a pharmacist about your prescription or inquire about the status of your order.

EXPRESS SCRIPTS PROGRAMS

To help ensure the safe, appropriate and cost-effective use of medications, Express Scripts offers a number of pharmacy programs for its members.

EXCLUSIVE SPECIALTY PHARMACY

Certain prescriptions are considered specialty medicine because they need special storage and handling, and must be delivered quickly. In addition, a nurse or pharmacist should monitor you during your treatment. If you take a specialty medication, you must have that prescription filled by Express Scripts' Accredo Specialty Pharmacy. You will be allowed one specialty prescription fill at an outside pharmacy before it becomes mandatory that you use Accredo Specialty Pharmacy.

Accredo Specialty Pharmacy offers you:

- Free delivery that is reliable, secure and sent anywhere you choose
- Extra help when you need it — like injection training and side-effect monitoring
- Proactive outreach to confirm your refills

MAIL ORDER FOR MAINTENANCE MEDICATIONS

If you require maintenance medications for a chronic condition such as allergies, high blood pressure, or diabetes, use mail order. You can purchase up to a 90-day supply and benefit from greater savings, privacy, convenience and peace of mind. Log on to your member website at www.express-scripts.com/wspusa to access this resource.

SMART90 FEATURE FOR MAINTENANCE MEDICATIONS

The Smart90 program, offered by Express Scripts, makes getting your maintenance medications easier and less costly for you.

If you are prescribed a 90-day maintenance medication, you have the option to fill your prescription at a local CVS or Walgreens pharmacy. You will be subject to the home delivery copay/coinsurance, which means you get a 90-day supply for the cost of a 60-day supply. This means more savings to you!

FORMULARY DRUGS

Formulary drugs are brand-name medications that are favored by a prescription plan based on drug effectiveness and cost. Express Scripts maintains its own formulary list, which it updates periodically.

You can review Express Scripts' formulary at www.express-scripts.com/wspusa. If a medication you are taking is excluded from the formulary list, you can ask your doctor for a new prescription for a similar medication that is on the list. Some nonformulary brand-name drugs are covered but at a higher cost to you.

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EXPRESS SCRIPTS PROGRAMS (CONTINUED)

PRIOR AUTHORIZATION

Express Scripts pharmacists regularly review the most current research on newly approved medicines and existing medicines and consult with independent, licensed doctors and pharmacists to determine which medicines have been proven to be effective. Based on this review, Express Scripts determines that certain drugs require a Prior Authorization before coverage is allowed.

During the Prior Authorization process, Express Scripts will obtain information from your doctor to evaluate the prescription and decide whether it qualifies for coverage under your plan. If you are filling a new prescription that requires Prior Authorization, your pharmacist will contact your physician and request that he or she call the Express Scripts Prior Authorization for a determination.

STEP THERAPY

Step Therapy helps ensure you get safe and effective medicine for your condition at the lowest possible cost. Medicines are grouped in “steps.”

- **First-line medicines:** These are the first step and are typically generic and lower-cost brand-name medicines. They are proven to be safe and effective, as well as affordable. In most cases, they provide the same health benefit as more expensive medicines, but at a lower cost.
- **Second-line medicines:** These are the second and third steps and are typically brand-name medicines. They are best suited for the few patients who don't respond to first-line medicines. They're also the most expensive options.

If your doctor gives you a prescription that's not on the first-line list, your pharmacist will explain that Step Therapy requires you to try a first-line medicine before a second-line medicine is covered. Since only your doctor can change your current prescription, either you or your pharmacist will need to speak with your doctor to request a first-line medicine that's covered by your plan. If you need your prescription right away, you may ask your pharmacist to fill a small supply until you can consult your doctor.

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CHOOSE A PCP

Even if you enroll in the HMSA PPO and don't need to select a primary care physician (PCP), you may want to. PCPs do more than give you a checkup. They know your medical history and can help guide your care.

FIND AN IN-NETWORK PROVIDER

HMSA: Visit www.hmsa.com and click on "Find a Doctor" or call **808-948-6111** (Oahu) or **800-776-4672** (Neighbor Islands).

Kaiser Permanente: Visit www.kp.org or call **808-432-5955** (Oahu) or **800-966-5955** (Neighbor Islands).

HAWAII MEDICAL PLANS

If you live in Hawaii, medical and pharmacy benefits are offered through either HMSA or Kaiser Permanente. You have two plan options to choose from:

- **HMSA PPO Plan**
- **Kaiser Permanente HMO Plan**

Your Hawaii medical plan options allow you to choose a plan that will best help you and your family enjoy the benefits of good health. It is up to you to choose the plan that best matches your needs. Be sure to choose carefully, because your medical plan will remain in place for all of 2023, unless you have a Qualifying Life Event.

SEE HOW THE PLANS COMPARE AT A HIGH LEVEL:

| | HMSA PPO | Kaiser Permanente HMO |
|--|----------|--|
| Medical premiums (via payroll deductions) | Higher | Lower |
| Free in-network preventive care | ✓ | ✓ |
| Coverage for both in- and out-of-network care | ✓ | Out-of-network coverage available for emergencies only |
| Care must be coordinated by a primary care physician | | ✓ |
| Copays for most services and prescription drugs | | ✓ |
| Copays for prescription drugs and office visits only | ✓ | |
| Coinsurance for most services | ✓ | |
| No deductible | ✓ | ✓ |
| Contribute tax-free money to a Health Care Flexible Spending Account (FSA) to pay your current year's expenses | ✓ | ✓ |

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GET YOUR FREE IN-NETWORK PREVENTIVE CARE

Keeping up with physicals, immunizations and other preventive care will save you time and money in the long run!

HAWAII MEDICAL PLANS (CONTINUED)

MEDICAL COVERAGE DETAILS

| | HMSA PPO | | Kaiser Permanente HMO |
|--|---|---|---|
| | In-Network | Out-of-Network | In-Network Only |
| Calendar Year Deductible (individual/family) | None | None | None |
| Calendar Year Out-of-Pocket Maximum (individual/family) | \$2,500/\$7,500 | None | \$2,500/\$7,500 |
| Preventive Care | No charge | No charge | No charge |
| Physician's Office Visits (primary care and specialist) | \$14 copay | \$14 copay | \$15 copay |
| Hospital Inpatient (physician and hospital charges) | Facility – 20% Physician – \$20 copay | Facility – 20% Physician – \$20 copay | \$75 per day |
| Hospital Outpatient (physician and hospital charges) | Facility – 20% Physician – \$14 copay | Facility – 20% Physician – \$14 copay | \$15 copay |
| Urgent Care | \$14 copay | \$14 copay | \$15 copay; 20% out-of-area |
| Emergency Room (no coverage for nonemergency care) | 20% | 20% | \$75 copay |
| Air/Ground Transportation | 20% | 20% | 20% |
| Diagnostic X-Rays and Labs | 20% (no charge for lab tests) | 20% | 10% |
| Mental Health/Substance Abuse | Inpatient – 20% Outpatient facility – 20% Outpatient physician – \$14 copay | Inpatient – 20% Outpatient facility – 20% Outpatient physician – \$14 copay | Inpatient – \$75 per day Outpatient – \$15 copay |
| Extended Care/Skilled Nursing Facility (120 days per year) | 20% | 20% | No charge |
| Home Health Care (150 visits per year) | 20% | 20% | No charge |
| Durable Equipment | 20% | 20% | Diabetes equipment – 50% All other equipment – 20% |
| Hospice | No charge | No charge | No charge |
| Rehab Services | 20% | 20% | Inpatient – \$75 per day Outpatient – \$15 copay |

NOTE: All out-of-network services are subject to reasonable and customary limits. **Please note:** The Kaiser Permanente HMO Plan provides coverage for in-network care only. If you go to an out-of-network provider or facility, your costs will not be covered (except in cases of true emergency).

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SAME ID CARD FOR MEDICAL AND RX

Your medical plan ID card has your pharmacy coverage on it, so you can use the same card at the doctor's office and the pharmacy.

USE GENERICS AND SAVE

Generic medications are generally just as effective as brand-name medications, but they typically cost between 30% and 75% less.

PRESCRIPTION MANAGEMENT MADE EASY

Visit www.hmsa.com or www.kp.org to easily review your pharmacy coverage, manage your prescriptions, order refills and more.

HAWAII MEDICAL PLANS (CONTINUED)

Your pharmacy coverage is included with each medical plan and is provided through either HMSA or Kaiser Permanente, depending on the plan you choose. To receive the pharmacy benefits listed below, be sure to go to an in-network pharmacy.

PHARMACY COVERAGE DETAILS

| | HMSA PPO | | Kaiser Permanente HMO |
|------------------------------------|---|-----------------|--|
| | In-Network | Out-of-Network | In-Network |
| Retail (30-day supply) | | | |
| Tier 1 (Mostly Generic) | \$7 copay | \$7 copay; 20% | \$3 copay for maintenance; \$10 copay for other generics |
| Tier 2 (Mostly Preferred Brand) | \$30 copay | \$30 copay; 20% | \$45 copay |
| Tier 3 (Mostly Nonpreferred Brand) | \$75 copay | \$75 copay; 20% | \$45 copay |
| Specialty | \$100 copay (Preferred) \$200 copay (Nonpreferred) | Not covered | \$200 copay |
| Mail Order (90-day supply) | | | |
| Tier 1 (Mostly Generic) | \$11 copay | Not covered | \$6 copay for maintenance; \$20 copay for other generics |
| Tier 2 (Mostly Preferred Brand) | \$65 copay | | \$90 copay |
| Tier 3 (Mostly Nonpreferred Brand) | \$200 copay | | \$90 copay |
| Specialty | Not covered | | N/A |

Formulary drugs are brand-name medications that are favored by a prescription plan based on drug effectiveness and cost. The HMSA Drug Formulary List is available for download from the Help Center on the HMSA website: <https://hmsa.com/help-center/your-hmsa-drug-formulary-list/>. Your plan uses the Essential Formulary.

The Kaiser Permanente Drug Formulary List is available for download at www.kp.org/formulary. Your plan uses the Kaiser Permanente Hawaii Marketplace Drug Formulary.

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HAWAII MEDICAL PLANS (CONTINUED)

HMSA RESOURCES AND PROGRAMS

In addition to the financial protection provided by your PPO medical plan, HMSA offers many resources and programs to help you manage your health and your care, along with discounts to make taking care of your well-being more affordable.

MEDICAL CARE

Broad Network of Providers

HMSA's extensive network of providers gives you access to discounted costs and negotiated fees. Visit www.hmsa.com or call **808-948-6111** (Oahu), or **800-776-4672** (Neighbor Islands) to find network doctors.

Online Care

You and your covered dependents can see a doctor 24/7/365 through your computer, phone, or mobile device to get the help you need. You may access HMSA's Online Care at www.hmsa.com or through the **HMSA: 24/7 Online Doctor Visit** mobile app.

INFORMATION & ONLINE TOOLS

Member Website

Register on www.hmsa.com to easily find providers, see coverage details, view your claims, take advantage of discounts, access wellness resources and more.

HEALTH MANAGEMENT

Health Education Workshops

Live life to the fullest with healthy lifestyle habits. These workshops use fun, interactive methods to teach you about fitness, nutrition, stress management and other aspects of health and well-being that can impact your physical, emotional and social health. You're welcome to participate in any or all programs at no charge. Visit www.hmsa.com to view available classes.

Health Coaching

Why tackle the challenge of improving your health or managing your chronic disease on your own? A health coach can help you with guidance and support for a wide range of medical issues and health goals. Get started at www.hmsa.com or call **808-948-6111** (Oahu), **800-776-4672** Neighbor Islands).

Hawaii Tobacco Quitline

Quitting smoking is one of the hardest things to do, yet one of the most important steps you can take for better health. Through Quitline, you get personalized 24/7 tobacco cessation coaching, patches and the Text2Quit program. Your coach can help you find face-to-face support in your area, if you choose. This service is provided free of charge.

COST CONTROL

Active&Fit® Program

As an HMSA member, you get an Active&Fit® discounted gym membership. Log in to your account at www.hmsa.com to learn more.

HMSA365 Discounts

Your HMSA medical plan comes with built-in discounts that you and your family can use to save money on eye exams, eyewear, LASIK laser eye surgery, gym memberships, weight loss programs, holistic health care, medical transportation, hearing exams, hearing aids and more. Visit www.hmsa.com to start saving.

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FIT REWARDS

In 2023, you can choose from five tiers of fitness centers at different price points. Whatever tier you choose, you can earn a \$200 reward. Simply work out at your chosen fitness center at least 45 days for at least 30 minutes a visit by December 31, 2023.

To locate fitness centers and learn more about the FITRewards program, visit www.kp.org/fitrewards.

HAWAII MEDICAL PLANS (CONTINUED)

KAISER PERMANENTE RESOURCES AND PROGRAMS

In addition to the financial protection provided by your HMO medical plan, Kaiser Permanente offers many resources and programs to help you manage your health and your care, along with discounts to make taking care of your well-being more affordable.

MEDICAL CARE

Kaiser Permanente Providers and Facilities

Kaiser Permanente primary care physicians and specialists practice together as a group, each focusing on his or her specialty, while consulting with and providing support for fellow physicians. This gives you the full benefit of Kaiser Permanente medical staff's combined experience. Visit www.kp.org or call **808-432-5955** (Oahu), or **800-966-5955** (Neighbor Islands) to find network doctors.

West Oahu Medical Office at Kapolei: Kaiser's new technologically advanced 40,000 square foot facility brings more care and personalized services to you and your family!

INFORMATION & ONLINE TOOLS

Member Website

Register on www.kp.org to easily find a Kaiser Permanente doctor or facility near you, see your coverage details, view claims, use health tools and calculators, research conditions, access wellness resources and more.

HEALTH MANAGEMENT

Total Health Assessment

Get an overall picture of your health status and a customized action plan to help prevent health problems and feel your best. Get started on www.kp.org.

Wellness Coaching

Whatever your current health status and goals for the future, a Kaiser Permanente coach can help you along your wellness journey. Your wellness coach is part of your health team and can help you coordinate and communicate with your physician and the rest of your health care team at Kaiser Permanente facilities. Get started at www.kp.org or call **808-432-2260**.

Programs and Classes

Classes on a variety of health topics are available at Kaiser Permanente locations throughout Hawaii. Find a class that interests you at www.kp.org.

COST CONTROL

Fit Rewards

With Fit Rewards, you can choose fitness centers in the Standard or Premium Fitness Networks at different price points. The Premium Network adds new fitness center and studio choices. Whatever option you choose, you can earn rewards of up to \$200 for simply working out at your fitness center of choice at least 45 days for a minimum of 30 minutes per visit within the calendar year. Go to www.kp.org for more details. Kaiser members can also get a Home Fitness Kit for just \$10.

Member Discounts

Through the ChooseHealthy program, you can take advantage of reduced rates on a variety of alternative care resources to help you stay healthy. Learn more at www.kp.org/choosehealthy.

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DENTAL HEALTH MATTERS

As many as 120 systemic diseases can be visible in your mouth. Regular dental checkups can reveal the signs of disease before other symptoms are noticeable and help lower your risk of stroke and heart disease.

NETWORK DENTISTS

In-network dentists have agreed to charge lower fees, which keeps your costs down. To find a network dentist, visit MetLife at www.metlife.com/mybenefits or call 833-622-0134. The network is PDP Plus Network.

DENTAL

WSP USA's dental benefits offer you and your family affordable options for maintaining your overall health. Coverage is provided through MetLife. You have two plans to choose from:

- **Basic Dental**
- **Enhanced Dental**

SEE HOW THE PLANS COMPARE AT A HIGH LEVEL:

| | Basic Dental | Enhanced Dental |
|--|--------------|-----------------|
| Free in-network preventive care , such as: <ul style="list-style-type: none"> • Oral exams and cleanings twice a year • Bitewing X-rays, one set every calendar year • Sealants every 5 years (under age 14) NEW Fluoride application every 6 months (under age 14) | ✓ | ✓ |
| Coverage for routine services , such as: <ul style="list-style-type: none"> • Fillings • Extractions • Oral surgery • Periodontic treatment • General anesthesia • Endodontic treatment (includes root canal therapy) • Repair and re-cementing of crowns, inlays, bridgework, or dentures | ✓ | ✓ |
| Coverage for major restorative services , such as: <ul style="list-style-type: none"> • Onlays, inlays, gold fillings, bridgework, dentures, or crowns once every 84 months • Relining and rebase of dentures covered in a 6-month consecutive period | ✓ | ✓ |
| Coverage for dental implants, dependent child orthodontia and TMJ services | | ✓ |

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DENTAL (CONTINUED)

DENTAL COVERAGE DETAILS

The benefits shown below are for in- and out-of-network providers. However, all out-of-network services are subject to Reasonable and Customary (R&C) limitations, which means you may owe the difference between your dentist's charges and the amount paid by your plan. Maximize your dental benefits by utilizing an in-network dentist.

| | Basic Dental | | Enhanced Dental | |
|--|----------------|----------------|-----------------|----------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Deductible Individual Family | \$100 \$300 | \$100 \$300 | \$50 \$150 | \$50 \$150 |
| Annual Maximum Benefit | \$1,000 | \$1,000 | \$2,000 | \$2,000 |
| Preventive/ Diagnostic | Covered 100% | Covered 100% | Covered 100% | Covered 100% |
| Basic Restorative Services | You pay 30% | You pay 30% | You pay 20% | You pay 20% |
| Major Restorative Services | You pay 50% | You pay 50% | You pay 50% | You pay 50% |
| Implants | Not covered | | You pay 50% | You pay 50% |
| Orthodontia (for dependent children up to age 26 only) | Not covered | | You pay 50% | You pay 50% |
| Orthodontia Lifetime Maximum | N/A | | \$1,500 | \$1,500 |
| TMJ | Not covered | | You pay 20% | You pay 20% |
| TMJ Maximum | N/A | | \$1,000 | \$1,000 |

Note: An Advance Claim Review (pre-estimate) is recommended before you start a course of dental treatment that is expected to cost \$300 or more.

DENTAL ID CARDS

You **will not** receive a Dental ID card. When you see a dental provider simply identify MetLife as your dental plan carrier and provide your employee ID number so that your provider can obtain your benefits coverage information. You may also receive an electronic copy of your ID card by registering or logging into www.metlife.com/mybenefits or by downloading the MetLife App.

DENTAL HEALTH MANAGER

Through www.metlife.com/mybenefits, you can take advantage of this new innovative online tool to keep track of your and your family's oral health.

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WHY GET VISION COVERAGE?

If you wear glasses or contacts, chances are you already have regular appointments with an eye doctor. But even those with perfect eyesight should have their vision checked on a regular basis.

VISION ID CARDS

You **will not** receive a vision ID card. When you see a vision care provider simply identify VSP as your vision plan carrier so that your provider can obtain your benefits coverage information. You may also receive an electronic copy of your ID card by registering or logging into [VSP.com](https://www.vsp.com) or by downloading the VSP app.

VISION CARE IS ABOUT MORE THAN EYESIGHT

Eye doctors are often the first health care professionals to detect chronic systemic diseases, such as high blood pressure and diabetes.

VISION

WSP USA offers you vision benefits through Vision Service Plan (VSP) to ensure that you and your family have access to quality eye care. You have one vision plan available to you.

TAKE A LOOK AT THE PLAN'S KEY FEATURES:

- ✓ Annual eye exam for only a \$10 copay in-network
- ✓ No cost for single vision, bifocal, or trifocal lenses in-network
- ✓ Frames covered up to \$200 for featured frame brands or \$150 for other brands; after the allowance, a 20% discount applies
- ✓ Contact lenses (in lieu of glasses) covered up to \$150
- ✓ Mail order service on contact lenses at guaranteed lowest prices
- ✓ Discount on laser vision correction

Vision coverage is offered through Vision Services Plan (VSP). Through VSP, you can receive care from any vision care provider, and the plan will cover either a portion or all of your cost.

VSP has one of the widest networks of vision providers in the U.S. When you use a VSP network doctor for an eye exam or to purchase eyeglasses, you pay less than if you go outside the network. In addition, VSP doctors take care of all your paperwork—there are no claims to file.

If you do not use a VSP doctor, you will receive an allowance toward your incurred expenses. You pay for services when you receive them, then submit a claim for reimbursement from the plan. Claims must be filed within six months from the date of service.

To locate VSP providers, go to www.vsp.com and use group number 30100123.

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DECIDED NOT TO ELECT VISION COVERAGE?

No problem. VSP offers you access to a Vision Savings Pass Discount Program, which you and your family can use for basic vision care services. With reimbursements up to 25% off prescription glasses, 15% off contact lenses and a \$50 copay for a vision exam, this program can meet your immediate needs. To learn more about this program or locate a VSP network doctor, visit www.vsp.com or call **800-877-7195** and simply let them know you are a VSP member.

VISION (CONTINUED)

| YOUR COVERAGE WITH A VSP PROVIDER | | | |
|---|--|--------------------------------------|----------------------|
| Benefit | Description | Copay | Frequency |
| Wellvision Exam | Focuses on your eyes and overall wellness | \$10 | Every calendar year |
| Prescription Glasses | | \$0 | See frame and lenses |
| Frame | <ul style="list-style-type: none"> • \$150 allowance for a wide selection of frames • \$200 allowance for featured frame brands • 20% savings on the amount over your allowance • \$150 Costco® and Walmart frame allowance | Included in Prescription Glasses | Every calendar year |
| Lenses | <ul style="list-style-type: none"> • Single vision, lined bifocal and lined trifocal lenses • Impact-resistant lenses for dependent children • Tints | Included in Prescription Glasses | Every calendar year |
| Lens Enhancements | <ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements | \$0 \$95 - \$105 \$150 - \$175 | Every calendar year |
| Contacts (Instead Of Glasses) | <ul style="list-style-type: none"> • \$150 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) | Up to \$60 | Every calendar year |
| Diabetic Eyecare Plus Program SM | <ul style="list-style-type: none"> • Retinal screening for members with diabetes • Additional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. • Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details. | \$0 \$20 per exam | As needed |
| Extra Savings | <p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. • 40% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities | | |
| Your Coverage With Out-Of-Network Providers | | | |
| Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details. | | | |
| Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your plan type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. | | | |

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HEALTHEQUITY IS OUR HSA ADMINISTRATOR

HealthEquity has helpful online account management tools and additional resources, like videos and calculators, that can help you make the most of your tax savings. Just visit www.healthequity.com. You can also download their EZ Receipts mobile app for convenient on-the-go access to your account.

IMPORTANT REMINDER

If you make a change to or newly enroll in a medical plan as a result of a Qualifying Life Event, you may not change from a general purpose FSA to an HSA or vice versa if already enrolled in one or the other during Open Enrollment.

HEALTH SAVINGS ACCOUNT

Take charge of your health care spending with a Health Savings Account (HSA). It's only available when you enroll in WSP's qualified high-deductible health plans, the Aetna Choice POS II Basic HDHP or the Aetna Choice POS II Enhanced HDHP. Contributions to an HSA are tax-free, and no matter what, the money in the account is yours. Use it to pay for eligible health care expenses at any time — HSAs allow you to save and roll over money if you do not spend it in the calendar year.

TRIPLE TAX ADVANTAGES

1. Contributions to an HSA are tax-free and can be made through payroll deduction on a pretax basis.
2. The money in your HSA has the potential to grow through tax-free interest and investment earnings.
3. As long as the funds are used to pay for qualified health care expenses, they are spent tax-free.

WSP USA WILL AUTOMATICALLY FUND HSAs

If you are enrolled in the Aetna Choice POS II Basic HDHP or the Aetna Choice POS II Enhanced HDHP, you will automatically receive a contribution from WSP USA to your HSA, in the amount of \$500 for individual coverage or \$1,000 if covering dependents. This annual contribution will be made to HSA accounts in equal installments per paycheck throughout the year. (Employees who are hired or enroll in the Aetna Choice POS II Basic HDHP or Enhanced HDHP options after January 1 will receive prorated contributions.) This contribution, and any funds that you add to your HSA, may be used to offset eligible health care expenses. Please note that you must enroll in a HealthEquity HSA account on the [bswift enrollment website](#) to receive WSP's contributions.

CONTRIBUTION LIMITS

Each year, the IRS places limits on the maximum amount that can be contributed to HSA accounts. The HSA maximum includes both the employee and employer contribution. If you are enrolled in WSP's Aetna Choice POS II Basic HDHP or the Aetna Choice POS II Enhanced HDHP in 2023, your maximum contributions are as follows:

| | Individual | Family |
|-------------------------------|------------|---------|
| Maximum Employee Contribution | \$3,350 | \$6,750 |
| WSP Contribution | \$500 | \$1,000 |
| HSA Maximum | \$3,850 | \$7,750 |

Employees who are age 55 or older during the coming year may make an additional annual catch-up contribution of up to \$1,000, above the annual HSA maximum.

Note: If you are enrolling in an HSA for the first time, up to \$610 of any remaining balance in your Health Care FSA can carry over into a Limited Purpose FSA if you enroll in a Limited Purpose FSA for 2023 and make a minimum annual contribution of \$52. For your existing Health Care FSA account, you will have until April 30, 2023, to file for reimbursement of any qualified health care expenses incurred in 2022. Note that the unlimited FSA carryover as the result of COVID-19 has expired and the annual limit of \$610 has been restored.

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HSA PAIRS ONLY WITH THE HDHP PLANS

The HSA is only available if you enroll in the Aetna Choice POS II Basic HDHP or the Aetna Choice POS II Enhanced HDHP— it's a special perk you get to help cover your higher deductible costs.

SAVE FOR THE FUTURE

An HSA is a great way to save for post-retirement health care needs. Aim to contribute the maximum amount allowed each year.

HEALTH SAVINGS ACCOUNT (CONTINUED)

HOW TO USE YOUR HSA

Your HSA can be used for qualified health care expenses for you, your spouse and/or dependent(s),* even if they are not covered by your plan. Eligible expenses include doctor's office visits, eye exams, prescription expenses and LASIK surgery. IRS Publication 502 provides a complete list of eligible expenses and can be found on www.irs.gov**

- HealthEquity will issue you a debit card, giving you direct access to your account balance.
- You can use your HSA debit card to pay the copay or coinsurance amounts directly with the health care provider for qualified health care expenses. You must have a balance to use your debit card.
- You can also pay another way and request reimbursement later. There are no receipts to submit for reimbursement but we recommend you keep a copy of your receipts for your own records.
- For more detailed information regarding processing reimbursements from your HSA, visit www.healthequity.com.
- To learn more information on how HSA accounts work, visit learn.healthequity.com/wsp.

*To use your HSA for your children, they must be a "tax dependent" for the reimbursement to be non-taxable. The rule that permits a health plan to cover health care expenses for a nondependent child up to age 26 does not apply to HSAs.

**You will pay ordinary income tax plus a 20% penalty if you use HSA money for ineligible expenses. However, if you are age 65 or older, the penalty does not apply.

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YOUR HSA IS ALWAYS YOURS TO KEEP

You own and administer your HSA — it's yours to keep even if you change medical plans, leave the Company, or retire. You determine how much to contribute and when to use the money.

HEALTH SAVINGS ACCOUNT (CONTINUED)

ELIGIBILITY

You are eligible to open and fund an HSA if:

- You are enrolled in WSP USA's Aetna Choice POS II Basic HDHP or Aetna Choice POS II Enhanced HDHP.
- You are not covered by your spouse/domestic partner's health plan, health care flexible spending account or health reimbursement account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are age 65 or older and not enrolled in Medicare (Parts A, B, C, or D),* Medicaid, or TRICARE for Life.
- You have not received Department of Veterans Affairs Medical benefits in the past 90 days.
- If you make a change to or newly enroll in a medical plan as a result of a Qualifying Life Event, you may not change from a general purpose FSA to an HSA or vice versa if already enrolled in one or the other during Open Enrollment.

*If you are enrolled in Medicare and wish to participate in an HSA you must opt out of your Medicare coverage. Contact your local Social Security office for details. You will need to provide documentation that Medicare was dropped.

HOW TO ENROLL

If you elect WSP's Aetna Choice POS II Basic HDHP or Aetna Choice POS II Enhanced HDHP, you'll have the opportunity to choose a contribution amount for your HSA. You must open an account with HealthEquity to have tax-free contributions deposited into your account. The bswift website (www.wspusa.bswift.com) has a link to enroll directly with HealthEquity online.

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HEALTHEQUITY IS OUR FSA PLAN ADMINISTRATOR

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IRS LIMITS

Annual contribution limits are reviewed each year by the IRS.

FLEXIBLE SPENDING ACCOUNTS

Flexible Spending Accounts (FSAs) allow you to set aside pretax payroll deductions to pay for out-of-pocket health care expenses, such as deductibles, copays and coinsurance, as well as dependent care expenses.

HEALTH CARE FSAs

Health Care FSA: This account is available to you if you enroll in the Aetna Choice POS II Plan or Open Access Aetna Select Plan (closed to new enrollees) or if you do not enroll in a WSP medical plan.

- You can contribute up to \$3,050 on a pretax basis for qualified medical, dental and vision expenses with pretax dollars, which will reduce the amount of your taxable income and save you money.
- You can easily pay for eligible expenses with an FSA debit card, allowing you to avoid waiting for reimbursement.

Limited Purpose FSA: This account is available to you if you enroll in a qualified high-deductible plan, such as the Aetna Choice POS II Basic HDHP or Aetna Choice POS II Enhanced HDHP.

- You can contribute up to \$3,050. This account is designed to complement an HSA, and can only be used for dental and vision expenses.
- You can easily pay for eligible expenses with an FSA debit card, allowing you to avoid waiting for reimbursement.

DEPENDENT CARE FSA

This account is available to all benefit-eligible WSP employees, regardless of your medical plan enrollment.

- You can contribute up to \$5,000 on a pretax basis to pay for child care or elder care expenses that are necessary for you and your spouse to work or attend school full time.
- Eligible dependents include children younger than age 13 who are claimed as a dependent on your federal income tax, and dependents of any age who are incapable of caring for themselves and spend at least eight hours a day in your home.
- Expenses are reimbursable as long as the provider is not anyone considered your dependent for income tax purposes.
- In order to be reimbursed, you must provide the tax identification number or Social Security number of the caregiver.
- Reimbursement from your Dependent Care FSA is limited to the total amount that is deposited in your account at that time.

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ONLINE FSA CALCULATOR

Visit the HealthEquity website at www.healthequity.com to estimate your FSA contribution for 2023 and calculate your potential savings.

RE-ENROLLMENT IS REQUIRED

FSA contribution elections do not automatically continue to the next Plan Year. You must re-enroll each year in order to continue participating in an FSA.

FLEXIBLE SPENDING ACCOUNTS (CONTINUED)

HOW TO USE YOUR FSA

- Once you incur an eligible expense, you can pay with your FSA debit card or submit a claim form along with the required documentation to HealthEquity.
- If you have a question about a reimbursement, contact HealthEquity.
- Should you need to submit a receipt, you will receive an email or be mailed a receipt notification from HealthEquity. You should always retain a receipt for your records.

GENERAL RULES AND RESTRICTIONS

The IRS has imposed the following rules and restrictions for both Health Care and Dependent Care FSAs:

- Your expenses must be incurred during the 2023 Plan Year.
- Your dollars cannot be transferred from one FSA to another or into an HSA.
- You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- The IRS allows you to carry over up to \$570 of any unused account balance in your Health Care or Limited Purpose Health Care FSA from 2022 to 2023. You must elect the corresponding FSA in the next Plan Year to receive the rollover. "Use it or lose it" — you forfeit any balance over the annual carryover limit under IRS rules.
- You cannot change between general purpose and limited purpose FSAs or open an HSA in the middle of the Plan Year. Dependent Care FSAs can be updated anytime throughout the year.
- FSA contribution elections do not automatically continue to the next Plan Year. You must re-enroll each year in order to continue participating in an FSA.
- While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. This means that you must always keep receipts and Explanation of Benefits (EOBs) for any debit card charges. Failure to provide proof that an expense was valid can result in your card being turned off and your expense being deemed taxable.

FILING FOR REIMBURSEMENT

You will have until April 30 of the following year to file for reimbursement of health care or dependent care expenses incurred during the calendar year you were enrolled in the account.

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Please check with your tax advisor to determine if any exceptions apply to you.

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LEARN MORE

To learn more about your spending and savings accounts access on-demand webinars at www.healthequity.com/webinars.

COMPARE ACCOUNTS: HSA VS. FSAs

Understanding the differences between an HSA and the different types of FSAs isn't easy. While they all offer valuable tax advantages, there are important differences. The chart below distinguishes between some of the core features of HSAs, Health Care FSAs, Limited Purpose FSAs and Dependent Care FSAs.

| | HSA | Limited Purpose FSA | Health Care FSA | Dependent Care FSA |
|---|---|---|---|--|
| Available with... | Aetna Choice POS II Basic HDHP Aetna Choice POS II Enhanced HDHP | | Aetna Choice POS II Plan Open Access Aetna Select Plan (or no WSP medical plan) | Any medical plan (or no WSP medical plan) |
| Automatic Company contribution to your account | Yes | No | No | No |
| Change your contribution amount anytime | Yes | No | No | No |
| Access your entire annual contribution amount at the beginning of the plan year | No | Yes | Yes | No |
| Access only funds that have been deposited | Yes | No | No | Yes |
| Use the money for... | All eligible health care expenses | Only dental and vision expenses (not medical) | All eligible health care expenses | Eligible dependent care expenses, including child care for children up to age 13 and care for dependent elders |
| "Use it or lose it" at year-end | No | Yes* | Yes* | Yes |
| Money is always yours to keep | Yes | No | No | No |
| Documentation required | For tax-filing and IRS audit purposes only | For submission with reimbursement request | For submission with reimbursement request | For submission with reimbursement request |

The IRS allows you to carry over up to \$570 of unused account balance(s) in the Health Care and Limited Purpose FSA. Amounts above this carryover limit are forfeited under IRS "use it or lose it" rules.

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COMPARE ACCOUNTS: HSA VS. FSAs (CONTINUED)

HOW MUCH COULD YOU SAVE?

Here's an example. Let's say Tom decides to set aside \$2,000 in an HSA or FSA for the year. Normally, on that money, he'd pay \$480 in federal income tax, \$100 in state income tax, and \$153 in payroll tax. So, by contributing that \$2,000 to his HSA or FSA, he'll get \$733 in tax savings for the year.

| Without an HSA or FSA, Tom would pay... | Savings |
|---|---------|
| 24% in federal income tax | \$480 |
| 5% in state income tax* | \$100 |
| 7.65% in payroll tax | \$153 |
| His total tax savings for the year with an HSA or FSA | \$733 |

*Contributions are not subject to federal tax. However, they are currently subject to state tax in CA and NJ. Consult with your tax advisor to understand the potential tax consequences of enrolling in an HSA.

This hypothetical illustration is for educational purposes only. Dollar amounts or savings will vary depending on income, state and city tax rules and other factors. Please consult a tax, legal, or financial advisor about your own personal situation.



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A GREAT MATCH FOR THE HDHP PLANS

Critical illness insurance can be a cost-effective way to supplement your high-deductible health plan coverage for added protection from the financial impact of an unexpected illness.

EARN CASH WITH PREVENTIVE SCREENINGS

Health screenings are an important part of managing your health. That's why your Accident & Health coverage from MetLife may provide a Health Screening Benefit for covered screenings and tests. This unique benefit pays you and your covered dependents each year for completion of one of the covered screenings or tests. Visit www.metlife.com/mybenefits to learn more.

CRITICAL ILLNESS INSURANCE

Critical illness insurance is designed to complement your primary medical coverage. Full-time and part-time employees must be actively at work and covered under any medical plan (WSP USA or outside of WSP USA) to be eligible for this coverage. MetLife will also provide an annual benefit of \$50 or \$100 for taking one of the eligible screening/prevention measures. Critical illness insurance can help bridge the financial gap between your primary medical insurance and additional expenses associated with the following seven covered "first occurrence" conditions:

- Heart attack
- Cancer
- Stroke
- Kidney failure
- Major organ transplant
- Coronary artery disease
- Alzheimer's disease

You are also eligible for an additional one-time benefit payment if you experience a recurrence with the following four covered conditions:

- Heart attack
- Cancer
- Stroke
- Major organ transplant

If you experience one of these covered conditions, you will receive a lump-sum benefit payment to use as you see fit. The benefit amount depends on the amount of coverage you apply/qualify for as well as the condition you experience.

CHOOSE YOUR COVERAGE

You can select a benefit level of \$25,000 or \$50,000. If you enroll your spouse/domestic partner and/or children, their benefit will be 100% of your initial benefit.

Once the benefit has been paid, coverage ends (with the exception of the four stated conditions eligible for a recurrence benefit). Please read the group policy and certificate requirements, which can be found on the www.metlife.com/wsp.

- MEDICAL PLANS
- AETNA PROGRAMS
- PHARMACY COVERAGE
- EXPRESS SCRIPTS PROGRAMS
- HAWAII MEDICAL PLANS
- DENTAL
- VISION
- HEALTH SAVINGS ACCOUNT
- FLEXIBLE SPENDING ACCOUNTS
- COMPARE ACCOUNTS: HSA VS. FSAs
- CRITICAL ILLNESS INSURANCE
- ACCIDENT INSURANCE

A GREAT MATCH FOR THE HDHP PLANS

Accident insurance can be a cost-effective way to supplement your high-deductible health plan coverage for added protection from the financial impact of an accidental injury.

ACCIDENT INSURANCE

Accident insurance is designed to complement your primary medical coverage. Full-time and part-time employees must be actively at work and covered under any medical plan (WSP USA or outside of WSP USA) to be eligible for this coverage. You are covered 24/7/365 whether you have an accident on or off the job.

Benefits are paid directly to you based on a set schedule and can be used as you see fit to assist with expenses related to your accident. There is no coordination with other insurance coverage. An assignment of benefits to a hospital or health care facility will be available when required by applicable law.

CHOOSE YOUR COVERAGE

You have a choice of selecting a High Plan or Low Plan. Both provide benefits for the same injuries and treatments, but the High Plan provides benefits at a higher amount.

SCHEDULE OF BENEFITS

Below you will find a sampling of covered events. Complete details can be found in the plan documents available on the www.metlife.com/wsp.

| | Low Plan | High Plan |
|---|--------------|-----------------|
| Injuries | | |
| Fractures and dislocations (varies by type and number)* | \$50-\$3,000 | \$100 - \$6,000 |
| Concussion | \$200 | \$400 |
| Coma | \$5,000 | \$10,000 |
| Laceration (varies by length) | \$25-\$200 | \$50-\$400 |
| Broken tooth | \$25-\$100 | \$50-\$200 |
| Eye injury | \$200 | \$300 |
| Medical Services and Treatment | | |
| Ground ambulance | \$200 | \$300 |
| Air ambulance | \$750 | \$1,000 |
| Emergency room care | \$150 | \$250 |
| Medical testing | \$100 | \$200 |
| Physician follow-up care | \$60 | \$120 |

(continued on the next page)

- MEDICAL PLANS
- AETNA PROGRAMS
- PHARMACY COVERAGE
- EXPRESS SCRIPTS PROGRAMS
- HAWAII MEDICAL PLANS
- DENTAL
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- HEALTH SAVINGS ACCOUNT
- FLEXIBLE SPENDING ACCOUNTS
- COMPARE ACCOUNTS: HSA VS. FSAs
- CRITICAL ILLNESS INSURANCE
- ACCIDENT INSURANCE**



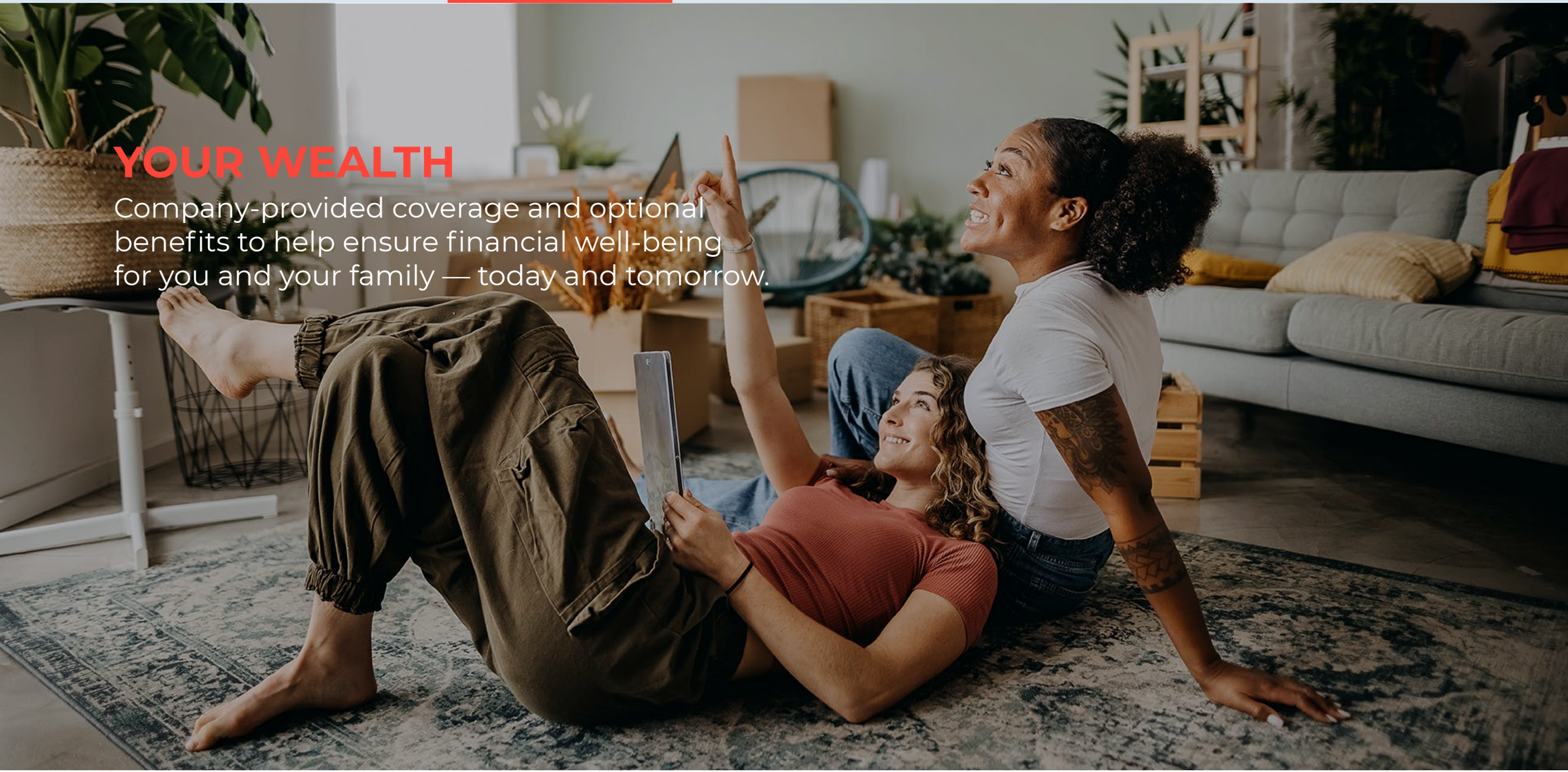
ACCIDENT INSURANCE (CONTINUED)

SCHEDULE OF BENEFITS

| | Low Plan | High Plan |
|--|---------------------|---------------------|
| Transportation (if traveling more than 50 miles for follow-up treatment) | \$200 | \$400 |
| Physical therapy | \$25 | \$40 |
| Inpatient surgery (varies by type of surgery) | \$100–\$1,000 | \$200–\$2,000 |
| Outpatient ambulatory surgery | \$150 | \$300 |
| Hospital admission (non-ICU) | \$1,000 | \$2,000 |
| Hospital confinement (non-ICU/ICU) | \$200/\$400 per day | \$300/\$600 per day |
| Accidental Death (reduced benefits also paid for dismemberment and paralysis) | | |
| Employee | \$25,000–\$75,000 | \$50,000–\$150,000 |
| Spouse | \$12,500–\$37,500 | \$25,000–\$75,000 |
| Child(ren) | \$5,000–\$15,000 | \$10,000–\$30,000 |
| Other Benefits | | |
| Lodging (for a companion during insured's hospitalization more than 100 miles from home up to 31 days) | \$100 per day | \$200 per day |

YOUR WEALTH

Company-provided coverage and optional benefits to help ensure financial well-being for you and your family — today and tomorrow.



- DISABILITY INSURANCE
- LIFE AND AD&D INSURANCE
- RETIREMENT SAVINGS PLAN

EOI REQUIREMENTS

If you wish to newly enroll in Buy-Up STD, Basic LTD or Enhanced LTD, or increase your Basic LTD benefit to Enhanced LTD, you will be required to go through Evidence of Insurability (medical underwriting approval). EOI requirements will be waived if you are newly eligible for the benefit.

IT CAN HAPPEN TO ANYONE

Accidents and illness can happen to anyone, and it can impact your most valuable asset — the ability to earn income. Purchasing LTD insurance is an affordable way to protect your income, home and other valuable assets, and savings when you are unable to work due to illness or injury.

LTD BENEFITS ARE PAID TAX-FREE

Because you purchase LTD insurance on an after-tax basis, any benefit paid to you is tax-free — more dollars for you when you need them the most.

DISABILITY INSURANCE

If you have to miss work due to childbirth, injury, or illness, we help ensure that at least part of your income continues. Our disability plans cover a portion of your income until you can return to work, or until you reach retirement age.

Disability coverage is provided through Prudential | AbsenceOne. Visit www.absenceone.com/WSP to learn more.

SHORT-TERM DISABILITY INSURANCE

WSP USA pays 100% of the cost for Core short-term disability (STD) coverage with no Evidence of Insurability (EOI) requirements. You'll also have the option to purchase additional coverage.

STD insurance protects a portion of your income if you become partially or totally disabled due to nonoccupational illness, injury, or childbirth.

- **Employer-paid Core STD insurance** replaces 50% of your base weekly earnings, up to a maximum weekly benefit of \$1,250.
- **You can purchase Buy-Up STD coverage** to increase your benefit amount to 60% of your base weekly earnings, up to a maximum weekly benefit of \$1,750.

There is a seven-calendar-day waiting period, unless you are hospitalized (if admitted with a 24-hour stay), before you can receive your STD insurance benefit payment. Payments may continue up to 13 weeks (includes waiting period).

LONG-TERM DISABILITY INSURANCE

Long-term disability (LTD) is available to you on a voluntary basis and protects a portion of your income if you become partially or totally disabled for a long period of time.

- **Basic LTD** is 50% of your monthly base salary up to \$7,500. (If you earn over \$180,000 per year, your LTD benefit payments will be less than 50% of your base pay.)
- **Enhanced LTD** is 60% of your monthly base salary up to \$15,000, depending on your current annual earnings. (If you earn over \$300,000 per year, your LTD benefit payments will be less than 60% of your base pay.)

You must be disabled for at least 90 days before you can receive an LTD insurance benefit payment. The duration of your LTD benefit is based on your age at the onset of your disability. Your LTD benefit will be reduced by your estimated Social Security benefit, whether you apply or not. Please refer to your plan certificate for details.

DISABILITY INSURANCE
LIFE AND AD&D INSURANCE

RETIREMENT SAVINGS PLAN

DID YOU KNOW?

A 35-year-old has a 50% chance of becoming disabled for a 90-day period or longer before age 65.

DISABILITY INSURANCE (CONTINUED)

REPORTING YOUR DISABILITY CLAIM

You can easily report a claim and check the status of your claim through the dedicated secure website, www.absenceone.com/WSP, or by phone at **866-616-0004**, Monday–Friday, 7:00 am to 7:00 pm Central Time. The claims fax number is **859-280-4829**, and the claims mailing address is:

Prudential | AbsenceOne
PO Box 14441
Lexington, KY 40512-4441

You may report a claim up to 30 days in advance of a planned disability absence (such as childbirth or prescheduled surgery) OR as soon as you are aware that you will be disabled due to illness or injury for seven or more calendar days. Be sure to inform your HR Business Partner as well.



DISABILITY INSURANCE

LIFE AND AD&D INSURANCE

RETIREMENT SAVINGS PLAN

DESIGNATE A BENEFICIARY

It's important to designate a beneficiary to ensure that benefits are paid in accordance with your wishes in the event of your death. You can designate primary and secondary beneficiaries on the bswift website. Beneficiaries can be a person, an estate, a trust, or a charity and can be changed at any time. (Per IRS regulations, distributions cannot be made to minor children except through a trust.)

LIFE AND AD&D INSURANCE

Thinking about what might happen to your family if you were not around to provide for them isn't the easiest thing to do, but it is necessary. Survivor benefits provide financial assistance in your absence and can help you plan for the unexpected. If you have life insurance now, chances are you can take comfort in knowing that those who depend on you will be provided for.

Life and Accidental Death and Dismemberment (AD&D) insurance are provided through MetLife. All life and AD&D coverages are combined with Metlife to offer a simplified benefits experience for our employees. Learn more about MetLife at www.metlife.com/wsp.

BASIC LIFE AND AD&D INSURANCE

The Company's Life Insurance Program provides valuable financial protection in the event of your death or accidental injury at no cost to you.* Your coverage is effective on your date of hire or the date you become eligible. You must be actively at work for your life insurance coverage to become effective. Enrollment is automatic.

Basic Life Insurance: In addition to providing a death benefit to your beneficiary(ies) if you die, basic life insurance includes an accelerated benefit option, which allows you to access a portion of the life proceeds to ease financial burdens if you are diagnosed with a terminal illness. Some restrictions apply. The coverage amounts for Company-provided basic life are:

| | Basic Life Insurance Coverage |
|--|--|
| Regular Full-Time Benefits-Eligible Employee | 1 times your annual base salary, up to \$500,000 maximum |
| Regular Part-Time Benefits-Eligible Employee | \$50,000 |
| Please note: Benefits are reduced by 50% at Age 70 | |

Basic Accidental Death & Dismemberment Insurance: Basic Accidental Death and Dismemberment (AD&D) coverage (whether you are on business or personal time) pays a benefit to your survivors if you die, or to you if you are permanently injured as the result of an accident that occurs. The coverage amounts for Company-provided basic AD&D are:

| | Basic AD&D Insurance Coverage** |
|--|--|
| Regular Full-Time Benefits-Eligible Employee | 1 times your annual base salary, up to \$500,000 maximum |
| Regular Part-Time Benefits-Eligible Employee | \$50,000 |

*Basic life insurance is a group term life insurance policy. Federal regulations indicate that group term life insurance with a value of \$50,000 or less is a tax-free benefit to the employee. Values in excess of \$50,000 are considered taxable income to the employee. The group term life amount reflected on your pay stub under "Taxable Earnings" as group term life is referred to as imputed income and is subject to Social Security and Medicare taxes. It is not added to the net pay — only reflected as income for taxing purposes.

**Benefits will vary based on the nature of the loss.

DISABILITY INSURANCE

LIFE AND AD&D INSURANCE

RETIREMENT SAVINGS PLAN

FREE LEGAL DOCUMENTS

All WSP USA employees who enroll in a GUL insurance policy can get important planning documents, like a will and a health care proxy, free of charge. MetLife has arranged for licensed attorneys to provide this service, as well as other services, to WSP USA employees as part of your life insurance program. Visit www.metlife.com/wsp or call **833-622-0134** to learn more.

TAKE YOUR COVERAGE WITH YOU

This coverage is portable when you leave the Company, although individual rates will be applied to the policy.

LIFE AND AD&D INSURANCE (CONTINUED)

SUPPLEMENTAL AND DEPENDENT LIFE INSURANCE

The Company's supplemental and dependent life insurance is a Group Universal Life (GUL) policy. GUL insurance provides long-term protection and offers the flexibility to change coverage as needs change.

An optional cash accumulation fund lets you set aside money through after-tax payroll deductions. This fund earns a competitive rate of interest and will grow on a tax-deferred basis, building cash value to help meet long-term financial needs. You have access to your money in this cash fund through loans and withdrawals, provided adequate cash value exists in your fund.

The policy also has an accelerated benefit option, which allows you to access a portion of the life proceeds to ease financial burdens if you are diagnosed with a terminal illness. Some restrictions apply. For more information on your benefits, call **833-622-0134**.

The coverage amounts available for supplemental and dependent life insurance are:

| | Amount of Coverage |
|-----------------------------|----------------------|
| Employee | \$20,000–\$1,500,000 |
| Spouse or Domestic Partner* | \$10,000–\$250,000 |
| Child(ren) | Up to \$20,000 |

*Note: Spouse or domestic partner coverage cannot exceed employee's coverage level. Spouse or domestic partner coverage terminates upon employee's death, employee's retirement or spouse or domestic partner's attainment of age 70.

STATEMENT OF HEALTH

If you enroll within 31 days of employment, no Statement of Health form is necessary if the coverage amount is within the guaranteed issue amount. You can still enroll after the eligibility period, but will need to complete a Statement of Health. Late enrollees and current participants can also take advantage of simplified enrollment requirements for up to \$250,000 of coverage. Please note that the \$250,000 includes the coverage amount you currently have in-force. A physical exam, regardless of the coverage amount you select, may be required. You must be actively at work on the effective date of your coverage.

DISABILITY INSURANCE

LIFE AND AD&D INSURANCE

RETIREMENT SAVINGS PLAN

CONSOLIDATED COVERAGE

All life and AD&D insurance is consolidated with MetLife, simplifying your benefits experience. Learn more about MetLife at www.metlife.com/wsp or call 833-622-0134.



LIFE AND AD&D INSURANCE (CONTINUED)

VOLUNTARY AD&D INSURANCE

AD&D coverage pays a benefit to you or your survivors if you die or are permanently injured as a result of an accident that occurs while you are covered. Coverage is available for you and/or your spouse or domestic partner and/or your dependent children.

Dependent children are defined as those who rely on you for more than 50% of their support, are dependents for federal income tax purposes, and are either less than age 19 or less than age 25 and enrolled on a full-time basis in a college, university or trade school. All coverage is guaranteed issue, which means benefits are paid without regard to health status (no Statement of Health is required).

| | Coverage Type | Coverage Benefit Amount* |
|----------------|---|--|
| Principal Sum | Employee Only | 1x to 5x base annual salary up to \$1,500,000 maximum |
| | Spouse or Domestic Partner Only | 50% of employee's principal sum up to \$750,000 maximum |
| | Dependent Child(ren) Only | 20% of employee's principal sum for each child up to \$150,000 maximum |
| Family Program | Spouse or Domestic Partner and Dependent Children | Spouse or Domestic Partner – 40% of employee's principal sum up to \$600,000 maximum Children – 10% of employee's principal sum up to \$150,000 maximum |

*Benefits will vary based on the nature of the loss.

- DISABILITY INSURANCE
- LIFE AND AD&D INSURANCE
- BUSINESS TRAVEL ACCIDENT INSURANCE**
- RETIREMENT SAVINGS PLAN

BUSINESS TRAVEL ACCIDENT INSURANCE

Business Travel Accident (BTA) insurance, through Zurich, provides your beneficiary(ies) with a level of benefits for injuries you receive in a covered accident that results in death, dismemberment, paralysis, or permanent total disability. The coverage amounts for Company-provided BTA are below:

| | Grades 14 and Above | All Other Staff |
|------------------------|---------------------|-----------------|
| Type of Travel Covered | Business Only | Business Only |
| Coverage* | \$500,000 | \$250,000 |

*Benefits will vary based on the nature of the loss.



DISABILITY INSURANCE
LIFE AND AD&D INSURANCE

RETIREMENT SAVINGS PLAN

LEARN MORE

For additional information and details, please contact T. Rowe Price at **800-922-9945** or www.rps.troweprice.com. Please see your Summary Plan Description for complete plan rules.

IRS LIMITS

Annual contribution limits are reviewed each year by the IRS. You may adjust your contributions at any time.

RETIREMENT SAVINGS PLAN

Financial security is an important part of your total well-being. WSP USA is committed to helping you live well in the future by offering an easy way to build savings for retirement.

As a newly eligible employee, you are automatically enrolled in the Retirement Savings Plan (RSP) about eight weeks from your date of hire. After automatic enrollment, 5% of pretax annual compensation will start to be deducted from your paycheck and invested in an age-appropriate T. Rowe Price Retirement Date Trust. You have the right to opt out of the automatic enrollment or elect to begin contributing sooner or at a different rate. You can change your contribution rate and investments at any time during the year.

CONTRIBUTIONS

You may contribute from 1% to 35% of your annual compensation on a pretax and/or after-tax (Roth) basis, subject to IRS limits. The maximum in 2023 is \$22,500. However, if you're age 50 or older, you are eligible to contribute an additional catch-up contribution up to \$7,500 in 2023. Note that the catch-up contribution limit is \$1,500 for Puerto Rico employees. Annual contribution limits are reviewed each year by the IRS.

COMPANY MATCH

To help your savings grow faster, WSP USA matches 50 cents for every dollar you contribute to the Plan up to 6% of your compensation, subject to IRS limits. The maximum Company matching contribution employees can receive is 3% of total compensation.

VESTING

Vesting refers to how much of the Company matching contribution you own if you leave the Company. You are always 100% vested in your own contributions, including any investment gains or losses.

- If you were hired prior to January 1, 2017, you are 100% vested in the Company matching contributions.
- If you were hired January 1, 2017, or later, you will become 100% vested after completing three years of service.
- If you were hired after January 1, 2017, and leave WSP USA prior to attaining three years of service, your Company match will be forfeited.

ADDITIONAL PLAN FEATURES

As a participant in the RSP, you are able to take advantage of the following features:

- Investment advice provided by Morningstar
- Ability to consolidate retirement accounts by rolling in plan assets from a previous employer
- Additional fund options through a brokerage window – Charles Schwab
- Additional savings features, such as automatic increase and rebalancing
- One-on-one retirement consultation with a T. Rowe Price Retirement Specialist

DISABILITY INSURANCE
LIFE AND AD&D INSURANCE

RETIREMENT SAVINGS PLAN
ADDITIONAL FINANCIAL RESOURCES



ADDITIONAL FINANCIAL RESOURCES

SMARTDOLLAR

The SmartDollar program helps you learn how to make the most of your money with motivating content, budgeting tools and a step-by-step plan. Visit www.smartdollar.com/enroll/trp_104236 to learn how to make smarter money decisions today that will help you enjoy a better future.

SOFI

The SoFi offering includes the following:

- **Student Loan Debt Navigator:** Provides a student loan assessment along with personalized advice on managing student loan debt.
- **529 Savings & Selection Tool:** Estimates the savings needed to fund college goals and presents two 529 Savings Plans to consider enrollment.
- **Student & Parent PLUS Loan Refinancing:** An option to replace an existing federal or private student loan with an updated SoFi loan with a new rate and term to save on student debt. Get started by visiting SoFi.com/WSP to explore the dashboard and benefits available to you.

MORNINGSTAR INVESTMENT MANAGEMENT

Saving and investing for retirement is important. With Morningstar, you can receive a personalized savings plan in as little as five minutes, learn how much you need to save and how to invest your savings, and choose how you want to manage your account. Morningstar can be accessed through your T. Rowe Price account. To learn more, access your account at rps.troweprice.com and click on “Plan & Learn.”

YOUR LIFE

Additional benefits to help you manage your life and enjoy cost-savings and convenience.



EMPLOYEE ASSISTANCE PROGRAM (EAP)
 CLASSPASS CORPORATE FITNESS PROGRAM
 AUTO AND HOME INSURANCE
 LEGAL SERVICES
 IDENTITY THEFT PROTECTION
 COMMUTER BENEFITS PROGRAM

REACH OUT

Contact Carebridge at www.myliferesource.com (Code: GBR73) or by phone at **800-437-0911** 24 hours a day for some assistance with everyday life issues or to sign up for online programs.

EMPLOYEE ASSISTANCE PROGRAM

WSP USA wants you and your family to **live well** in all aspects of life, at home and at work. That means taking care of your total health — mental, emotional and physical. For that reason, we provide an Employee Assistance Program (EAP) through Carebridge at no cost to you. All services provided are confidential and will not be shared with WSP USA.

This service connects you with the best mental health and counseling services. Whether you are interested in work/life resources, mental health assistance, or legal and financial advice, the EAP service can connect you and members of your household with a variety of professionals. With just one phone call, at any hour of the day or night, you can speak with helpful resources.

The EAP benefit includes:

- Five face-to-face visits per issue with a licensed professional at no cost to you
- A 30-minute no-cost consultation by telephone or face-to-face with an attorney in your local area for legal assistance (additional legal consultation is available at a 25% discount off usual fees)
- No-cost financial consultation with consultants who have extensive banking experience plus Certified Financial Planner accreditation
- Access to Convenience & Concierge Counselors who can save you time, trouble and sometimes money by providing guidance, information and referrals to meet your pet care, cleaning service, home improvement, auto purchase/repair, wellness services and travel needs, along with other pressing daily life concerns

Access to online programs including:

eM Life: eM Life is an online program from eMindful to help you build skills to better manage everyday stressors, chronic pain, sleep, weight balance and your overall well-being. You will have access to the following resources:

- Live, expert-led, online mindfulness sessions offered multiple times a day
- Hundreds of hours of on-demand content on a variety of topics
- Specialized programs for groups such as Veterans and leaders
- Plus, new mindfulness topics every day

EMPLOYEE ASSISTANCE PROGRAM (EAP)
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EMPLOYEE ASSISTANCE PROGRAM (CONTINUED)

TESS Digital Coaching: Tess is a mental health AI Coach, developed by psychologists to provide support before seeing a counselor, in between sessions with a counselor, or after sessions are completed. Using your native cell phone texting application, message Tess at **415-360-0039** and have a conversation on any variety of mental wellness topics.

Turn to the EAP when you need assistance with:

- Emotional problems
- Child care
- Stress, anxiety, depression
- Elder care services
- Alcohol or drug dependency
- Schooling concerns
- Grief and loss
- Continuing education and college planning
- Marriage or family relationship problems
- Relocation guidance and neighborhood analysis
- Financial or legal advice
- Adoption information
- Work relationships
- Travel and expatriate information
- Tobacco cessation program
- Parental leave coaching
- Referrals to local service providers

EMPLOYEE ASSISTANCE PROGRAM (EAP)

CLASSPASS CORPORATE FITNESS PROGRAM

AUTO AND HOME INSURANCE

LEGAL SERVICES

IDENTITY THEFT PROTECTION

COMMUTER BENEFITS PROGRAM



CLASSPASS CORPORATE FITNESS PROGRAM

WSP USA offers a subsidized fitness program to employees that provides access to thousands of studios, gyms and wellness services across the U.S. with an easy-to-use mobile app. Now you don't have to commit to one gym. With ClassPass, you can select a monthly credit plan to try new workouts or maintain your workout routine.

You can book classes ranging from yoga, cycling, boxing and more – the options are endless! The number of classes you can take depends on your membership plan. Classes have different credit rates that vary depending on class time, studio, location, booking time, the popularity of the class and how many times you've visited that studio in your current cycle. Visit www.classpass.com/search search to see which studios and gyms are in your area with ClassPass.

When you sign up using your WSP email address and select a monthly plan, you will enter a personal credit card and then receive the discounted WSP USA pricing. Your ClassPass membership is not tied to payroll.

Go to classpass.com/corporate/pricing/wsp to sign up today! You can only access the WSP USA subsidy through this link.

You can choose your monthly plan*:

- Go Plan: \$13/month for 10 credits per month
- Base Plan: \$39/month for 23 credits per month
- Core Plan: \$69/month for 38 credits per month
- Platinum Plan: \$149/month for 80 credits per month

*All credit plans include unlimited access to ClassPass On-Demand video and audio workouts on the mobile app at no additional cost (it won't cost you any credits!).

ClassPass gives you the flexibility to rollover up to your membership amount of unused credits into your next monthly cycle. For example, if you are enrolled in the 10-credit plan and you don't use credits this month, then next month you can accumulate up to 20 credits. You can also purchase additional credits if you need them in packs of 2, 10, 25, 50 and 75.

If you already use ClassPass, you can still switch over to a WSP corporate plan and receive the subsidized pricing.

For the most current information about ClassPass and plan offerings, visit the [ClassPass SharePoint Page](#).

EMPLOYEE ASSISTANCE PROGRAM (EAP)
 CLASSPASS CORPORATE FITNESS PROGRAM
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APPLY ANYTIME

This coverage is available any time throughout the year. For more information and free, no-obligation quotes, call at **833-622-0134** (option 8) or visit www.myautohome.farmers.com.

ENJOY SPECIAL SAVINGS

Join others who have switched and saved an average of \$579* on auto insurance

*Savings based on the average nationwide annual savings in 2021 reported by new customers who called the Farmers GroupSelect employee and affinity member call center, switched their auto insurance to a Farmers® branded auto insurance policy issued through the Farmers GroupSelect employee or affinity member program, and realized savings. Potential savings vary by customer and may vary by state and product. Statistics do not reflect sales of products sold on Agent360SM.

TAKE IT WITH YOU

If you leave WSP, you can continue coverage through direct bill without the payroll deduction discount. Your group discount is retained until the policy renewal date, at which time the discount ends.

AUTO AND HOME INSURANCE

As a WSP USA employee, you have an opportunity to purchase discounted auto and home* insurance from Farmers GroupSelectSM as a benefit of your employment. Premiums are taken directly from your WSP paycheck when you sign up.

Farmers GroupSelect provides you with access to insurance coverage for your personal insurance needs. Policies available include auto, condo, renter's, boat, personal excess liability and more.

Employees can check out special group discounts not available to the general public, as well as other discounts, including:

- Automated payment savings
- Good driver rewards
- Multi-policy discounts
- Multi-vehicle discounts
- 24/7 customer service
- And more!

For more information, call 833-622-0134 (option 8) or visit www.myautohome.farmers.com.

*Home insurance is not part of Farmers GroupSelect benefits offering in FL. Homes in MA may be subject to underwriting review based upon proximity to coast.



EMPLOYEE ASSISTANCE PROGRAM (EAP)
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WIDE NETWORK OF PLAN ATTORNEYS

You have more than 18,000 plan attorneys from which to choose to represent you on a variety of covered legal matters

NEED TO SEE AN OUT-OF-NETWORK ATTORNEY?

Reimbursement is available when you use an out-of-network attorney. To request a fee reimbursement schedule and form, call **833-622-0134**.

LEARN MORE

Contact MetLife Legal Plans at **833-622-0134** or visit www.metlife.com/wsp (password: GetLaw).

LEGAL SERVICES

MetLife Legal Plans provides personal legal services for you and your eligible dependents. There are no deductibles to pay or claim forms to complete when you use a plan attorney and no limits on how many times you can use the Plan.

The Legal Services plan will include LifeStages Identity Management Services to help protect you from emerging identity threats across all stages of your life. This service uses CyberScout, the nation's premier provider of identity theft services. If you ever find yourself faced with identity theft worries, you and your family can get help from a dedicated CyberScout fraud specialist who will handle the recovery process for you. There is no extra cost for this service.

Covered services in the Legal Services Plan include but are not limited to:*

- Estate planning documents
- Family law
- Consumer protection
- Document preparation
- Defense of civil lawsuits
- Real estate matters
- Immigration assistance
- Traffic matters
- Financial matters
- Family matters
- Identity theft issues

*Not all services are available in all states. See the MetLife Plan Description for more information.

ADDITIONAL INFORMATION

Once enrolled, the minimum participation period is one plan year (January–December). This coverage is portable for up to 12 months from termination date if MetLife Legal Plans (**833-622-0134**) is contacted within 30 days from the term date and the one-year premium is prepaid.

- EMPLOYEE ASSISTANCE PROGRAM (EAP)
- CLASSPASS CORPORATE FITNESS PROGRAM
- AUTO AND HOME INSURANCE
- LEGAL SERVICES
- IDENTITY THEFT PROTECTION
- COMMUTER BENEFITS PROGRAM



IDENTITY THEFT PROTECTION

Norton LifeLock can help provide you with peace of mind with comprehensive all-in-one protection for your identity, personal information and connected devices. Everyday things such as online shopping, banking and even browsing can expose personal information and make you vulnerable to cybercriminals and identity theft. LifeLock helps monitor your personal information and sends you alerts if they detect potential threats to your identity. If you should become a victim of identity theft, they'll work to resolve it. Norton's multi-layered, advanced device security helps protect against existing and emerging malware threats and helps protect your private and financial information when you go online. Through this plan, you'll have access to the following:

- **LifeLock Identity Alert System** to monitor fraudulent use of your personal information
- **Credit Monitoring and Application Alerts** to monitor key changes to your credit file and alert you to help detect fraud
- **Dark Web Monitoring** to inform you if your personal information is found on the web
- **U.S.-Based Identity Restoration Specialists** to personally handle your case in the event your identity is compromised
- **Norton Device Security** protects against existing and emerging threats, including ransomware, viruses, spyware, malware and other online threats.

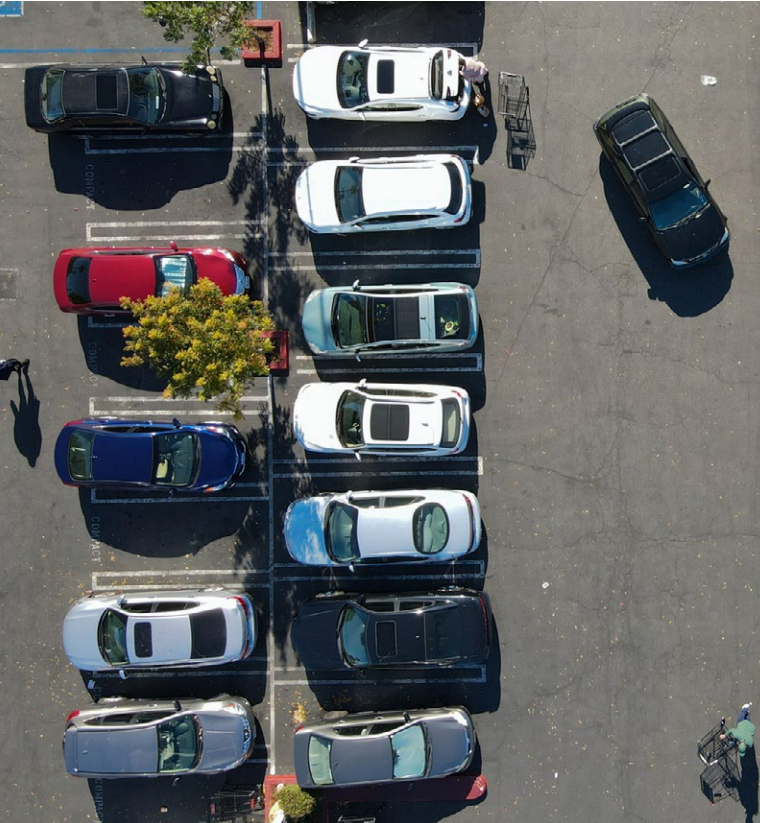
To enroll in Norton LifeLock ID Theft Protection, visit the [bswift enrollment website](#). Once enrolled, you will need to activate your account by visiting www.norton.com/ebsetup and entering your information. Please note that if you have an individual Norton LifeLock plan, you must end that subscription before enrolling in the program through WSP.

IMPORTANT! A valid email address, phone number and dependent Social Security number(s) are required for the NortonLifeLock benefit, as these details are necessary for NortonLifeLock to provide identity alerts.

EMPLOYEE ASSISTANCE PROGRAM (EAP)
 CLASSPASS CORPORATE FITNESS PROGRAM
 AUTO AND HOME INSURANCE
 LEGAL SERVICES
 IDENTITY THEFT PROTECTION
 COMMUTER BENEFITS PROGRAM

LEARN MORE

Call HealthEquity at **866-735-8195** or visit
www.healthequity.com.



COMMUTER BENEFITS PROGRAM

With this program, you can easily save on taxes and enjoy convenient automatic payment and delivery features. It's important to make sure you spend your commuter benefits program dollars only on expenses deemed eligible by the IRS. Whether you park and ride, ride only, or just park, you can save on just about any way you get to work:

ELIGIBLE EXPENSES:

- Bus, light rail, regional rail, streetcar, trolley, subway, or ferry
- Vanpool
- Parking at or near work
- Parking at or near public transportation for your commute

INELIGIBLE EXPENSES:

- Parking costs that are not work-related
- Mileage and tolls
- Taxis and limousines
- Parking at an airport for air travel

HOW TO ENROLL

You must enroll by the 10th of the month for the following month's benefit. To register, just visit www.healthequity.com and click "Employee login" and select "Register". You'll need to answer a few simple questions and create a username and password.

HOW MUCH YOU CAN CONTRIBUTE

Based on IRS rules, you may make pretax contributions up to monthly maximums. You are also permitted to contribute after-tax contributions in excess of the IRS limits. Your pretax and after-tax contributions are taken from the last paycheck of each month.

2023 Monthly Pretax Contribution Limits

| | |
|---------|-------|
| Transit | \$300 |
| Parking | \$300 |

Annual contribution limits are reviewed each year by the IRS.

YOUR COSTS

Affordable benefit rates to make it easier for you to select the right coverage for you and your family's well-being.



EMPLOYEE PREMIUMS

EMPLOYEE PREMIUMS

You can rest assured in our continued commitment to offer quality, affordable benefits to help you and your family Live Well. Your benefits will continue to provide excellent value and offer a wide variety of choices, at no increase to employee premiums for 2023. Please refer to the 2023 rate tables below to help you compare and choose benefits.

MEDICAL/PHARMACY PLAN BIWEEKLY PREMIUMS (PRETAX)

| | Aetna Choice POS II Basic HDHP | Aetna Choice POS II Enhanced HDHP | Aetna Choice POS II | Open Access Aetna Select (closed to new enrollees) |
|---|--------------------------------|-----------------------------------|---------------------|--|
| Employee Only | \$66.24 | \$73.35 | \$112.56 | \$154.35 |
| Employee + Spouse/ Domestic Partner* | \$146.47 | \$162.19 | \$248.44 | \$340.50 |
| Employee + Children | \$123.16 | \$136.38 | \$208.92 | \$286.34 |
| Employee + Family | \$207.11 | \$229.34 | \$350.87 | \$480.72 |

HAWAII MEDICAL/PHARMACY PLAN BIWEEKLY PREMIUMS (PRETAX)

| | HMSA PPO | Kaiser Permanente HMO |
|-------------------------------------|----------|-----------------------|
| Employee Only | \$24.66 | \$24.66 |
| Employee + Spouse/Domestic Partner* | \$383.43 | \$164.74 |
| Employee + Children | \$319.52 | \$148.26 |
| Employee + Family | \$556.87 | \$247.09 |

*Premiums for domestic partners and their eligible dependents are subject to applicable IRS regulations with after-tax deductions and imputed income.



EMPLOYEE PREMIUMS

**EMPLOYEE PREMIUMS (CONTINUED)****DENTAL PLAN BIWEEKLY PREMIUMS (PRETAX)**

| | Basic Dental | Enhanced Dental |
|-------------------------------------|--------------|-----------------|
| Employee Only | \$4.31 | \$14.69 |
| Employee + Spouse/Domestic Partner* | \$9.47 | \$32.32 |
| Employee + Children | \$10.34 | \$35.23 |
| Employee + Family | \$14.64 | \$50.00 |

VISION PLAN BIWEEKLY PREMIUMS (PRETAX)

| | VSP Vision |
|-------------------------------------|------------|
| Employee Only | \$2.81 |
| Employee + Spouse/Domestic Partner* | \$5.61 |
| Employee + Children | \$5.89 |
| Employee + Family | \$8.03 |

*Premiums for domestic partners and their eligible dependents are subject to applicable IRS regulations with after-tax deductions and imputed income.

EMPLOYEE PREMIUMS



EMPLOYEE PREMIUMS (CONTINUED)

VOLUNTARY DISABILITY BIWEEKLY PREMIUMS (AFTER-TAX)

Payroll deductions are made biweekly.

| | | |
|-------------------------------|-------------------------------------|--|
| Buy-Up Short-Term Disability | \$0.0932 per \$10 of weekly benefit | <p>First, calculate your Core STD Benefit Base Salary ÷ 52 = Weekly Base Pay Weekly Base Pay X 50% = Weekly Benefit (capped at \$1,250)</p> <p>Second, calculate your Buy-Up STD Benefit Base Salary ÷ 52 = Weekly Base Pay Weekly Base Pay X 60% = Weekly Benefit (capped at \$1,750)</p> <p>Third, calculate your Buy-Up STD Premium (Buy-Up STD Benefit – Core STD Benefit) ÷ 10 X \$0.0932 = Biweekly Premium for Buy-Up STD</p> |
| Basic Long-Term Disability | \$0.246 per \$100 | <p>Base Annual Salary (capped at \$180,000) ÷ 100 X \$0.246 = Annual Premium Annual Premium ÷ 26 = Biweekly Premium</p> |
| Enhanced Long-Term Disability | \$0.388 per \$100 | <p>Base Annual Salary (capped at \$300,000) ÷ 100 X \$0.388 = Annual Premium Annual Premium ÷ 26 = Biweekly Premium</p> |

EMPLOYEE PREMIUMS

EMPLOYEE PREMIUMS (CONTINUED)**CRITICAL ILLNESS INSURANCE MONTHLY RATES (AFTER-TAX)**

Rates (cost per \$1,000 of coverage per month) are based on the employee age as of January 1, 2023. Rates are subject to change and will increase when a covered person enters a new age band.

| Monthly Rate Per \$1,000 of Coverage | | | | |
|--------------------------------------|----------|---|-----------------------|-------------------|
| | Employee | Employee + Spouse/ Domestic Partner* | Employee + Child(ren) | Employee + Family |
| <25 | \$0.14 | \$0.29 | \$0.24 | \$0.39 |
| 25–29 | \$0.16 | \$0.32 | \$0.26 | \$0.42 |
| 30–34 | \$0.24 | \$0.48 | \$0.35 | \$0.58 |
| 35–39 | \$0.40 | \$0.77 | \$0.50 | \$0.87 |
| 40–44 | \$0.69 | \$1.31 | \$0.80 | \$1.42 |
| 45–49 | \$1.21 | \$2.28 | \$1.31 | \$2.38 |
| 50–54 | \$1.97 | \$3.67 | \$2.08 | \$3.77 |
| 55–59 | \$3.11 | \$5.68 | \$3.22 | \$5.79 |
| 60–64 | \$4.81 | \$8.65 | \$4.91 | \$8.75 |
| 65–69 | \$7.38 | \$13.11 | \$7.49 | \$13.22 |
| 70+ | \$10.64 | \$19.01 | \$10.74 | \$19.12 |

ACCIDENT INSURANCE BIWEEKLY PAYROLL DEDUCTIONS (AFTER-TAX)

| | Low Plan | High Plan |
|-------------------------------------|----------|-----------|
| Employee Only | \$2.41 | \$4.46 |
| Employee + Spouse/Domestic Partner* | \$3.97 | \$7.40 |
| Employee + Children | \$4.97 | \$9.07 |
| Employee + Family | \$6.23 | \$11.38 |

*Premiums for domestic partners and their eligible dependents are subject to applicable IRS regulations with after-tax deductions and imputed income.

EMPLOYEE PREMIUMS



EMPLOYEE PREMIUMS (CONTINUED)

SUPPLEMENTAL AND DEPENDENT LIFE INSURANCE MONTHLY RATES (AFTER-TAX)

Employee and spouse rates (cost per \$1,000 of coverage per month) are based on the enrollee's age as of December 31, 2023, vary for a smoker and nonsmoker. Payroll deductions are made biweekly. Child life rates are \$0.109 per \$1,000 of coverage.

| | Monthly Rate Per \$1,000 of Coverage* | |
|-------|---------------------------------------|----------|
| | Nonsmoker | Smoker |
| <35 | \$0.034 | \$0.047 |
| 35-39 | \$0.047 | \$0.068 |
| 40-44 | \$0.068 | \$0.087 |
| 45-49 | \$0.141 | \$0.160 |
| 50-54 | \$0.261 | \$0.281 |
| 55-59 | \$0.401 | \$0.427 |
| 60-64 | \$0.615 | \$0.735 |
| 65-69 | \$1.115 | \$1.301 |
| 70-74 | | \$2.346 |
| 75-79 | | \$3.861 |
| 80 | | \$6.030 |
| 81 | | \$6.599 |
| 82 | | \$7.241 |
| 83 | | \$7.965 |
| 84 | | \$8.754 |
| 85 | | \$9.583 |
| 86 | | \$10.461 |
| 87 | | \$11.364 |
| 88 | | \$12.301 |
| 89 | | \$13.272 |

*To find rates for employees age 90+, please visit www.metlife.com/wsp, or contact MetLife at 833-622-0134.

EMPLOYEE PREMIUMS

**EMPLOYEE PREMIUMS (CONTINUED)****VOLUNTARY AD&D INSURANCE MONTHLY RATES (AFTER-TAX)**

Payroll deductions are made biweekly.

| Coverage Type | Cost |
|---|--------------------------------|
| Principal Sum (Employee Only, Spouse/Domestic Partner Only, or Child(ren) Only) | \$0.014/\$1,000 coverage/month |
| Family Program | \$0.022/\$1,000 coverage/month |

LEGAL SERVICES BIWEEKLY RATES

Payroll deductions are made biweekly.

| Coverage Level | Biweekly Cost |
|----------------|---------------|
| Employee | \$7.62 |

IDENTITY THEFT PROTECTION BIWEEKLY RATES

Payroll deductions are made biweekly.

| Coverage Level | Biweekly Cost |
|----------------|---------------|
| Employee Only | \$4.15 |
| Family | \$7.38 |

EMPLOYEE PREMIUMS



EMPLOYEE PREMIUMS (CONTINUED)

DOMESTIC PARTNER COSTS

Premiums for domestic partners and their eligible dependents are subject to applicable IRS regulations with after-tax deductions and imputed income. For example, after-tax deductions for domestic partners are calculated by subtracting the Employee Only premium amount from the Spouse or Domestic Partner premium amount.

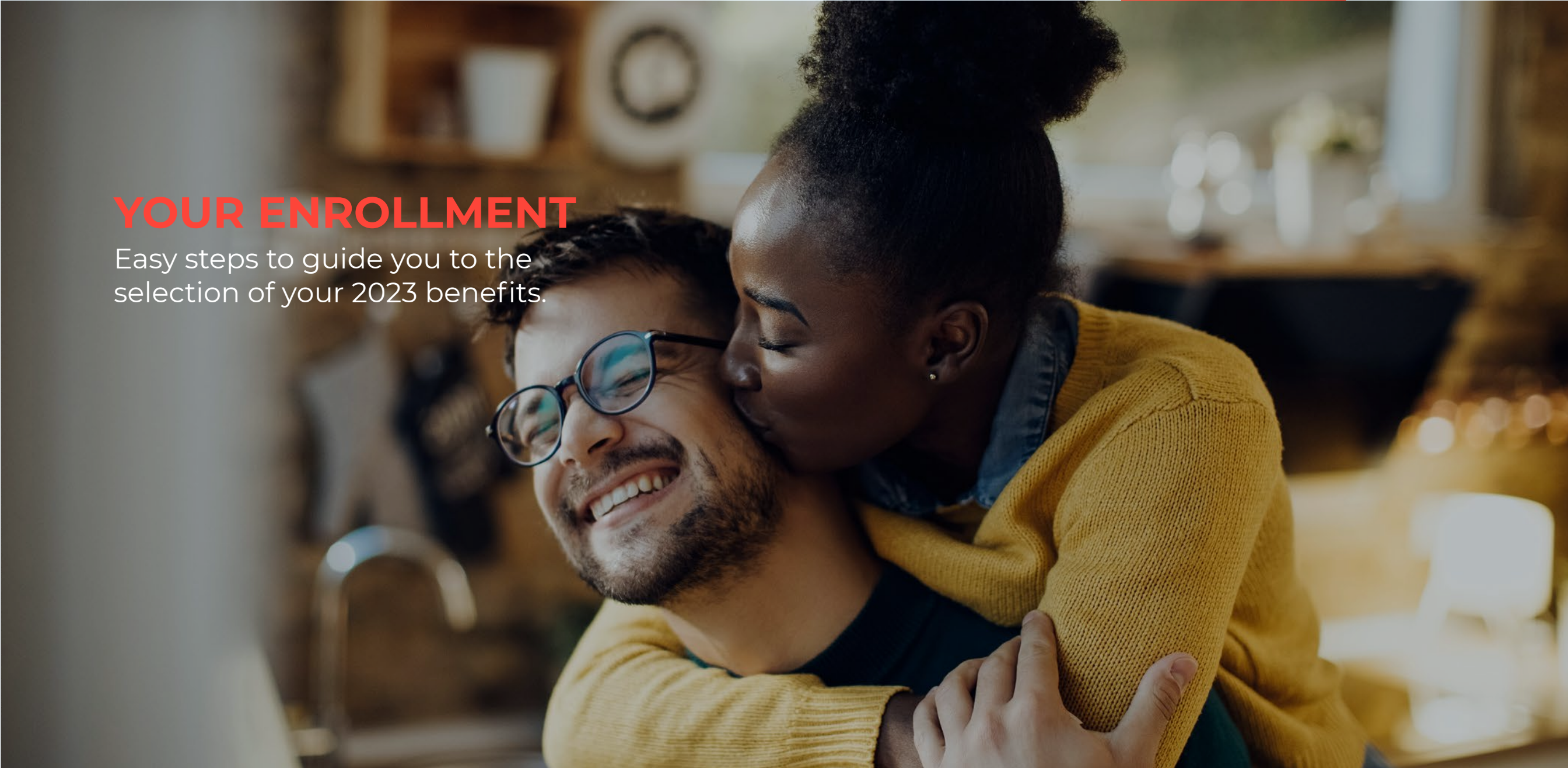
| | |
|----------------------------------|--|
| Employee Only Premium = \$112.56 | The domestic partner's after-tax deduction amount is \$135.88. \$248.44 - \$112.56 = \$135.88 biweekly Annualized, as reported on the W2, would be 3,532.88. |
| Employee + Spouse/DP = \$248.44 | |

Imputed income is calculated by subtracting the monthly Employer cost of the premium for Employee Only coverage from Employee + Spouse or Domestic Partner coverage and multiplying this figure by 12 months to get the yearly imputed income that will be reported on the employee's W-2.

| | |
|-----------------------------------|--|
| Employee Only Premium = \$477.03 | The imputed income amount is \$6,848.04 annually. \$1,047.70 - \$477.03 = \$570.67 x 12 months = \$6,848.04 |
| Employee + Spouse/DP = \$1,047.70 | |

YOUR ENROLLMENT

Easy steps to guide you to the selection of your 2023 benefits.



- ELIGIBILITY
- DEPENDENT VALIDATION
- HOW TO ENROLL
- WHEN TO ENROLL
- QUALIFYING LIFE EVENTS
- LEAVING THE COMPANY



ELIGIBILITY

If you are a regular full-time or regular part-time employee, you are eligible for all benefit options in this guide. Part-time employees must, on average, work a minimum of 24 hours a week to be eligible for WSP USA benefits. However, regular part-time employees who work less than 24 hours a week are eligible to contribute to the Retirement Savings Plan.

ELIGIBLE DEPENDENTS

Dependents eligible for coverage in the WSP USA benefits plans include:

- Your legal spouse
- Your domestic partner (same or opposite gender)
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children and children for whom legal guardianship has been awarded to you or your spouse/domestic partner)
- Dependent children, regardless of age, provided he or she is incapable of self-support due to a mental or physical disability, is fully dependent on you for support as indicated on your federal tax return and is approved by your medical plan to continue coverage past age 26
- Please note that all enrolled dependents require proof of verification within 31 days of your election.
- Auto and home insurance is available in accordance with underwriting guidelines and the law to eligible members of the WSP employee group. Dependents may benefit from the policies as policy beneficiaries and covered insureds, as defined in the policies.

NEW HIRES

As a new hire, you have 31 days from your date of hire to make your benefit elections by calling the bswift Employee Benefits Service Center or going online to www.wspusa.bswift.com to make your elections. You will not be able to change your benefit plan election until the next Open Enrollment period, unless you experience a Qualifying Life Event. Please note: You may apply for auto and home insurance at any time throughout the year.

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DEPENDENT VALIDATION

If you are a new hire and wish to enroll dependents or are adding new dependents, you are required to submit verification documents of their dependent status within 31 days of your election. Please refer to the valid verification documents chart below.

The valid documentation can be submitted in the following ways:

- By uploading to the bswift website at www.wspusa.bswift.com
- By faxing to bswift at 844-215-9777

Your dependents will not be added to your coverage if you do not submit the required documents within 31 days of the qualifying life event.

This requirement for verification documentation of dependent status does not apply to eligible dependents who were already included for coverage during 2022 in the WSP plans.

You are required, however, to ensure that you provide the names and Social Security numbers for all dependents you wish to include for coverage — whether newly added or continuing on with coverage under you. This information is required for the annual Affordable Care Act (ACA) reporting requirements by the IRS.

You can monitor the status of your dependent’s eligibility on the bswift website (www.wspusa.bswift.com), where you can view your confirmation statement. You can also call the bswift Employee Benefits Center at 844-848-1142 for updates.

| Eligible Dependent Type | Eligible Dependent Definition | Required Documentation for Proof of Eligibility |
|-------------------------|---|--|
| Legal Spouse | A person who is legally married to an employee as long as he/she is not also covered as an employee under our Company plan. | <ul style="list-style-type: none"> • Marriage certificate: Marriage Certificate must contain the following information: name of the employee, name of the spouse, the date of marriage and certifier’s signature; OR • Joint tax return (municipal, state, or federal) from the most current tax year: Tax return must contain the following information: names of employee and spouse, married indicated on tax form. Please black out financial information and Social Security numbers. |

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DEPENDENT VALIDATION (CONTINUED)

| Eligible Dependent Type | Eligible Dependent Definition | Required Documentation for Proof of Eligibility |
|-------------------------|--|---|
| Domestic Partner | <ul style="list-style-type: none"> • Domestic partners can be same or opposite gender as the employee and must meet the following criteria: <ul style="list-style-type: none"> – Your partner is your sole domestic partner and you have an intimate, committed relationship – You and your partner reside together and you intend to do so indefinitely – Neither you nor your partner has had another domestic partner or legal spouse in the last 12 months prior to applying for benefits. (If you or your partner had a spouse or domestic partner in the last 12 months who died, this condition does not apply.) – You and your partner have a relationship of mutual financial support with the same financial commitments as a marriage – You and your partner are mentally competent to enter into a contract. You and your partner are not related by blood to a degree that would prohibit marriage in the employee’s state of residence. | <ul style="list-style-type: none"> • Jointly signed notarized affidavit: Affidavit must contain the following information: name of the employee, name of your partner, the date and notary signature; AND <p>Two of the following documents must accompany the affidavit and they must include: name of the employee, name of the domestic partner, name of institution and date:</p> <ul style="list-style-type: none"> – Joint utility invoicing for at least 12 months – Joint mortgage or lease for at least 12 months – Designation of domestic partner as beneficiary for life insurance and retirement contract other than WSP Plans – Designation of domestic partner as primary beneficiary in employee’s or insured’s will – Durable property and health care powers of attorney <p>PLUS,</p> <ul style="list-style-type: none"> • Joint ownership of motor vehicle, joint bank account, or joint credit account |

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DEPENDENT VALIDATION (CONTINUED)

| Eligible Dependent Type | Eligible Dependent Definition | Required Documentation for Proof of Eligibility |
|--|--|---|
| <p>Employee's, Spouse's, or Domestic Partner's Child</p> | <p>Includes any of the following until the age of 26 regardless of student, dependency, or marital status and the child must not be in active military service of any country:</p> <ul style="list-style-type: none"> a) A natural child (your direct offspring) b) A stepchild c) A legally adopted child d) A foster child e) A child by legal guardianship <p>Coverage for children ends at the end of the month when the covered child reaches his/her 26th birthday.</p> <p>Coverage may continue beyond this age if the following applies:</p> <ul style="list-style-type: none"> • A dependent child who is incapable of self-sustaining employment because of mental or physical disability. Coverage is provided indefinitely, as long as the child remains totally disabled and does not marry. The disability must have occurred before age 26. | <ul style="list-style-type: none"> • Birth certificates or notices: Birth certificates or notices must contain the following information: name of the employee, spouse, or domestic partner, name of the child and the date of birth; OR • Adoption paperwork: Adoption paperwork must reflect that the child is the child of the employee or spouse and contain the following information: name of the adoptive parent, name of child, notary signature and date; OR • Court order: Court order must state that the employee or employee's spouse is the child's legal guardian and contain the following information: name of the legal guardian (employee, spouse, or domestic partner), name of the child, notary signature and date; OR • Qualified Medical Child Support Order (QMCSO) declaring the employee or the employee's spouse to be legally responsible for providing health coverage for the child: This must contain: name of the parent, name of the child and date; OR • Tax return (municipal, state, or federal) from the most current tax year: Tax return must contain the following information: name of parent and name of the child. Please black out financial information and Social Security numbers. <p>PLUS, IF CHILD IS 26 OR OLDER</p> <ul style="list-style-type: none"> • In addition to satisfying the requirements listed above, children 26 or older must also provide one of the following: <ul style="list-style-type: none"> – Proof of disability: Letter from a physician or signed medical records proving physical or mental disability. |

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HOW TO ENROLL

Enrolling in your WSP USA benefits is easy. You can enroll in your 2023 benefits in two ways:

BY PHONE

Call **844-848-1142** weekdays from 8:00 am to 8:00 pm Eastern Time

ONLINE

Log in to www.wspusa.bswift.com. Your login information will be reset for Open Enrollment. Your login details are:

- Username: Your WSP USA work email address
- Password: The last four digits of your Social Security number

After your initial login, you will be asked to change your password.

FOLLOW THESE STEPS WHEN ENROLLING ONLINE:

1. Get Started

- From the Employee Home Page, click on the “Start Your Enrollment” button to begin enrolling in your benefits.

2. Verify Your Personal Information

- Please complete all required fields and verify that all previously entered information is correct.
- Review your information and make any necessary corrections before verifying that your information is accurate by checking “I agree.” Then click on the “Continue” button at the bottom of the page in order to continue your enrollment.

3. Verify Your Family Information

- Please be sure to verify the information for existing dependents under your coverage and click on the dependents’ name in order to make corrections or add missing information.
- You may also add any new dependents for coverage by clicking on the “Add Dependents” link, and enter their information.
- You must provide the Social Security numbers and birth dates for any eligible dependent(s) that you plan to enroll.
- Once you have verified that your family information is accurate, please check “I agree” and click on the “Continue” button at the bottom of the page in order to continue your enrollment.

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CHOOSE CAREFULLY

You cannot change your benefit selections during the plan year unless you have a qualifying life event, such as marriage and/or the birth or adoption of a child.

OTHER CONSIDERATIONS

Does your spouse/domestic partner have access to employer-provided coverage? Are all of your child dependents still eligible?

HOW TO ENROLL (CONTINUED)

4. Select Your Benefits

- You are now ready to begin making your benefit elections!
- The benefits you and any dependents are currently eligible for will be displayed, along with any additional information you may need in choosing which election is appropriate for you.
- Simply choose who to cover with that plan, make your election, and click “Next” to proceed to the following benefit option.

5. Confirm Your Benefit Elections

- Once you have completed elections for you and all eligible dependents, you will be prompted to review all of your selections.
- Once you have completed your review, please check the “I agree, and I’m finished with my enrollment” box.
- You must click the “Complete Enrollment” button at the bottom of the page to save your enrollment.
- Then you may choose to view, print, or email the Confirmation Statement for your personal records.

If you need assistance at any time through the process, you may contact the Employee Benefits Center by phone at **844-848-1142** or chat from the "Contact Us" link on the [bswift](#) website, weekdays from 8:00 am to 8:00 pm Eastern Time.



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WHEN DOES COVERAGE BEGIN?

Your benefits coverage is effective as of your date of hire or status change. Benefit changes made during the annual Open Enrollment period are effective January 1 of the following year.

WHEN TO ENROLL

Open Enrollment for your 2023 benefits is **October 31 - November 11, 2022**. After this enrollment period ends, you'll only be able to make changes to your 2023 benefits if you experience a Qualifying Life Event. New hires can enroll within 31 days from their date of hire.

During Open Enrollment or as a new hire, you can enroll in the following benefits:

- Medical
- Dental
- Vision
- Health Savings Account (HSA)
- Flexible Spending Accounts (FSAs)
- Critical Illness Insurance
- Accident Insurance
- Buy-Up Short-Term Disability (STD)
- Long-Term Disability (LTD)
- Voluntary AD&D Insurance
- Legal Services (MetLife Legal Plans)
- Identity Theft Protection

You can enroll in or apply for these benefits at any time during the year:

- Supplemental and Dependent Life Insurance (Group Universal Life)
- Auto and Home Insurance
- Commuter Benefits Program
- Retirement Savings Plan (by visiting rps.troweprice.com)
- SmartDollar (by visiting https://www.smartdollar.com/enroll/trp_104236)
- SoFi Student Financial Program (by visiting SoFi.com/WSP)

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QUALIFYING LIFE EVENTS

When a Qualifying Life Event occurs during the benefits plan year, you have 31 days from the date of the event to contact the Employee Benefits Service Center to make the appropriate changes and provide proof of the event and documentation for dependent verification, if applicable. Allow up to three pay periods for processing a life event change. Without a Qualifying Life Event, you will need to wait to make benefit changes until the next annual Open Enrollment.

Your change in coverage must be consistent with your change in status. Qualifying Life Events include the following:

- Change in your legal marital status (marriage, divorce, or legal separation)
- Change in the number of your dependents (for example, through birth, adoption, or if a child is no longer an eligible dependent)
- Change in your spouse or domestic partner's employment status, resulting in a loss or gain of coverage
- Employee's spouse or dependent taking unpaid leave of absence, which affects benefit eligibility
- Entitlement to Medicare or Medicaid
- Change in your location that affects the plans for which you are eligible



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LEAVING THE COMPANY

WHAT HAPPENS TO MY BENEFITS WHEN I LEAVE THE COMPANY?

Medical, dental and vision coverage will be continued by the Company through the end of the month in which employment ends. If you are enrolled in any of the Flexible Spending Accounts, you can submit eligible expenses (incurred prior to your last day of coverage) for reimbursement through April 30 of the year following your termination date. Your Health Savings Account, if you were enrolled, is portable and you can continue to use the funds. You may continue your medical, dental, vision and Health Care Flexible Spending Account (if enrolled) coverage by completing a COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) application, which will be sent to you within 44 days after your benefit coverage ends.

A basic life insurance conversion package will be mailed to your home address. All other benefits, such as basic life insurance, accidental death and dismemberment insurance, business travel accident insurance, short-term disability and long-term disability, will end on your last day of employment.

If you wish to continue to participate in any of the Company's voluntary plans, please contact the provider directly to arrange continuation of coverage. You will receive information directly from the benefit company if you participate in group universal life insurance, critical illness insurance, accident insurance, and auto and home insurance.

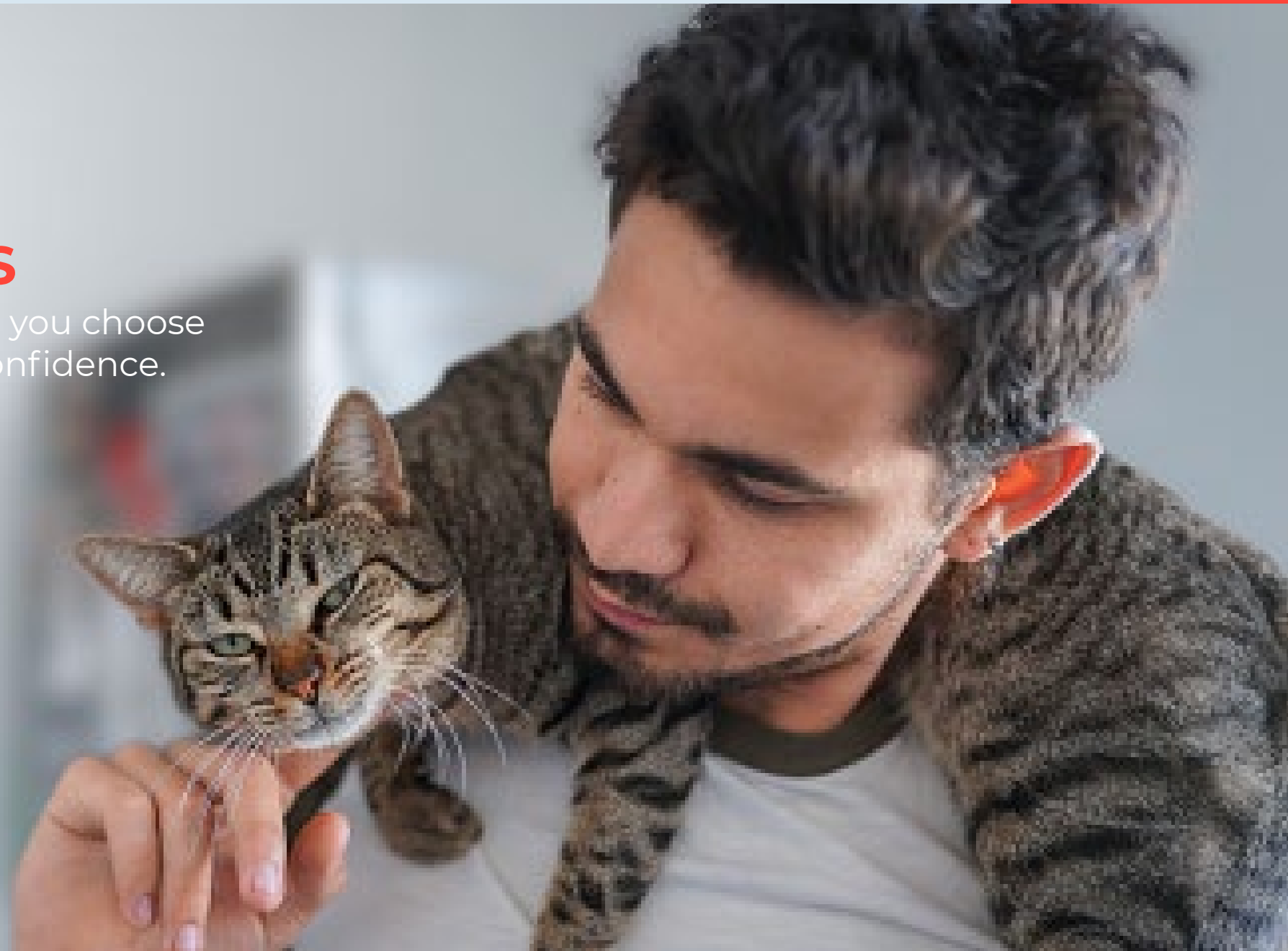
Your final paycheck will include deductions for the Retirement Savings Plan, medical, vision, dental and other insurances if you are enrolled. Any accrued, unused PTO hours may be added to your final paycheck; otherwise, it will be processed the following payroll cycle. Except where required by law, you will receive your final pay on the next payroll cycle via direct deposit. If you do not have direct deposit, you will receive a manual check sent to the address on file via regular postal service. Direct deposit participants will have access to ADP WorkCenter for 30 days after their termination date to access pay stubs and past W-2 forms.

If an Eligible Employee separates from the Company, upon termination, the Eligible Employee will be paid whatever balance remains unused in their Frozen PTO bank.

It is imperative that even after your departure from the Company, you keep your address record current. We will share this information with the various benefit providers, as necessary. To update your record, please email corporatebenefits@wsp.com and US-HRHub@wsp.com.

YOUR RESOURCES

Tools and information to help you choose and use your benefits with confidence.



FREQUENTLY ASKED QUESTIONS (FAQs)

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FOR ALL OTHER QUESTIONS:

If you have additional questions on how to enroll, please call bswift at **844-848-1142** weekdays from 8:00 am to 8:00 pm Eastern Time or chat or leave a secure message from the "Contact Us" page of www.wspusa.bswift.com.

If you have any benefits-related questions, please call Optavise at 866-253-2273 Mon-Fri from 8:00 am to 9:00 pm or Sat 9:00 am to 2:00 pm EST or send an email to wspassistance@directpathhealth.com.

You may also contact WSP Benefits for escalations at corporatebenefits@wsp.com.

FREQUENTLY ASKED QUESTIONS (FAQs)

1. Do I need to enroll?

You must enroll this **Open Enrollment October 31 - November 11, 2022** if you want to make changes to your current benefits or if you want to contribute to a Flexible Spending Account (FSA) or Health Savings Account (HSA) in 2023. While your other benefits will continue next year if you don't take any action during Open Enrollment, you must actively re-enroll to contribute to an FSA and/or HSA next year — those elections do not continue automatically. Open Enrollment is your only opportunity to enroll in or change the benefits you're enrolled in and the dependents you cover unless you experience a Qualifying Life Event. Auto and home insurance may be applied for throughout the year.

If you are part of an acquisition group that is newly eligible for WSP's plans as of January 1, 2023, you must enroll to have WSP USA benefits coverage in 2023. If you take no action by Friday, November 11, your current benefits will not carry over to the new year and you will not have another chance to enroll in or change your benefits until the fall of 2023, unless you have a Qualifying Life Event.

2. How are benefits changing for 2023?

For 2023, your medical benefits will continue to provide excellent value and a variety of choices. We're pleased to report that employee premiums for WSP USA medical plan coverage will increase minimally for 2023 (rates for those who enroll in the Aetna Choice POS II Basic HDHP plan will not increase at all), and employee premiums for dental, vision and Voluntary Benefits coverages will remain unchanged for 2023. Benefits coverage under the broad array Live Well plans will continue to provide excellent value with no changes to your benefit options, services, or employee cost-sharing.

Prudential | AbsenceOne will replace MetLife as the carrier for our Disability and Leave benefits. Coverage will automatically continue for those who are already enrolled for Supplemental Long-Term Disability benefits. 2023 rates are unchanged from 2022.

DirectPath, which provides Member Advocacy services for our benefits program, will be renamed Optavise.

Finally, the IRS is increasing contribution limits for the HSA in 2023, allowing participants to save more money when paying for eligible medical expenses. Also note that the temporary provision under COVID-19 legislation that allowed FSA balances to be carried over in full from one year to the next has expired. The limit on the amount of Health Care, Limited Purpose Health Care and/or Dependent Care FSA balance(s) that may be carried over from 2022 to 2023 is \$570.

See [page 5](#) for a full summary of important benefits changes for 2023.

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3. How are the medical plans different?

The key difference between the plans is how much you pay in employee premiums and how you pay for services throughout the year. Another important consideration is your ability to see out-of-network providers.

- **The Aetna Choice POS II Basic HDHP** has the lowest employee premiums and the highest out-of-pocket costs, but (like the Aetna Choice POS II Enhanced HDHP) gives the advantages of pretax savings through an HSA that WSP and you contribute to, and the flexibility to see any provider (although in-network coverage is richer).
- **The Aetna Choice POS II Enhanced HDHP** has lower employee premiums and higher out-of-pocket costs, but gives the advantages of pretax savings through an HSA that WSP and you contribute to, and the flexibility to see any provider (although in-network coverage is richer).
- **The Aetna Choice POS II Plan** has slightly lower employee premiums and higher out-of-pocket costs, but gives you the flexibility see any provider (although in-network coverage is richer).
- **The Open Access Aetna Select Plan (closed to new enrollees)** has the highest employee premiums and lowest out-of-pocket costs. With this plan, you can only see in-network providers.

4. What is the difference between Embedded and Aggregate deductibles and out-of-pocket maximum?

- When medical coverage is elected with one or more dependents, the deductible and out-of-pocket maximums will apply to individual members in one of two ways.
- If the plan has an embedded deductible, each family member must meet the individual deductible, not to exceed the family deductible across all family members. This applies to Aetna Choice POS II and Open Access Aetna Select.
- If the plan has an aggregate deductible, then there is one deductible for everyone you are covering. If you have covered dependents in the plan, you'll need to meet the family deductible first. This applies to Aetna Choice POS II Basic HDHP and Aetna Choice POS II Enhanced HDHP.

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Coinsurance – Your share of the cost of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service, typically after you meet your deductible. For instance, if your plan’s allowed amount for an office visit is \$100 and you’ve met your deductible (but haven’t yet met your out-of-pocket maximum), your coinsurance payment of 20% would be \$20.

Copay – The fixed amount, as determined by your insurance plan, you pay for health care services received.

Deductible – The amount you owe for health care services before your health insurance or plan sponsor (employer) begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you’ve met your \$1,000 deductible for covered health care services. This deductible may not apply to all services, including preventive care.

Employee Contribution – The amount you pay for your insurance coverage (e.g., Buy-Up STD, LTD, GUL).

Evidence of Insurability (EOI) – An application process in which you provide information on the condition of your health or your dependent’s health in order to be considered for certain types of insurance coverage (e.g., Buy-Up STD, LTD, GUL).

Explanation of Benefits (EOB) – A statement sent by your insurance company that explains which procedures and services were provided, how much they cost, what portion of the claim was paid by the plan and what portion is your liability, in addition to how you can appeal the insurer’s decision. These statements are also posted on the insurance company’s website for your review.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket health care costs. This means you’ll save an amount equal to the taxes you would have paid on the money you set aside.

- **Health Care FSA** – A pretax benefit account used to pay for eligible medical, dental and vision care expenses that aren’t covered by your insurance plan or elsewhere. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code. Please note that over-the-counter medications are not eligible for reimbursement without a doctor’s prescription with the Health Care FSA.
- **Limited Purpose FSA (LPFSA)** – A Flexible Spending Account that can be used in conjunction with a Health Savings Account (HSA). You can use an LPFSA to pay for eligible out-of-pocket dental and vision expenses.
- **Dependent Care FSA** – A pretax benefit account used to pay for dependent care services, such as preschool, summer day camp, before- or after-school programs and child or elder daycare. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Flexible Spending Accounts are “use it or lose it,” meaning that funds not carried over and used by the end of the plan year will be lost.

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Health Savings Account (HSA) – A personal health care bank account funded by your or your employer’s tax-free dollars to pay for qualified health care expenses. You must be enrolled in a high-deductible health plan to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable, meaning if you change jobs your account goes with you.

High-Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility and control when it comes to spending money on health care. Preventive care is covered at 100% with in network providers, there are no copays and all qualified employee-paid medical expenses count toward your deductible and your out-of-pocket maximum.

Network – A group of physicians, hospitals and other health care providers that have agreed to provide medical services to a health insurance plan’s members at discounted costs.

- **In-Network** – In-network providers are doctors, hospitals and other providers that contract with your insurance company to provide health care services at discounted rates.
- **Out-of-Network** – Out-of-network providers are doctors, hospitals and other providers that are not contracted with your insurance company. If you choose an out-of-network doctor, services will not be provided at a discounted rate.

Out-of-Pocket Maximum – The most you pay during a policy period (usually a 12-month period) before your health insurance or plan begins to pay 100% of the allowed amount. This limit does not include your premium, charges beyond the Reasonable & Customary, or health care your plan doesn’t cover. Check with your health insurance provider to confirm what payments apply to the out-of-pocket maximum.

Over-the-Counter (OTC) Medications – Medications made available without a prescription.

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Prescription Medications – Medications prescribed to you by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred brand, non-preferred brand, or specialty.

- **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or nonpreferred versions. The color or flavor of a generic medicine may be different, but the active ingredient is the same. Generic drugs are usually the most cost-effective version of any medication.
- **Maintenance Drugs** – Medications prescribed for chronic, long-term conditions and are taken on a regular, recurring basis. Examples of chronic conditions that may require maintenance drugs are high blood pressure, high cholesterol and diabetes.
- **Preferred Brand Drugs** – Brand-name drugs on your provider's formulary list that are favored by a prescription plan based on drug effectiveness and cost. Express Scripts maintains its own formulary list, which it updates periodically.
- **Nonpreferred Brand Drugs** – Brand-name drugs not on your provider's list of preferred drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs** – Prescription medications used to treat complex, chronic, and often costly conditions such as multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia. Because of the high cost of these specialty drugs, many insurers require that specific criteria be met before a drug is covered. Under the pharmacy benefits provided (through Express Scripts) when you enroll in a WSP Aetna medical plan option, specialty medications may only be covered when ordered through Accredo, Express Script's specialty pharmacy. Accredo is dedicated to helping you meet the particular needs and challenges of using specialty medications, many of which require injection or special handling.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount sometimes is used to determine the allowed amount.

Summary of Benefits and Coverage (SBC) – Mandated by health care reform, your insurance provider or plan sponsor will provide you with a clear and easy-to-follow summary of your benefits and plan coverage.

Summary Plan Description (SPD) – A document that explains the fundamental features of an employer's defined benefit or defined contribution plan, including eligibility requirements, contribution formulas, vesting schedules, benefit calculations and distribution options.

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| Benefit | Provider | Website/Email | Phone |
|------------------------------|--------------------------------|---|---|
| Member Advocacy Benefit | Optavise (formerly DirectPath) | wspassistance@directpathhealth.com | 866-253-2273 Monday to Friday 8:00 am to 9:00 pm Eastern Time or Saturday 9:00 am to 2:00 pm Eastern Time |
| Medicare Assistance Services | HTA | medicare@htafinancial.com | 610-430-6650 |
| Benefits Administrator | bswift | www.wspusa.bswift.com | 844-848-1142 Monday–Friday, 8:00 am to 8:00 pm Eastern Time |
| Medical | Aetna | www.aetna.com (Register for member access) Group #: 109217 Dedicated WSP microsite: www.aetnaresource.com/n/wsp (Password: WSPUSA1) Claims: Aetna PO Box 981106 El Paso TX 79998-1006 | 866-267-1454 (TTY: 711) Monday–Friday, 8:00 am to 6:00 pm in all time zones Claims fax number: 859-455-8650 (include ID number or your name and address) |
| Pharmacy | Express Scripts | www.express-scripts.com/wspusa Group #: WSPUSA1 | 844-823-5295 |
| Virtual Visits | Teladoc | www.teladoc.com | 855-835-2362 |
| Hawaii Medical (PPO) | HMSA | www.hmsa.com Group#: 100101-1 | 808-948-6111 (Oahu) 800-776-4672 (Neighbor Islands) |
| Hawaii Medical (HMO) | Kaiser | www.kp.org Group #: 1231 | 808-432-5955 (Oahu) 800-966-5955 (Neighbor Islands) |
| Dental | MetLife | www.metlife.com/mybenefits Group #: 217117 MetLife Dental Claims PO Box 981282 El Paso, TX 79998-1282 Dental claims fax: 859-389-6505 (Attn: Claims) | 833-622-0134 (option 1) Monday–Friday, 8:00 am to 11:00 pm Eastern Time Dental claims fax: 859-389-6505 (Attn: Claims) |

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| Benefit | Provider | Website/Email | Phone |
|--|-------------------------|---|--|
| Vision | VSP | www.vsp.com Policy #: 30100123 Claims: Vision Service Plan Attention Claims Services PO Box 385018 Birmingham, AL 35238-5018 | 800-877-7195 |
| Health Savings Account (HSA) | HealthEquity | www.healthequity.com Group #: 31609 | 866-735-8195 |
| Flexible Spending Accounts (FSAs) | HealthEquity | www.healthequity.com Group #: 31609 | 866-735-8195 |
| Critical Illness | MetLife | www.metlife.com/wsp #: 218388 | 833-622-0134 (option 6) |
| Accident | MetLife | www.metlife.com/wsp #: 94397 | 833-622-0134 (option 5) |
| Disability | Prudential AbsenceOne | www.absenceone.com/WSP #: 71237 Claims: Prudential AbsenceOne PO Box 14441 Lexington, KY 40512-4829 | 866-616-0004 Monday–Friday, 8:00 am to 8:00 pm Eastern Time Disability claims fax number: 859-280-4829 |
| Basic Life and AD&D | MetLife | www.metlife.com/wsp #: 34471 Claims: MetLife Group Life Claims PO Box 6100 Scranton, PA 18505-6100 | 833-622-0134 (option 4) Monday–Thursday, 8:00 am to 8:00 pm Eastern Time, and Friday, 8:00 am to 5:00 pm Eastern Time Life claims fax number: 570-558-8645 |
| Supplemental and Dependent Life (Group Universal Life) | MetLife | www.metlife.com/wsp #: 34471 Claims: MetLife Group Life Claims PO Box 6100 Scranton, PA 18505-6100 | 833-622-0134 (option 2) Life claims fax number: 570-558-8645 |

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| Benefit | Provider | Website/Email | Phone |
|-----------------------------|-----------------------------------|---|---|
| Voluntary AD&D | MetLife | www.metlife.com/wsp Group #: 34471 | 833-622-0134 (option 4) Monday–Thursday, 8:00 am to 8:00 pm Eastern Time, and Friday, 8:00 am to 5:00 pm Eastern Time |
| Auto and Home | Farmers GroupSelect SM | www.myautohome.farmers.com Group discount code: WSP USA INC | 833-622-0134 (option 8) Monday - Friday 10:00 am to 7:00 pm Eastern Time |
| Identity Theft Protection | Norton LifeLock | www.nortonlifelock.com Activate your account here: www.norton.com/ebsetup | 800-607-9174 |
| Legal Assistance | MetLife Legal Plans | www.metlife.com/wsp Group #: 34471 | 833-622-0134 (option 7) |
| Commuter Benefits | HealthEquity | www.healthequity.com Group #: 31609 | 866-735-8195 |
| Employee Assistance Program | Carebridge | www.myliferesource.com Code: GBR73 clientservice@carebridge.com | 800-437-0911 |
| Retirement Savings Plan | T. Rowe Price | www.rps.troweprice.com | 800-922-9945 |
| SmartDollar | SmartDollar | https://www.smartdollar.com/enroll/trp_104236 | |
| Student Loan Program | SoFi | SoFi.com/WSP | |
| WSP USA Benefits | WSP USA | corporatebenefits@wsp.com | |

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IMPORTANT NOTICE TO EMPLOYEES FROM WSP USA INC. ABOUT CREDITABLE PRESCRIPTION DRUG COVERAGE AND MEDICARE

The purpose of this notice is to advise you that the prescription drug coverage listed below under the WSP USA Inc. medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2022. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2022 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren’t currently covered by Medicare and won’t become eligible for Medicare in the next 12 months, this notice doesn’t apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with WSP USA Inc. and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of Creditable Coverage

You may have heard about Medicare’s prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by one of the WSP USA Inc. prescription drug plans listed below, you’ll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2023. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

Aetna Choice POS II, Aetna Choice POS II Basic HDHP, Aetna Choice POS II Enhanced HDHP, Open Access Aetna Select, Aetna OOA PPO, Kaiser HMO, HMSA PPO

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the WSP USA Inc. plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop WSP USA Inc. coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment event for the WSP USA Inc. plan, assuming you remain eligible.

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You should know that if you waive or leave coverage with WSP USA Inc. and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this WSP USA Inc. coverage changes, or upon your request.

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. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

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

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:

Corporate Benefits
4139 Oregon Pike
Ephrata, PA 17522
717-859-7400

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NOTICE OF SPECIAL ENROLLMENT RIGHTS FOR HEALTH PLAN COVERAGE

As you know, if you have declined enrollment in WSP USA Inc.'s health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under these plans without waiting for the next open enrollment period, provided that you request enrollment within 31 days after your other coverage ends. 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 eligible dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption.

WSP USA Inc. will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 31 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the WSP USA Inc. group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

WOMEN'S HEALTH AND CANCER RIGHTS ACT NOTICE

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. If you would like more information on WHCRA benefits, contact your plan administrator at 717-859-7400.

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NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT NOTICE

Under federal law, group health plans and health insurance issuers generally may not 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours, as applicable).

CHIP/MEDICAID NOTICE

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, 2022. Contact your State for more information on eligibility.

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**ALABAMA – Medicaid**

Website: <http://myalhipp.com/>
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: <http://myakhipp.com/>
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>
Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Website: Health Insurance Premium Payment (HIPP) Program
<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+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711
CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>
CHP+ Customer Service: 1-800-359-1991/State Relay 711
Buy-In Program (HIBI): <https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>
Phone: 1-877-357-3268

GEORGIA – 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

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: <http://www.in.gov/fssa/hip/>
Phone: 1-877-438-4479
All other Medicaid
Website: www.in.gov/medicaid
Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
Hawki Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>
Phone: 1-800-792-4884

KENTUCKY – 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: KIHIPPPROGRAM@ky.gov
Website: <https://kidshealth.ky.gov/Pages/index.aspx>
Phone: 1-877-524-4718
Kentucky Medicaid Website: <https://chfs.ky.gov>

LOUISIANA – Medicaid

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

Website: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-442-6003. TTY: Maine relay 711
Private Health Insurance Premium
Website: <https://www.maine.gov/dhhs/ofi/applications-forms>
Phone: 1-800-977-6740. TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/mashealth/pa>
Phone: 1-800-862-4840; TTY: (617) 886-8102

MINNESOTA – Medicaid

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>
Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcare-Programs/HIPP>
Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://dhcfp.nv.gov>
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

FREQUENTLY ASKED QUESTIONS (FAQs)

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**NEVADA – Medicaid**

Medicaid Website: <https://www.medicaid.nv.gov/>
 Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

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 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/human-services/dmahs/clients/medicaid/>
 Medicaid Phone: 609-631-2392
 CHIP Website: <http://www.njfamilycare.org/index.html>
 CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
 Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>
 Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
 Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>
 Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>
<http://www.oregonhealthcare.gov/index-es.html>
 Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>
 Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: <http://www.eohhs.ri.gov/>
 Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>
 Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>
 Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>
 Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>
 CHIP Website: <http://health.utah.gov/chip>
 Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>
 Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website: <https://www.coverva.org/en/famis-select>
 Medicaid Phone: 1-800-432-5924
 CHIP Website: <https://www.coverva.org/en/hipp>
 CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>
 Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid

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

Website: <https://www.dhs.wisconsin.gov/badger-careplus/p-10095.htm>
 Phone: 1-800-362-3002

WYOMING – Medicaid

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, 2022, or for more information on special enrollment rights, contact either:

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

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

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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 ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

HIPAA PRIVACY NOTICE REMINDER

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the WSP USA Inc. Insurance Plan (the “Plan”) to periodically send a reminder to participants about the availability of the Plan’s Privacy Notice and how to obtain that notice. The Privacy Notice explains participants’ rights and the Plan’s legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice contact Corporate Benefits at 212-465-5000. You may also view the Privacy Notice online at [Policies, Procedures and Forms \(wspgroup.com\)](#).

You may also contact the Plan’s Privacy Official at 212-465-5000 for more information on the Plan’s privacy policies or your rights under HIPAA.

OUTBREAK PERIOD NOTICE

The U.S. Department of Labor and IRS announced temporary extensions of certain plan deadlines during the COVID-19 pandemic. The extensions relate to the period between March 1, 2020 and 60 days after the end of the National Emergency related to COVID-19, but in no event can last longer than one year. Under these extensions, plan participants and dependents were given extra time to make HIPAA Special Enrollment election changes, file ERISA claims and appeals, receive notifications about COBRA elections, and make COBRA premium payments.