PRIME LINE
UTILITY SERVICES

Employee Benefits Guide

Medical, Prescription Drug, Dental, and Vision

January 1, 2024 – December 31, 2024

Booth & Associates

BOWLIN GROUP
Energy • Communications • Services

CHAIN ELECTRIC COMPANY

C.W. WRIGHT CONSTRUCTION COMPANY
SERVICE WITH SAFETY
RICHMOND, VIRGINIA

PPS Precision Pipeline Solutions

SAFEWAY
CONSTRUCTION ENTERPRISES

Produced by AssuredPartners

This Benefit Guide is a summary of your benefits as an eligible PrimeLine Utility Services employee. Each section of this Benefit Guide contains important information, so please read this overview carefully.

Please note that this overview is a summary of benefits. For a complete description of benefit provisions, refer to our certificates of coverage and insurance policies. In the event of a discrepancy between this overview and the official plan documents, benefits will be paid as outlined in the plan documents.

If you have questions about your benefits or need assistance with claims, please contact a Benefit Advocate at AssuredPartners. Benefit Advocates are professionals who are available to provide confidential assistance for you and your covered family members. Please see the following page of this overview for more information.

The benefits in this summary are effective:
January 1, 2024 through December 31, 2024

Table of Contents

This plan intends to comply with all federally mandated benefit changes and patient protections required by the federal health care reform law. This Summary of Benefits is based on current interpretations/guidance on health care reform and could change based on future determinations and/or final regulations.

For Assistance

How do I reach our benefit providers?

Provider	Benefit	Group #	Telephone	Website
Anthem Blue Cross Blue Shield of VA	Medical	074644	1-833-630-6742	www.anthem.com Mobile App: Sydney
Express Scripts	Prescription Drug	PLUSRX1	1-877-826-7656	www.express-scripts.com Mobile App: Express Scripts
Delta Dental of Virginia	Dental	600227	1-888-335-8216	www.deltadentalva.com Mobile App: Delta Dental Mobile
EyeMed	Vision	Chain Electric: 1011137 All others: 1008368	1-866-939-3633	www.eyemedvisioncare.com Mobile App: EyeMed Members
HealthEquity	Health Savings Account (HSA)	Differs by employee	1-866-346-5800	www.healthequity.com

Whom do I call with benefit questions?

In addition to the benefit providers above, if you have a benefits question or a problem with claims payment, a Benefit Advocate in AssuredPartners' Employee Service Center (ESC) is available to help you and your covered family members. Benefit Advocates are benefits professionals who can help you better understand your benefits program and assist you in resolving complex issues such as claims appeals.

Benefit Advocates are available Monday through Friday, 7:30 AM to 5:00 PM Pacific Time. You can call the Employee Service Center toll-free from anywhere in the U.S. or Canada. Your Benefit Advocate will track your issue and make sure it is resolved. **This is a free service. All personal health information is confidential.**

EMPLOYEE SERVICE CENTER

Your Benefit Advocates
in the Employee Service Center

Phone: 1-206-343-4175 or 1-888-343-3330
Confidential Email: mcm.esc@assuredpartners.com
TTY/TDD: 1-206-748-9578 or 1-855-877-4726

Due to HIPAA Privacy regulations, we may need to obtain your written authorization in order to assist with certain issues. Your Benefit Advocate will provide you with an authorization form, if needed.

Please Note: The Benefit Advocate team cannot provide legal representation, legal advice or medical reviews.

Who is Eligible?

New employees working at least 30 hours per week are eligible to enroll in the medical, prescription drug, vision, and dental insurance. Coverage will be effective the first of the month following or coinciding with 30 days of employment.

Eligible dependents are limited to the following:

- Your spouse
- Your domestic partner (DP)
- Your child(ren) under age 26. An eligible child is one of the following:
    - A natural child or stepchild of the subscriber and/or spouse/DP
    - A legally adopted child of, or child placed for adoption with, the subscriber and/or spouse/DP
    - A child for whom legal guardianship or custody has been awarded to the subscriber and/or spouse/DP
    - A foster child of the subscriber and/or spouse/DP

In general, coverage ends the day you or your dependents no longer meet the eligibility requirements.

Open Enrollment & Election Changes

As an eligible new hire and each year at open enrollment, you have the opportunity to enroll yourself and your eligible dependents in these programs. Please note, if you do not enroll in benefits when initially eligible as a new hire, you will not be able to enroll until the next open enrollment period for a January 1 effective date, unless you or your dependents experience a permitted election change event.

Permitted election change events include, but are not limited to:

- Birth or adoption of a new child
- The death of a dependent
- Marriage, divorce or legal separation
- Spouse/DP loses coverage through his or her employer or gains access to his or her employer's sponsored coverage
- You become eligible for or lose Medicaid coverage

Most permitted election change events must be reported to Human Resources within 31 days of the event date.

The above is only a brief description of PrimeLine Utility Services' eligibility requirements. Please refer to your Certificate of Coverage or see Human Resources for a complete definition of dependent eligibility.

Medical Benefits

We are pleased to provide you the choice of three comprehensive medical plans offered through Anthem – the POS plan, the High Deductible Health Plan (HDHP) $3,200, and the HDHP $5,000. You will get the highest level of benefits when you receive covered services and supplies from a network provider. C.W. Wright employees with home addresses in Virginia (and their families) use the Anthem HealthKeepers (HMO) network in Virginia and the National PPO (BlueCard PPO) network outside of Virginia; all other employees (and their families) use the National PPO (BlueCard PPO) network nationwide. If the provider you see is not in your network, you will be responsible for amounts over the allowable charge, in addition to applicable copays, deductibles, coinsurance, etc. Below is a brief description of your medical coverage under these plans.

<table>
<tr><th>In Network Benefits</th><th>Option 1: POS Plan</th><th>Option 2: HDHP $3,200</th><th>Option 3: HDHP $5,000</th></tr>
<tr><td>Deductible
Per calendar year</td><td>$1,000 Individual
$2,000 All Others</td><td>$3,200 Individual
$6,400 All Others</td><td>$5,000 Individual
$10,000 All Others</td></tr>
<tr><td>Out of Pocket Maximum*
Per calendar year
includes deductible, coinsurance, and copays</td><td>$4,000 Individual
$8,000 All Others</td><td>$4,000 Individual
$8,000 All Others</td><td>$5,000 Individual
$10,000 All Others</td></tr>
<tr><td>Employer HSA Contribution
Per calendar year</td><td>N/A</td><td>$1,000 Individual
$1,500 All Others</td><td>$1,000 Individual
$1,500 All Others</td></tr>
<tr><td>Preventive Care</td><td>No charge, deductible waived</td><td>No charge, deductible waived</td><td>No charge, deductible waived</td></tr>
<tr><td>Office Visits (including Urgent Care)
• Primary Care (including outpatient mental health)
• Specialist</td><td>$20 copay, deductible waived Counts toward your out of pocket maximum
$50 copay, deductible waived Counts toward your out of pocket maximum</td><td rowspan="10">You pay 100% until deductible is met
You pay 20% coinsurance for covered services after deductible is met
Everything you pay for covered services counts toward your out of pocket maximum
When you meet the out of pocket maximum, all covered services are covered in full for the remainder of the calendar year</td><td rowspan="10">You pay 100% until deductible is met
No charge for covered services after deductible is met
When your deductible is met, your out of pocket maximum is also met
When you meet the out of pocket maximum, all covered services are covered in full for the remainder of the calendar year</td></tr>
<tr><td>Chiropractic Services
30 visits per calendar year</td><td>$25 copay, deductible waived Counts toward your out of pocket maximum</td></tr>
<tr><td>Lab & X-Ray
X-rays, blood work</td><td>No charge, deductible waived</td></tr>
<tr><td>Imaging**
CT/PET scans, MRIs</td><td rowspan="6">You pay 100% until deductible is met
You pay 20% coinsurance for covered services after deductible is met
Everything you pay for covered services counts toward your out of pocket maximum
When you meet the out of pocket maximum, all covered services are covered in full for the remainder of the calendar year</td></tr>
<tr><td>Outpatient Surgery**</td></tr>
<tr><td>Inpatient Hospital Services</td></tr>
<tr><td>Emergency Room</td></tr>
<tr><td>Emergency Medical Transport</td></tr>
<tr><td>Mental Health Inpatient Services</td></tr>
<tr><th colspan="4">Out of Network Benefits</th></tr>
<tr><td>Deductible
Per calendar year</td><td>$1,500 Individual
$3,000 All Others</td><td>$4,000 Individual
$8,000 All Others</td><td>$10,000 Individual
$20,000 All Others</td></tr>
<tr><td>Out of Pocket Maximum
Per calendar year
includes deductible, coinsurance, and copays</td><td>$8,000 Individual
$16,000 All Others</td><td>$8,000 Individual
$16,000 All Others</td><td>$10,000 Individual
$20,000 All Others</td></tr>
<tr><td>Coinsurance</td><td>40%</td><td>40%</td><td>N/A</td></tr>
</table>

*The Out of Pocket Maximum is the most you will pay in the year for covered services, including deductible, coinsurance, and copays. Once you reach the Out of Pocket Maximum, all covered in network services will be covered in full for the remainder of the calendar year.

**Member cost on the POS Plan is $300 facility / $50 physician, deductible waived if a participating independent ambulatory surgical or radiology center is used. These can be identified on anthem.com in the Find Care tool as Site of Service providers.

Prescription Benefits

When you enroll in the medical plan, you also receive coverage for prescription drugs through Express Scripts. The prescription drug plan gives you coverage for a wide range of prescriptions, as well as access to prescription discounts. On the HDHPs, certain maintenance medications are available to you at no cost, even before you've met your deductible. On all plans, preventive drugs, as defined by the Affordable Care Act are available to you at no cost, even before you've met your deductible.

In Network Benefits	Option 1: POS Plan	Option 2: HDHP $3,200	Option 3: HDHP $5,000
Deductible	No deductible applies	Included in medical deductible	Included in medical deductible
Out of Pocket Maximum	Included in medical out of pocket maximum	Included in medical out of pocket maximum	Included in medical out of pocket maximum
Tier 1 - Preferred Generic Retail / Mail Order or Smart90 Retail	$10 copay / $25 copay Counts toward your out of pocket maximum	You pay 100% until deductible is met You pay 20% coinsurance for covered services after deductible is met Everything you pay for covered services counts toward your out of pocket maximum When you meet the out of pocket maximum, all covered services are covered in full for the remainder of the calendar year	You pay 100% until deductible is met No charge for covered services after deductible is met When your deductible is met, your out of pocket maximum is also met When you meet the out of pocket maximum, all covered services are covered in full for the remainder of the calendar year
Tier 2 - Preferred Brand Retail / Mail Order or Smart90 Retail	$30 copay / $75 copay Counts toward your out of pocket maximum		
Tier 3 - Non-Preferred Brand Retail / Mail Order or Smart90 Retail	$50 copay / $125 copay Counts toward your out of pocket maximum		
Tier 4 - Speciality Drugs Limited to a 30-day supply	$50 copay Counts toward your out of pocket maximum		

*Retail cost shares reflect up to a 30-day supply, while Mail Order and Smart90 cost shares reflect up to a 90-day supply through these channels.
**Certain prescription drugs may have limitations or requirements. Contact Express Scripts for more information.

Anthem & Express Scripts Resources

When you enroll in one of the medical plans, you and any of your enrolled dependents become eligible for the following resources at no additional cost.

Mobile App: Sydney Health

Download Anthem's mobile app to find care and check costs, see claims, check benefits, view and use digital ID cards, use the chatbot to get answers quickly, and more.

ComplexCare

1-833-630-6742

Backed by a team of physicians, pharmacists, exercise physiologists and others, Anthem's nurses have the latest information on your treatment options for complex health issues.

ConditionCare

1-866-960-0812

Engagement of members living with, or at risk for, certain chronic conditions. Nurse coaches and a supporting team of health professionals provide holistic, integrated and seamless health management.

Building Healthy Families

On the Sydney Health app

Offers personalized, digital support, whether you're trying to conceive, expecting a child, or in the thick of raising young children.

24/7 Nurse Line

1-800-337-4770

Call any time to talk to a registered nurse about your health concerns. A nurse can help you decide where to go if your doctor isn't available.

Home Delivery & Smart90 Retail

Receive a 90-day supply of maintenance prescriptions through the mail or at a local retail store, at a lower cost. First, ask your doctor to write a 90-day prescription. Then, to initiate mail order, call Express Scripts customer service (you will need to have your prescription number when you call); or, log into www.express-scripts.com to find your nearest Smart90 pharmacy.

Express Scripts Mobile App

Visit your mobile device app store, search for "Express Scripts," and download it for free. Register or log in using the same user name and password you created if you already registered via express-scripts.com. Use the app to view your medications and set reminders for when to take them or to notify you when you are running low. You can also get personalized alerts, check for lower-cost prescription options available under your plan, and display a virtual member ID card that you can present at the pharmacy.

Price a Medication

www.express-scripts.com

Click the "Price a Medication" tool that helps you calculate the estimated cost of a prescription drug. This can be particularly useful to members enrolled on a HDHP where prescription drugs are subject to your deductible and/or coinsurance.

Vision Discount Program through Anthem

When you enroll in medical coverage, you automatically gain access to a vision discount program through Anthem. The program provides one annual eye exam and discounts on materials when you use in-network providers. To receive in-network benefits, you should receive care from a provider who participates in the Blue View Vision Network. Outside of the allowance for a routine eye exam, there are no out-of-network benefits. For a more comprehensive vision plan option, refer to the Eyemed vision plan on page 11.

	In Network Benefits	Out of Network Benefits
Annual Routine Eye Exam	$15 copay	$30 allowance
Retinal Imaging	Up to $39 copay	No coverage
Conventional Contact Lenses (non-disposable)	15% off retail price	No coverage
Prescription Glasses*		
Frames	35% off retail price	No coverage
Lenses Single Vision Bifocal Trifocal	 $50 copay $70 copay $105 copay	No coverage
Additional Lens Options UV Coating Tint (Solid and Gradient) Standard Scratch-Resistant Coating Standard Polycarbonate Standard Anti-Reflective Coating Standard Progressive Lenses (add-on to Bifocal) Other Add-Ons and Services	 $15 copay $15 copay $15 copay $40 copay $45 copay $65 copay 20% off retail price	No coverage
Other Benefits		
For more discounts, log in to member services, select discounts, then Vision, Hearing & Dental.		

*Prescription glasses benefits only apply when frames, lenses, and lens options are purchased together. If purchased, separately, members receive a 20% discount instead of the benefits listed above.

Anthem.com

- Find a Provider in your area
  - Go to www.anthem.com and click Find Care towards the top right corner of the screen
  - You may log in or search as a guest. If searching as a guest, click Select a plan for basic search. Then, choose the type of care you are searching for, the state your employer's plan is contracted in (Virginia), how you get health insurance (Medical (Employer-Sponsored)), and your plan/network.
    - If enrolled in the HMO network, choose Anthem HealthKeepers (HMO) to find providers in Virginia or National PPO (BlueCard PPO) to find providers outside Virginia, and click continue.
    - If enrolled in the PPO network, choose National PPO (BlueCard PPO), and click continue.
- Online communities to find support from real people with similar experiences
- Health videos for hundreds of health and wellness topics
- Care Compare to evaluate different hospitals and medical facilities in the areas of quality and cost
- SpecialOffers@Anthem for discounts on healthy living products and services
- MyHealth Record to easily and securely store a member's health records in one convenient spot

Health Savings Accounts

When you enroll in one of the high deductible health plans, you can also open a health savings account (HSA) through HealthEquity. This account can help you fund your deductible, coinsurance, and other qualified medical expenses. When you successfully open the account, you may choose to make contributions to the account directly from your paycheck. If you are enrolled on January 1st and remain enrolled for the full calendar year, PrimeLine will make a total annual contribution of $1,000 to your account if you are enrolled in self-only coverage OR $1,500 for other coverage tiers.

What is a qualified High Deductible Health Plan?

A qualified high deductible health plan (HDHP) is the only type of plan that allows you to make contributions to a tax-advantaged HSA. With the exception of preventive care, all medical and pharmacy expenses are your responsibility until you meet the annual deductible. After you meet the deductible, coinsurance may apply until you meet your out of pocket maximum.

What is a Health Savings Account?

An HSA is a tax-advantaged account you can use to pay for medical expenses incurred by you, a spouse or a tax dependent. Contributions, investment earnings and qualified withdrawals are all exempt from federal income tax, FICA tax and most state income tax*.

You may make contributions through payroll deduction up to IRS limits. The annual limit depends upon whether you are enrolled in the qualified HDHP with self-only coverage or with dependents, as well as how much of the year you are covered by a qualified HDHP.

Please be conservative when contributing towards the HSA mid-calendar year, as contribution limits are prorated based on the number of months you are enrolled in a qualified HDHP. The IRS imposes a penalty on excess contributions in the form of an income tax and a 6% additional tax on the excess contribution amount. You are responsible for tracking your contributions to ensure you don't exceed the maximum allowable contribution. See 2024 limits on the bottom of page 9.

***HSA contributions are subject to state taxes in Alabama, California and New Jersey. HSA earnings are subject to state taxes in California, New Hampshire and Tennessee. Please consult a financial advisor or your state's Department of Revenue for more information.**

Who qualifies for an HSA?

All employees eligible for health benefits may enroll in the HDHP options, but under strict IRS rules, not everyone is eligible to contribute to or receive contributions to an HSA.

To be an eligible individual and qualify for an HSA, you must meet the following requirements:

- You must be covered under a qualified HDHP on the first day of the month.
- You have no other health coverage except what is permitted (e.g. a limited-purpose health FSA or HRA).
- You are not enrolled in Medicare (including Medicare Part A).
- You cannot be claimed as a dependent on someone else's tax return (except your spouse's).

Under the IRS's last-month rule, you are considered to be an eligible individual for the entire year if you are an eligible individual on the first day of the last month of your tax year (December 1 for most taxpayers), as long as you remain an eligible individual for at least 13 months.

Who can use the HSA?

You do not pay taxes on the funds you use to pay for qualified health care expenses. The following individuals can use HSA funds:

1. You and your spouse.
2. All dependents you claim on your tax return.
3. Any person you could have claimed as a dependent on your return except that:
    - The person filed a joint return,
    - The person had gross income above the IRS dependent income limit, or
    - You, or your spouse if filing jointly, could be claimed as a dependent on someone else's tax return.
4. Your child under age 27 at the end of your tax year.

What are Eligible Medical Expenses?

You can use your HSA to pay for a wide range of eligible medical expenses for yourself, your spouse or tax dependents. Funds used to pay for eligible medical expenses are always tax-free, and you can continue to use your HSA funds even if you're not covered by an HSA-compatible plan.

- Deductibles, coinsurance
- Dental care – braces, dentures
- Vision care – glasses, contacts, Lasik surgery
- Medical equipment
- COBRA premiums
- Long Term Care insurance
- Prescription medications

For additional information, please refer to IRS publication 502, "Medical and Dental Expenses."

Funds used to pay for qualified medical expenses, referred to by the IRS as distributions, are tax free (certain state income taxes apply). If you use your HSA to pay for an ineligible expense, you must report it on your federal income tax return and pay the related taxes, plus a penalty. (After age 65, the penalty does not apply.)

HSA Perks

- Money put in your HSA is tax free and earns interest tax free.*
- Money left in your account at the end of the plan year rolls over to the next year.
- You own the money in your HSA so you keep it even if you change plans or jobs.

HSA Limits

- 2024 contribution limits, as established by the IRS, are $4,150 for employee only coverage and $8,300 if you cover at least one dependent.
- PrimeLine's contribution counts toward these maximums.
- An additional $1,000 "catch-up" contribution is allowed for individuals over age 55.

***HSA contributions are subject to state taxes in Alabama, California and New Jersey. HSA earnings are subject to state taxes in California, New Hampshire and Tennessee. Please consult a financial advisor or your state's Department of Revenue for more information.**

Dental Benefits & Resources

We are pleased to offer you a dental plan through Delta Dental of Virginia. This is a Delta Dental PPO Plus Premier plan. You can choose any dentist; however, if you select a dentist who is part of the Delta Dental PPO network, your benefits will be paid at a higher level, and your out-of-pocket expenses will likely be lower.

	All Dentists*
Deductible Per calendar year	$50 Individual $150 Family
Individual Benefit Maximum Per calendar year	$1,500
Diagnostic & Preventive Exams, cleanings, x-rays, fluoride, & sealants	No charge, deductible waived
Basic Services Fillings, endodontics, periodontics, oral surgery	You pay 100% until deductible is met You pay 20% coinsurance for covered services after deductible is met Once the plan meets your individual benefit maximum, you pay 100% for the remainder of the calender year
Major Services Crowns, prosthodontics, implants	You pay 100% until deductible is met You pay 50% coinsurance for covered services after deductible is met Once the plan meets your individual benefit maximum, you pay 100% for the remainder of the calender year
Orthodontia Services $1,000 lifetime maximum for each enrolled member	Deductible waived You pay 50% coinsurance of covered services Once the plan meets the member's lifetime maximum, you pay 100%

*Out-of-network dentists may bill you for the difference between their full fee and the maximum allowable amount paid by Delta Dental. This is called Balance Billing.

Pre-Treatment Estimate: If your dental work will be extensive, you should have your dentist submit the proposed treatment plan to Delta Dental before you begin treatment. Delta Dental will provide you with a summary of the plan's coverage and your estimated out-of-pocket costs.

Oral Health Resource Center

When you enroll in the dental plan, you and your enrolled dependents can access the Oral Health Resource Center at Delta Dental's national website, www.deltadental.com, for all types of oral health tips, including information on:

- Infant Oral Health
- Medical Conditions and Oral Health
- Oral Conditions for Children and Adults
- Diabetes and Oral Health
- Oral Cancer

DeltaDentalVA.com

When you register and log-in you can:

- Review your dental plan coverage details and frequency levels
- Check on claims status and view your Explanation of Benefits
- Estimate dental costs using the dental procedure cost estimator
- Chat online with a customer service representative for answers to your questions
- How to find participating providers in your area
- Resources for understanding your dental benefits
- Frequently Asked Questions
- Important information about adult oral health, children's oral health, oral cancer, etc.

Benefit Maximum Carryover – MaxOver

MaxOver™ is Delta Dental's Benefit Maximum carryover program that is available to you and your family members enrolled in our dental plan. This program allows enrollees to rollover a portion of their unused Benefit Maximum for later years.

Each enrollee qualifies when they have at least one preventive exam, one cleaning, and when the claims paid are less than the Claim Threshold within one calendar year. Determination of whether each enrollee qualified are made automatically by Delta Dental 90 days after the end of a plan year, and each enrollee who qualified will be notified.

Once the MaxOver account is established:

- If the enrollee qualifies in subsequent years by having at least one preventive exam, one cleaning, and when the claims paid are less than the Claim Threshold, funds in the MaxOver account can continue to grow, up to the MaxOver account limit listed to the right.
- If the enrollee does not qualify in subsequent years, the MaxOver amount from prior years will rollover until it is used. The enrollee is able to requalify in following years in order to grow their MaxOver account.

MaxOver Claim Threshold	$500
MaxOver Amount	$250
MaxOver Account Limit	$1,500

Vision Benefits & Resources

If you are looking for more comprehensive coverage than what is provided through the Anthem medical plan, you can also enroll in coverage for vision care through EyeMed. Coverage includes in and out of network benefits for routine eye exams and vision hardware. Enrollment in the medical plan is not required.

In Network Benefits	Frequency	Benefit
Vision Exam	Once every 12 months	$10 copay
Prescription Glasses		
Frames	Once every 12 months	$130 allowance 20% off remaining balance
Lenses*	Once every 12 months	$10 copay
Contact Lenses	Once every 12 months	Necessary: covered in full
		Elective conventional: $130 allowance 15% off any remaining balance
		Elective disposable: $130 allowance

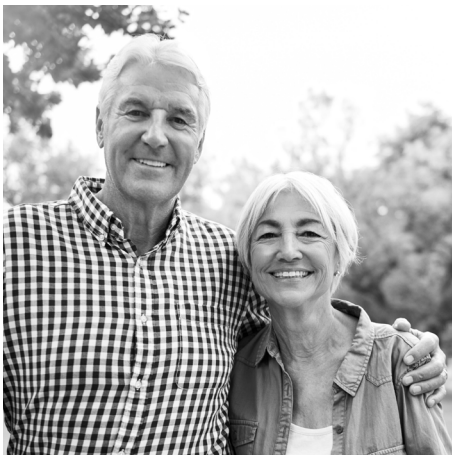
*Includes single vision, lined bifocal, and lined trifocal lenses.

Once you have registered on www.eyemed.com or downloaded the member app (App Store or Google Play) you can find a Sunglass Hut offer for $20 off any purchase or $50 off purchases of $200 or more.

Member Web at www.eyemed.com is your vision plan control center. A place to manage the details of every visit and every claim. Log in to view health and wellness information, locate a provider, view your benefit details, access discounts that only registered members can see, and more.

Visit www.eyesiteonwellness.com to access articles for all things vision. This website is entirely focused on eye care by providing wisdom and advice from vision experts. Topics include healthy vision, vision by age, eyewear style & care, and vision technology.

Share this Employee Benefits Guide with your family.



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