

Critical Electric Systems Group 2025-2026 Benefit Booklet



Prepared by Endeavor Risk Advisors for Critical Electric Systems Group



Field

Introduction

Employee Benefits Guide

As an employee of Critical Electric Systems Group enjoying your work and making valuable contributions to business are equally vital. The health, satisfaction and security of you and your family are important, not only to your well-being, but ultimately, in terms of achieving the goals of our organization.

For the 2025 - 2026 plan year, Critical Electric Systems Group has worked hard to offer a competitive total rewards package that includes valuable and competitive benefits plans. These programs reflect our commitment to keeping our staff healthy and secure. We understand that your situation is unique, and Critical Electric Systems Group is offering an overall benefits package that can be shaped and molded by you to fit your needs.

Critical Electric Systems Group is committed to keeping employee rates affordable. This year the HDHP/HSA medical plans rates will remain the same. We have also added GLP-1 weight loss medication to the buy up plan.

We continue to cover the cost for FreshBenies. This is a free benefit for you, your spouse and your dependent children. It includes free Telemedicine, advocacy, pricing tools and savings for RX, Dental and Vision.

This benefits booklet is a summary description of your Critical Electric Systems Group benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

We hope this benefits booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

Eligibility, Enrollment, Changes

Who is Eligible?

Employees working 30 or more hours per week are eligible for benefits the first of the month following 60 days. If you enroll in the medical, dental, vision or voluntary life & AD/D plans, you may also enroll your eligible dependents in the same plans. Dependents include:

- Your legal spouse or Domestic Partner
- Dependent child(ren) to age 26
- Legally adopted children
- Stepchildren

Open Enrollment is from May 16th through June 6th. This is the only time you can make changes to your benefits coverage unless you experience a Qualified Life Event (QLE) such as:

- *Marriage or Divorce
- *Death
- *Birth or adoption of a dependent
- *Change in Employment status
- *Dependent satisfying or ceasing to satisfy the plans eligibility requirements
 - *Loss of or significant change to your current coverage
 - *Judgment, decree, or court order
- *Enrollment/ceasing to be enrolled in Medicare or Medicaid
- *Ceasing to be enrolled in Children's Health Insurance Program (CHIP)

You have 30 days from the date of the event to report and update your benefit elections with HR.

Important

If your employment at CESG should come to an end, then CESG will deduct the premium from your last paycheck for the remainder of the month in which your employment ends.

If you elect continuation for medical, dental or vision, the effective date will be the first of the following month.



Critical Electric Systems Group has a spousal insurance surcharge. Employees must pay an additional cost to cover a spouse who has the option to elect health care coverage through their employer. The additional cost, or surcharge, is \$100 a month. To have the surcharge waived, you must complete the information below and turn it in to HR.

To help you determine if the surcharge applies to your situation, please consider the following scenarios:

YES Surcharge:

- If your spouse is working at an employer who offers group health insurance but has declined that coverage and wants to remain on the CESG health plan.
- If your spouse is eligible and/or enrolled in Medicare, but is still actively working at their own employer, who offers group health insurance.
- If your spouse is offered coverage for any time period throughout the year with their employer, and you choose to continue their coverage under the CESG health plan.

NO Surcharge:

- If you and your spouse are BOTH employed at CESG and are both covered on the CESG health plan under either you or your spouse coverage.
- If your spouse is a retiree from another employer but is not actively working.
- If your spouse is unemployed and has NO access to health coverage.
- If your spouse is a part-time or contract employee and has NO access to health coverage.

To be completed by Employee to waive Spousal surcharge:

Spouse Name: _____

Is your spouse employed full time? ☐ Yes ☐ No

Is your spouse eligible for medical coverage through his or her employer? ☐ Yes ☐ No

Name of your spouse's Employer: _____

I hereby certify that the information contained on this form is true and correct. I understand that CESG reserves the right to verify the information provided on this form by contacting my spouse's employer. I also understand that if my spouse becomes eligible for medical coverage from his or her employer during the plan year, I must notify my Human Resource/Benefits Department of this change and will begin having the spousal surcharge deductible from my paycheck. I understand that this waiver form is considered approval unless I am notified by the Human Resource/Benefits Department.

Employees Signature: _____ Date: _____

Important Contacts

	Carriers:	
Medical, Dental & Vision	Cigna	www.cigna.com 800-244-6224
Life / AD& D, Disability	Unum	www.unum.com 866-679-3054
Telemedicine, Advocacy, Pricing Tool	freshbenies	www.freshbenies.com 855-647-6762
Health Savings Account (HSA)	Corporate Coverage 54478390	866-403-9378 www.myhsatoday.com
Flexible Spending Account (FSA)	Corporate Coverage 54478390	866-403-9378 www.myrsc.com
Humana Resources	Helen Moyer	hmoyer@cesg.com 469-326-1546
	Endeavor Risk Advisors Team:	
Justin Scott	President	Main Number: 972-559-0461
John Reece	Chief Business Officer	john@endeavorrisk.com
Lisa Burkham	Sr Account Manager	lisa@endeavorrisk.com 972-220-0895



Medical plan info



Annual Deductible

The amount you have to pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).



Out-of-Pocket Maximum

This is the total amount you can pay out of pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible*, copays and coinsurance. *Except for Grandfathered medical plans



Copays and Coinsurance

These expenses are your share of cost paid for covered health care services. Copays are a fixed dollar amount, and are usually due at the time you receive care. Coinsurance is your share of the allowed amount charged for a service, and is generally billed to you after the health insurance company reconciles the bill with the provider.



Plan Types

- EPO/PPO – A network of doctors, hospitals and other health care providers
- HMO - A network that requires you to select a Primary Care Physician (PCP) who coordinates your health care.
- POS - Combines aspects of a PPO and HMO
- HDHP - A plan that has higher annual deductibles in exchange for lower premiums



Preventative Care

Wellness and Health Management

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms and immunizations. Through the plans offered by Critical Electric Systems Group, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

Which preventative care services are covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- Routine physical exam
- Well baby and child care
- Well women visits
- Immunizations
- Routine bone density test
- Routine breast exam
- Routine gynecological exam
- Screening for Gestational diabetes
- Obesity screening and counseling
- Routine digital rectal exam
- Routine colonoscopy
- Routine colorectal cancer screening
- Routine prostate test
- Routine lab procedures
- Routine mammograms
- Routine pap smear
- Smoking cessation
- Health education/counseling services
- Health counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and counseling for domestic violence

Cigna \$5,000 HSA



Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$5,000	N/A
Family Deductible	\$10,000	N/A
Individual Max Out of Pocket	\$6,350	N/A
Family Max Out of Pocket	\$12,700	N/A
Co-Insurance	70%	N/A
Primary Care Office Visit	30% after deductible	N/A
Specialist Office Visit	30% after deductible	N/A
Urgent Care	30% after deductible	N/A
Emergency Room Facility	30% after deductible	30% after deductible
Inpatient Services	30% after deductible	N/A
Outpatient Services	30% after deductible	N/A
Lab/X-Ray	30% after deductible	N/A
Prescription Drugs	30% after deductible, once deductible is met; \$10/\$35/\$60 copays	N/A

	Per Pay Period Pricing
Employee Only	\$20.00
*Employee & Spouse	\$148.73
Employee & Child(ren)	\$58.50
*Employee & Family	\$152.23

*Please note - if your spouse has access to their own Employer Group Medical Insurance and you enroll he or she on this plan, you will be charged a \$100 a month surcharge.

Cigna \$2,500 Open Access



Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$2,500	N/A
Family Deductible	\$5,000	N/A
Individual Max Out of Pocket	\$6,550	N/A
Family Max Out of Pocket	\$13,100	N/A
Co-Insurance	70%	N/A
Primary Care Office Visit	\$30	N/A
Specialist Office Visit	\$60	N/A
Urgent Care	\$75	N/A
Emergency Room Facility	\$250 copay, then 30% after deductible	\$250 copay, then 30% after deductible
Inpatient Services	30% after deductible	N/A
Outpatient Services	30% after deductible	N/A
Lab/X-Ray	Covered under copay	N/A
Prescription Drugs	\$20/\$45/\$80	N/A

	Per Pay Period Pricing
Employee Only	\$40.50
*Employee & Spouse	\$219.01
Employee & Child(ren)	\$118.20
*Employee & Family	\$265.47

*Please note - if your spouse has access to their own Employer Group Medical Insurance and you enroll he or she on this plan, you will be charged a \$100 a month surcharge.

Cigna \$1,500 Open Access



Summary of Coverage

	In Network	Out Of Network
Individual Deductible	\$1,500	\$5,000
Family Deductible	\$3,000	\$10,000
Individual Max Out of Pocket	\$5,000	\$10,000
Family Max Out of Pocket	\$10,000	\$20,000
Co-Insurance	70%	50%
Primary Care Office Visit	\$25	50% after deductible
Specialist Office Visit	\$50	50% after deductible
Urgent Care	\$75	50% after deductible
Emergency Room Facility	\$250 copay, then 30% after deductible	\$250 copay, then 30% after deductible
Inpatient Services	30% after deductible	50% after deductible
Outpatient Services	30% after deductible	50% after deductible
Lab/X-Ray	Covered under copay	50% after deductible
Prescription Drugs	\$20/\$45/\$80	50% after deductible
GLP-1's have been added for weight loss		

	Per Pay Period Pricing
Employee Only	\$74.69
*Employee & Spouse	\$250.11
Employee & Child(ren)	\$180.65
*Employee & Family	\$335.25

*Please note - if your spouse has access to their own Employer Group Medical Insurance and you enroll he or she on this plan, you will be charged a \$100 a month surcharge.



Practical tools to control your healthcare (and more)...in one easy membership!

Save hundreds to thousands on your family's healthcare. Use your freshbenies services through your member app, portal or phone. One membership includes your entire immediate family!



Advocacy PLUS

Your friend in healthcare. Comprehensive support throughout your healthcare journey. Find highly-rated doctors, compare costs for procedures, find lower-cost prescriptions, have medical bills negotiated and more.



Telehealth

Your 24/7 Dr. BFF. It's like having a best friend who's a family doctor! Up to 70% of medical issues can be solved by phone. Reach out 24/7 for \$0 visit fee with a U.S. primary care doctor and get a prescription written, if medically necessary¹.



Behavioral Telehealth

Even more access to experts! Schedule convenient, discreet consultations with therapists or psychiatrists at a fraction of the cost of typical in-person visits, only \$85 - \$95 (initial psychiatrist intake is \$225).



Prescription Savings

Get your drug on (sale)! Fewer medications are covered under today's medical plans. Use our pricing tool to save an average 79% on generic and 34% on brand name¹¹ prescriptions at over 60,000 pharmacies nationwide.



Vision Savings

See and be seen! Get amazing discounts on everything from vision exams, brand name eyewear and contacts to LASIK and more - at thousands of providers nationwide, including national chains and local retailers.



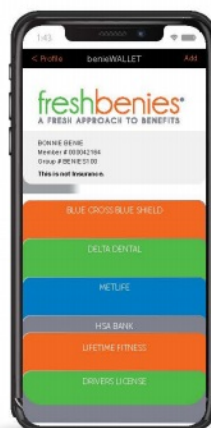
Dental Savings

Smile at the savings. Save an average 20-40%¹¹¹ on dental services from cleanings, whitening and root canals to braces and more at thousands of available dental practice locations nationwide.



benieWALLET

Your important cards ready - anytime, anywhere! Store and access all your cards in one, easy place - insurance, pharmacy, fitness clubs, passport and more!



ACTIVATE your membership
at freshbenies.com
where you can chat with
AI Assistant Bonnie –
she makes it a snap

¹Initial Telehealth and Behavioral Telehealth visits in DE and AR must be

via video. Phone or video available for subsequent visits. In ID, visits are video only. ¹¹Average savings based on usage data compared to cash prices; average savings for generics are 79%, and 34% for select brand medications; restrictions apply. ¹¹¹Actual costs and savings vary by provider, service and geographical area.

Disclosures: **This plan is NOT insurance.** The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under the Affordable Care Act or Massachusetts M.G.L. c. 111M and 956 CMR 5.00. It contains a 30 day cancellation period, provides discounts only at the offices of contracted health care providers, and each member is obligated to pay the discounted medical charges in full at the point of service. The range of discounts for medical or ancillary services provided under the plan will vary depending on the type of provider and medical or ancillary service received. Member shall receive a reimbursement of all periodic membership fees if membership is cancelled within the first 30 days after the effective date. Learn more at freshbenies.com. Discount Plan Organization: New Benefits, Ltd., Attn: Compliance Department, PO Box 803475, Dallas, TX 75380, 855-647-6762. Some state restrictions may apply.



Health Savings Account (HSA) - \$5,000 HSA plan only.

This is how an HSA works:

A health savings account (HSA) is a health care account and savings account in one. The main purpose of this account is to offset the cost of a qualifying high deductible health plan (HDHP) and provide savings for your out-of-pocket eligible health care expenses - those you and your tax dependents may have now, in the future and during your retirement.

After you set up your account, it's yours to keep, even if you change jobs or retire.

Once your HSA is established, money is contributed to your account by you; and you can then use your HSA dollars tax-free to pay for eligible health care expenses. You save money on expenses you're already paying for, like doctors' office visits, prescription drugs and much more. Best of all, you decide how and when to use your HSA dollars.

Why is it a good idea to have an HSA?

HSAs benefit everyone who is eligible to have this account, including single individuals, families and soon-to-be retirees. You save money on taxes in three ways:

- Tax-free deposits - The money you contribute to your HSA isn't taxed (up to the IRS annual limit).
- Tax-free earnings - Your interest and any investment earnings grow tax-free.
- Tax-free withdrawals - The money used toward eligible health care expenses isn't taxed - now or in the future.

Setting aside pre-tax dollars into your HSA means you pay fewer taxes and increase your take-home pay by your tax savings. You save money on eligible expenses that you are paying for out of your pocket. The amount you save depends on your tax bracket. For example, if you are in the 30% tax bracket, you can save \$30 on every \$100 spent on eligible health care expenses.

HSA funds roll over from year to year and accumulate in your account. There is no "use-it-or-lose-it" rule with HSAs, and you decide how and when to use your HSA funds, which can be used for eligible expenses you have now, in the future or during retirement. And when you have a certain balance in your HSA, investment opportunities are available.

2025 HSA limits: Individual \$4,300 Family \$8,550 Over 55 - \$1,000 catch-up



Flexible Spending Account (FSA)

This is how an FSA works:

- You set aside money for your FSA from your paycheck before taxes are taken out.
- You then use your pre-tax FSA funds throughout the plan year to pay for eligible health care expenses.
- You save money on expenses you're already paying for.

Health FSA Eligible Expenses - Max contribution \$3,300

- Medical expenses: copays, coinsurance and deductibles
- Dental expenses: exams, cleanings, X-rays and braces
- Vision expenses: exams, contact lenses, eyeglasses and laser eye surgery
- Professional services: physical therapy, chiropractic and acupuncture
- Prescription drugs and insulin
- Over-the-counter health care items such as bandages, pregnancy test kits and blood pressure monitors

Refer to your FSA documentation for more information.



Dental plan info

Summary of coverage

Dental coverage is similar to regular medical insurance—you pay a premium and then your insurance will cover part or all of the cost for many dental services.

Preventative care

Professional dental care can diagnose or help prevent common dental problems, including toothaches, inflamed gums, tooth decay, bad breath and dry mouth. If conditions like these remain untreated, they can worsen into painful and expensive problems, such as gum disease or even tooth loss.

Diagnostic care

Additionally, dental health professionals are able to spot more serious health issues, including some types of cancer. That makes it even more important to see a dentist regularly.

Great for families

This coverage is also great for families. Since dental work can be very expensive, proactive dental care, such as routine cleanings, can help save children from costly issues as they age.

Specialized treatments

With dental insurance, you're investing in your smile and overall health. Beyond cleanings and routine care, dental coverage may also help pay for more specialized treatments, such as root canals or fillings.

Routine care

Dental coverage allows you to visit a dentist whenever you need to inexpensively receive preventive and diagnostic care.

See everything your plan covers by reviewing the benefits statement and overview. Reach out to HR with any questions.

Total Cigna DPPO



Summary of Coverage

	In Network	Out Of Network
Maximum Annual Benefit	\$2,000	\$2,000
Annual Deductible Indiviudal	\$50	\$50
Annual Deductible Family	\$150	\$150
Preventive Services	100%, No deductible	100%, No deductible
Basic Services	80% after deductible	80% after deductible
Major Services	50% after deductible	50% after deductible
Orthodontics - dependent children	50%	50%
Orthodontics Lifetime Maximum	\$1,000	\$1,000

	Per Pay Period Pricing
Employee	\$2.70
Employee & Spouse	\$6.12
Employee & Child(ren)	\$7.11
Employee & Family	\$9.66



Vision plan info

Summary of coverage

Similar to other forms of insurance, with vision care you pay a premium and the insurance company will cover part or all of your vision costs.

Preventative care

Vision coverage is important because an eye doctor can catch eye issues before they worsen. A visit with your eye doctor can determine whether you need corrective lenses and, if so, the correct prescription. Other eye concerns that will be addressed in an eye exam include checking for conditions or diseases—such as glaucoma and cataracts—which can lead to vision loss.

Plans

Vision plans typically cover things like eyeglass frames, lenses, contacts and annual eye exams. In most cases, plans have a set dollar amount that they will pay for certain items. For instance, a plan may pay up to \$150 for frames, and anything over that amount is covered by you. Although, your plan specifics may vary.

Coverage

Vision coverage does not usually cover surgeries or experimental vision services. However, vision insurance may help lower the costs of some procedures, such as laser eye surgery, even if it's not 100% covered. This will depend on the plan.

Diagnostic care

Eye doctors can even help detect some types of cancer, making regular visits even more important.

Review your benefits statement to see everything your vision plan covers. Reach out to HR with any questions.

Vision PPO Plan



Summary of Coverage

	In Network	Out Of Network
Exams (Every 12 months)	\$10 Co-pay	N/A
Materials Co-pay	\$0 Co-pay	N/A
Glass Lenses (Every 12 months)		
Single Vision	Covered 100%	Up to \$40
Lined Bifocal	Covered 100%	Up to \$65
Lined Trifocal	Covered 100%	Up to \$75
Progressives	Covered 100%	Up to \$75
Lenticular	Covered 100%	Up to \$100
Frames (Every 24 months)	\$110 allowance	Up to \$71
Contact Lenses (in lieu of glasses)	\$130 allowance	Up to \$105

	Per Pay Period Pricing
Employee	\$1.62
Employee & Spouse	\$3.23
Employee & Child(ren)	\$3.27
Employee & Family	\$5.21



Group Life Insurance

Summary of Coverage

Plan Features	Basic Life - Group
Employee benefit amount	\$22,000
AD&D benefit	\$22,000
Guaranteed Issue amount	\$22,000
The following shows how much benefits are reduced at certain ages.	
Age band	Benefit reduction
65	65%
70	50%

Group life is 100% covered by the employer with the option of employees adding voluntary life.

Life insurance isn’t a fun thing to think about, but, if you have people who depend on you for financial support, then life insurance is really about protecting them in case something happens to you—your designated beneficiary would collect a financial benefit upon your death.

Group life insurance coverage is an employer-sponsored safety net in case the worst happens, with no out-of-pocket costs to you. If you believe you need additional coverage, you may wish to enroll in voluntary life insurance as well.



Voluntary Life Insurance

Summary of Coverage

Plan Features	Basic Life - Voluntary
Employee benefit amount	Choose from \$10,000 to \$500,000, in \$10,000 increments
Maximum benefit amount	5 x annual earning to a max of \$500,000
Guaranteed Issue amount	\$150,000
AD&D benefit	Included
Spouse benefit	Up to 100% of employees election to a max of \$500,000
Spouse Guaranteed Issue amount	\$30,000
Child benefit	Up to \$10,000, in \$2,000 increments
Max Child amount - birth to 6 months	\$1,000
The following shows how much benefits are reduced at certain ages.	
Age band	Benefit reduction
65	65%
70	50%

Employees must fill out an EOI form if they exceed the guaranteed issue amount.

Voluntary life insurance is similar to group life insurance, except it is 100% paid for by the Employee. Please see online enrollment system for rates. With Voluntary life insurance you pay a monthly premium and then your beneficiaries receive a guaranteed amount in the event of your death. Plans are flexible and allow you to set your contribution amounts. While this type of insurance isn't fun to think about, it can be a vital lifeline for your family.

****Please note that if you are enrolling or increasing your amount at open enrollment - you will need to complete Evidence of Insurability (EOI) form and be reviewed by Underwriting for approval.**



Voluntary Disability Insurance Short-term

Summary of Coverage

Plan Features	Short Term Disability
Employee weekly benefit amount	60% to \$1,000
Elimination period (Accident)	7 days
Elimination period (Sickness)	7 days
Benefit duration	12 weeks

***Short Term Disability is a voluntary election. Employee pays 100% of the premium.
Please see online enrollment system for rates.***

Disability insurance is coverage that provides you with income protection should you be unable to work due to an injury or illness. With disability coverage, you are compensated for a portion of your lost income.

Short-term disability (STD) coverage begins after 7 days of the event causing your disability. The coverage allows you to continue to receive pay at a fixed weekly amount or a set percentage of your income.

STD lasts for up to 12 weeks. When STD coverage ends, long-term disability (LTD) coverage typically takes effect.

****Please note that if you are enrolling or increasing your amount at open enrollment - you will need to complete Evidence of Insurability (EOI) form and be reviewed by Underwriting for approval.**



Voluntary Disability Insurance Long-term

Summary of Coverage

Plan Features	Long Term Disability
Employee monthly benefit amount	60% to \$6,000
Elimination period	90 days
Benefit duration	To normal SSNRA
Pre-Existing	3/12

*Long Term Disability is a voluntary election. Employee pays 100% of the premium.
Please see online enrollment system for rates.*

Disability insurance is coverage that provides you with income protection should you be unable to work due to an injury or illness. With disability coverage, you are compensated for a portion of your lost income.

Long-term disability (LTD) coverage is a type of disability insurance that pays you a set percentage of your regular income after a specified waiting period. For example, if you’re covered under short-term disability (STD) insurance as well, the LTD insurance would kick in once the STD policy is exhausted, typically after three to six months.

The length of LTD plan is until age 65 or Social Security Normal Retirement age.

****Please note that if you are enrolling or increasing your amount at open enrollment - you will need to complete Evidence of Insurability (EOI) form and be reviewed by Underwriting for approval.**

Critical Electric Systems Group

2025-2026 Employee Benefits Guide



Prepared by Endeavor Risk Advisors for Critical Electric Systems Group

