



CBRE

Government &
Defense Services



Benefits for All Seasons

Important Contacts

Coverage	Contact	Phone	Website
Medical	 Blue Cross Blue Shield of Texas	Blue Cross Blue Shield of Texas Group #: 087164	800-521-2227 www.bcbstx.com
Pharmacy	 Optum Rx [®]	OptumRx	800-765-6830 www.OptumRx.com
Health Savings Account	 HealthEquity [®]	HealthEquity	866-346-5800 www.healthequity.com
24-Hour Nurse Line	 Blue Cross Blue Shield of Texas	Blue Cross Blue Shield of Texas	800-581-0368 www.bcbstx.com
MDLIVE	 Blue Cross Blue Shield of Texas	Blue Cross Blue Shield of Texas	MDLIVE 888-680-8646 www.MDLIVE.com
Dental	 Blue Cross Blue Shield of Texas	Blue Cross Blue Shield of Texas Group #: 376387	www.bcbstx.com
Vision	 vsp.	VSP Group #: 40157048	800-877-7195 www.vsp.com
Flexible Spending Accounts	 ameriflex	AmeriFlex Group #: AMFJJWWSS	888-868-3539 www.myameriflex.com
Life and AD&D	 unum [®]	Unum Basic Life/AD&D Group #: 990955 Voluntary Life/AD&D Group #: 990956	800-275-8686 www.unum.com
Short-Term and Long-Term Disability	 unum [®]	Unum Group #: 990957	800-275-8686 www.unum.com
Mandatory Disability (Tyndall & Pensacola Employees)	 unum [®]	Unum Group #: 990957	800-275-8686 www.unum.com
Pet Insurance	 ASPCA [®] Pet Health Insurance	ASPCA	877-343-5314 www.aspcapetinsurance.com/jjwws Priority Code: EB24JJWWSS
Legal and Identity Theft Protection	 LegalShield  IDShield	LegalShield and IDShield	888-807-0407 membersupport@legalshieldcorp.com
401(k) Retirement	 Fidelity	Fidelity Net Benefits	800-890-4015 www.401k.com
Employee Assistance Program	 alliance work partners	Alliance Work Partners	800-343-3822 www.awpnow.com
Benefit Assistance (English and Spanish)	 HOLMES MURPHY.	Maria Martinez	214-265-6332 mmartinez@holmesmurphy.com
Accident, Critical Illness, Hospital Indemnity	 VOYA [®] FINANCIAL	Voya Group #: 752983	877-236-7564 presents.voya.com/EBRC/CBREGovernmentandDefense
Helpline for Accident, Critical Illness & Hospital Indemnity plan design questions	 avant SPECIALTY BENEFITS	Benefits Enrollment	844-348-1171 Dial 1 for enrollment support Dial 2 for all other inquiries presents.voya.com/EBRC/CBREGovernmentandDefense

Go to <https://cbregdsbenefits.com/> to reach the CBRE Government & Defense Services Microsite.

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Welcome to CBRE Government & Defense Services's Benefits Enrollment

We are pleased to provide you with a wide range of competitive benefits that are a vital part of your total compensation. You have the flexibility to select from a full range of benefits to keep you and your family healthy, provide financial protection in the event of unforeseen circumstances and help you build long-term security for retirement. This brochure was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this brochure to make sure you understand the benefits that are available to you and your family, and be sure to act before the enrollment deadline.

This brochure highlights the main features of our employee benefits program. It does not include all plan rules, details, limitations and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. The Company reserves the right to change or discontinue its employee benefits plans at any time.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 39 for more details.

This brochure highlights the main features of many of the benefit plans sponsored by CBRE Government & Defense Services. Full details of these plans are contained in the legal documents governing the plans. If there is any discrepancy between the plan documents and the information described here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Participation in the plans does not constitute an employment contract. CBRE Government & Defense Services reserves the right to modify, amend or terminate any benefit plan or practice described in this brochure. Nothing in this brochure guarantees that any new plan provisions will continue in effect for any period of time. This brochure serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

2026 Holiday Calendar*

- Thursday, Jan 1, New Year's Day
- Monday, Jan 19, Birthday of Martin Luther King Jr.
- Monday, Feb 16, Washington's Birthday
- Monday, May 25, Memorial Day
- Friday, June 19, Juneteenth / National Independence Day
- Friday, July 3, Independence Day
- Monday, Sep 7, Labor Day
- Monday, Oct 12, Columbus Day / Indigenous Peoples' Day
- Wednesday, Nov 11, Veterans Day
- Thursday, Nov 26, Thanksgiving Day
- Friday, Nov 27, Day after Thanksgiving
- Thursday, Dec 24, Christmas Eve
- Friday, Dec 25, Christmas Day

***Please Note:** For those who are on-site, covered under a CBA, or have a local holiday schedule, please refer to that schedule.

Eligibility

If you are a full-time employee working an average of 30 hours or more per week and not covered by a CBA that provides coverage, you are eligible to enroll in the benefits described in this guide on the first day of employment. When enrolling dependents, you must select the same plans for your dependents as you select for yourself. Eligible dependents include:

- Your legal spouse as defined by the laws of the state in which you reside.
- For medical, dental, and vision plans: children up to age 26, regardless of student status, dependency, or marital status.
- For child Life Insurance and AD&D plans: children up to age 25.
- Children who are fully dependent on you for support due to a mental or physical disability, and who are indicated as such on your federal tax return, may continue coverage past age 26.

Changing Benefits After Enrollment

During the year, you cannot make changes to your benefits unless you have a Qualified Life Event. If you do not make changes to your benefits within 30 days of the Qualified Life Event, you will have to wait until the next annual Open Enrollment to make any changes (unless you experience another Qualified Life Event).

Qualified Life Event	Documentation Needed
Change in marital status	Marriage Copy of marriage certificate
	Divorce/Legal Separation Copy of divorce decree
	Death Copy of death certificate
Change in number of dependents	Birth or adoption Copy of birth certificate or copy of legal adoption papers
	Step-child Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
	Death Copy of death certificate
Change in employment	Change in your eligibility status (i.e., full-time to part-time) Notification of increase or reduction of hours that changes coverage status
	Change in spouse's benefits or employment status Notification of spouse's employment status that results in a loss or gain of coverage

Important: If you are married to another employee, you may not cover your spouse as a dependent and only one of you may cover any dependent children.



Click the icon to learn more about qualifying life events.

Medical

Medical insurance is essential to your well-being, and our Medical coverage provides you and your family the protection you need for everyday health issues or when the unexpected happens.

Parts of Your Medical Plan

- **Preventive care** – always 100% covered when you use in-network providers and includes things like physical exams, flu shots and screenings.
- **Annual deductible amounts** – the amount you pay each year for eligible in-network and out-of-network charges before the plan begins to pay.
- **Annual out-of-pocket maximums** – the most you will pay each year for eligible in-network and out-of-network services, including prescriptions. After you reach your out-of-pocket maximum, the plan picks up the full cost of covered medical care for the remainder of the year.
- **Copays** – A copay is a fixed amount you pay for a health care service. Copays do not count toward your deductible but do count toward your annual out-of-pocket maximum.
- **Coinsurance** – Once you've met your deductible, you and the plan share the cost of care, called coinsurance.

TIP: To find an in-network provider, go to www.bcbstx.com, click on Find a Doctor or Hospital, click on Doctor or Hospital, enter the state where you live, click on Start Search, then choose Blue Choice PPO Network.



Click the icon to learn more about benefit terms.

Medical Plan Comparison

	Plan A \$2,500 Deductible	Plan B HSA Plan
	IN-NETWORK [†]	IN-NETWORK [†]
Calendar Year Deductible		
Individual	\$2,500	\$3,400
Family	\$5,000	\$6,800
Calendar Year Out-of-Pocket Maximum (Includes Deductible)		
Individual	\$5,000	\$6,800
Family	\$10,000	\$13,600
Lifetime Maximum	Unlimited	Unlimited
	You Pay	You Pay
Coinsurance / Copays		
Preventive Care	\$0	\$0
Primary Care Physician	\$30	20%*
MDLIVE	\$0	\$0 after deductible
Specialist	\$60	20%*
Diagnostics, X-ray and Lab (in office)	\$0	20%*
Diagnostics, X-ray, MRI, CT, PET, Lab (out of office)	20%*	20%*
Urgent Care	\$40**	20%*
Emergency Room Facility	\$200 copay + 20%**	20%*
Emergency Room Physician	20%*	20%*
Inpatient Hospital Care	20%*	20%*
Outpatient Surgery	20%*	20%*
Pharmacy		
Prescription Drugs (New Formulary: Performance)	Rx Deductible \$300	Medical Deductible Applies
Generic	\$10	20%*
Brand Name (Preferred)	20%* up to \$50	20%*
Brand Name (Non-Preferred)	30%* up to \$75	20%*
Specialty	30%* up to \$200	20%*

* After deductible.

** Deductible and coinsurance may apply to certain procedures and complex imaging.

† While this chart does not show the out-of-network benefits, your deductible and out-of-pocket maximums are increased, and the coinsurance amount you pay increases.



Click on the icon to learn about the difference between primary care and urgent care.



Click the icon to learn about the different medical plans.

All employees have access to the Employee Assistance Program outlined on page 19; however, employees enrolled in the BCBS Medical plan also have access to the Learn to Live Digital Behavioral Health program.

Retrain Your Brain

See how much better life can feel with digital mental health programs from Learn to Live.¹

More than half of people will struggle with a mental health concern at some point in their lives.² But you can learn new skills to break old patterns that may be holding you back. Digital mental health programs from Learn to Live can help you get your mental health on track so you can feel better and enjoy life more.

Find out where you may need support.

An online assessment helps pinpoint the right programs for you, such as:

- Stress, anxiety and worry
- Depression
- Insomnia
- Social anxiety
- Substance use

Get a Mental Health Tune-Up — Online

Learn to Adjust Unhelpful Thoughts and Control Your Moods

Explore quick and easy lessons whenever it fits your schedule. A little homework between sessions helps you keep up your progress. Activities are based on therapy techniques with a track record of helping people get better.

An Expert Coach Can Guide You

If you need one-on-one support to reach your goals, connect with a coach by phone, text or email. They'll lift you up, cheer you on and help you master your new skills.

Your Personal Details Are Private

Just like with face-to-face therapy, your personal results, program progress and messages with your coach will not be shared with your employer.

¹ Learn to Live provides educational behavioral health programs; members considering further medical treatment should consult with a physician.

² <https://www.cdc.gov/mentalhealth/learn/index.htm>

Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of Texas. BCBSTX makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Check out the programs included at no added cost through your Blue Cross and Blue Shield of Texas plan:

1. Log in at [bcbstx.com](https://www.bcbstx.com).
2. Click Wellness.
3. Choose Digital Mental Health.

Pharmacy

Starting January 1, 2026, Optum Rx will provide your pharmacy benefits. Here are some important reminders to prepare for your new benefit plan year.

Your Prescription Drug List

Visit welcome.optumrx.com/htctpremium/landing to find your medication.

Know Your Costs

Your covered medication will be in Tier 1, 2 or 3. Tiers are a way to explain how much your prescription will cost.

PPO Plan A Costs	Non-Specialty Meds (\$300 Plan A Pharmacy Deductible Applies)		
	Tier 1	Tier 2	Tier 3
Retail (Per 30 Day supply)	\$10 (after ded)	20% (\$50 max) after ded	30% (\$75 max) after ded
Retail (90 Days)	\$20 (after ded)	20% (\$100 max) after ded	30% (\$150 max) after ded
Mail (1-30 Days)	\$10 (after ded)	20% (\$50 max) after ded	30% (\$75 max) after ded
Mail (90 Days)	\$20 (after ded)	20% (\$100 max) after ded	30% (\$150 max) after ded
	Specialty Meds		
	Tier 1	Tier 2	Tier 3
Specialty (Per 30 Day supply)	30% (\$200 max) (after ded)	30% (\$200 max) (after ded)	30% (\$200 max) (after ded)

Note: all tiers for Plan B are 20%.

Your Pharmacy Network

You can continue to fill your prescriptions at your local pharmacy. Optum partners with all chain pharmacies and most independent pharmacies. You can visit welcome.optumrx.com/htctpremium/landing to confirm that your pharmacy is in-network.

You Choose Where to Get Your 3-Month Fills

You can get 3 months of your long-term medications at either your local network pharmacy or with Optum Home Delivery Pharmacy™. If you choose your local pharmacy, request a 90-day supply. If you choose mail, the first step is to register. Choose the way that works best for you.

Register for Optum Home Delivery Pharmacy

- Visit OptumRx.com
- Or call 800-765-6830 starting 1/1/2026

If you or a family member take **Specialty medications**, you must fill through Optum Specialty Pharmacy beginning 1/1/2026. The first step is to fill out a new patient enrollment form. Choose the way that works best for you.

Register for Optum Specialty Pharmacy

- Visit specialty.optumrx.com/new-fill
- Or call 877-656-9604

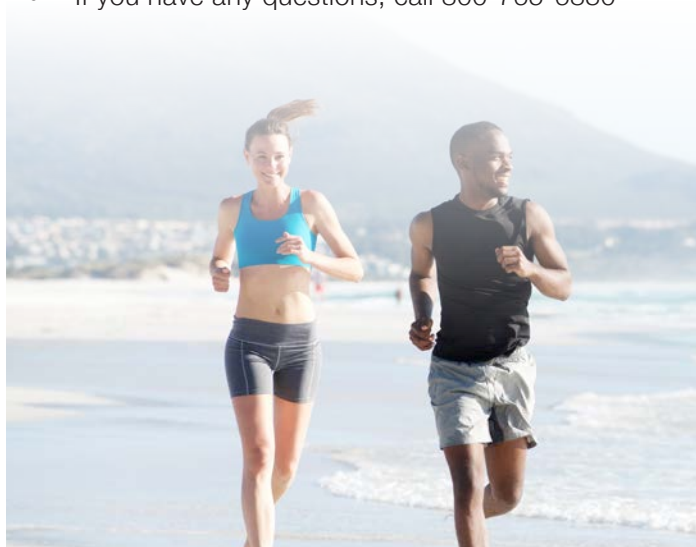
What's Next

Prior to January 1st

- Visit welcome.optumrx.com/htctpremium/landing
- Watch your mailbox for your new Member ID card
- Have a 1-month supply of your medications on hand for the transition

Starting January 1st

- Register at OptumRx.com
- Download the OptumRx app
- If you have any questions, call 800-765-6830





Teladoc for Diabetes, Pre-Diabetes and Hypertension

Teladoc (formerly Livongo) is a smarter, easier, more personalized way to manage your diabetes, pre-diabetes and hypertension — all at no cost to you and your covered family members. Teladoc offers assured privacy and will never disclose your identity or program activity to your insurance carrier or CBRE Government & Defense Services.

WHEN YOU JOIN TELADOC, YOU'LL GET:		
Pre-Diabetes	Diabetes	Hypertension
Cellular connected scale providing seamless weigh-ins. Step on, Step off — move on with your day.	The InTouch® blood glucose meter, an interactive touchscreen device for measuring blood glucose levels, to help you manage diabetes symptoms.	Easy remote monitoring via wireless-connected blood pressure cuff.
Food and Activity tracking. Syncing with Apple watch/Fitbit.	Unlimited supplies, including test strips and lancets.	Mobile app access to track progress, receive personalized content, and get notifications or reminders to check your blood pressure.
Live 1:1 coaching for reviewing habits, support and hold accountable.	One-on-one coaching and support from Certified Diabetes Educators (CDEs).	Expert guidance on current medications and 24/7 coaching for nutrition and weight, stress, and more.
Evidence Based strategies for healthy living — small changes for big wins.	Easy sharing your digital logbook to keep friends, family, and physicians in the loop.	Realistic, personalized lifestyle recommendations to modify behavior and stay on track.

Hinge Health

Conquer Back or Joint Pain Without Drugs or Surgery

As a member of BCBSTX, you get access to Hinge Health. This is an innovative digital program for chronic back, knee, hip, shoulder, and neck pain available at **no cost to you**. Hinge Health includes:

- A tablet computer and wearable sensors
- Unlimited 1-on-1 health coaching
- Personalized exercise therapy

Over 30,000 participants have enrolled in their programs so far, and cut their pain by over 60%!

Questions? Call the number on the back of your member ID card.

*Source: Hinge Health 2017–2019 Outcomes Analysis

Wellbeing Management Oncology Support

We Are With You in Your Fight Against Cancer

Cancer Support

A cancer diagnosis can change your life forever. We are here to help with our Wellbeing Management Oncology Support program. The oncology team will work with you to get the treatment, care, and support that you and your family need.

Once you have completed your treatment plan, your oncology support specialists will also help you get back to your usual routine and remind you to schedule your follow-up care.

The Oncology Support Specialists Can Help You in Many Ways, Including:

- Educating you and your family members about your diagnosis and the BCBSTX benefits available to you
- Working with your doctors to help coordinate your care and make sure you have what you need to get the best results from your treatment
- Connecting you to a social worker who can help find services including caregiver support, respite care, and transportation
- Providing you with services to treat pain and manage other symptoms

Note: Oncology clinician support is available to all dependents and employees enrolled in the BCBSTX Medical plan today by calling 800-327-8497.

Wondr Health



Clinically Proven Weight Loss Without Counting Calories

Now you can lose weight, gain energy, sleep better, and improve your mind and body — all while eating your favorite foods.

Your employer has partnered with Wondr Health™ to help you improve your health at no cost to you.*

Go to wondrhealth.com/BCBSTX

What Is Wondr?







No points, plans, or counting calories. Forget eating kale salads 24/7; Wondr is a skills-based digital weight loss program that teaches you how to enjoy the foods you love to improve your overall health. Our behavioral science-based program was created by a team of doctors and clinicians (which is why we left out the “e” in Wondr) and is clinically proven for lasting results.

*To learn more and join the waitlist, visit: wondrhealth.com/BCBSTX

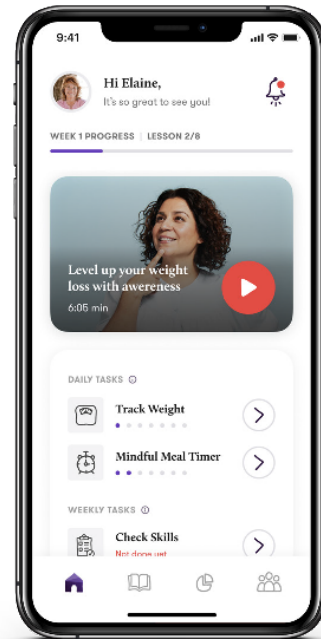
Questions? Visit support.wondrhealth.com

Let’s Talk Results

In as little as 10 weeks:

84% LOST WEIGHT		62% FEEL MORE CONFIDENT	
61% HAVE MORE ENERGY		85% FEEL MORE IN CONTROL OF THEIR WEIGHT	
68% ARE MORE PHYSICALLY ACTIVE		57% FEEL THEIR MOOD HAS IMPROVED	

*Based on Wondr Health Book of Business



“I love the whole idea of the psychology of things. I like to look in the why’s and how it works. You can eat whatever you want. You just need to retrain your brain into thinking about how you need to eat your food.”

– Brad M. | WONDR PARTICIPANT

LOST — 70lbs

GAINED — Confidence



Getting Your Wellness Benefit Is Easy

You can access the Wellness Benefit automatically included in your Supplemental Health coverages by following the short steps below.

Step 1 Complete a Health Screening Test



You, your covered spouse and/or your covered children complete a health screening test.

Step 2 Start Your Claim



Visit your Employee Benefits Resource Center (EBRC) at <https://presents.voya.com/EBRC/CBREGovernmentandDefense>. You can also scan the QR code to file your claim. Claims are filed by calling 877-236-7564, then select option 3. You'll want to have the following details ready to submit your claim:

- **Group Name:** CBRE Government & Defense Services
- **Group Policy Number:** 752983
- Name of the insured, date of birth, and relationship to you
- SSN of primary certificate holder
- Name of provider who performed the health screening test
- Date of the health screening test and exact name of the health screening test



Step 3 Submit Your Claim



Complete the questions regarding the health screening test, electronically sign and submit your claim. You will immediately receive a **confirmation number** letting you know the claim submission was successful. Once the claim is set up, you will receive an email with a **claim number**.

Step 4 Check Status



To check your claim's status in real time, visit voia.com/claims and enter your **claim number**. When your claim is approved, you will receive a benefit payment for each covered individual for whom an eligible claim was filed.

If you have any questions about the claim process, call 877-236-7564.

MDLIVE Telemedicine

With MDLIVE, you can visit with a doctor 24/7 from your home, office, or on the go. Their network of Board-Certified doctors are available by phone or secure video (where available) to assist with non-emergency medical conditions.

Register Today So You Are Ready When You Need Care



-  Avoid germs in the ER, urgent care clinic or doctor's office.
-  See a board-certified, licensed, telehealth-trained doctor on your schedule with on-demand virtual visits 24/7, including nights, weekends and holidays.
-  Get treated for more than 80 common conditions including colds, flu, allergies and more.
-  Get a prescription or short-term refill of any existing prescription sent to a pharmacy nearby in less time than your usual doctor visit.
-  Avoid costly copays and deductibles of the ER and urgent care clinic.

Using Telemedicine Is as Easy as One, Two, Three

<p>STEP 1</p> <p>Connect</p> <p>Access 24/7/365 Call 888-680-8846 Visit www.MDLIVE.com</p>	<p>STEP 2</p> <p>Interact</p> <p>Real-time consultation with board-certified doctor</p>	<p>STEP 3</p> <p>Diagnose</p> <p>ePrescribe medications sent to select pharmacy of your choice (when appropriate)</p>
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Click the icon to learn more about telemedicine.

Health Savings Account Insurance Option

With Medical Plan B you may also be eligible for a special tax-savings feature called a Health Savings Account (HSA). If you choose to contribute to an HSA, you can contribute tax-free dollars from your pay each pay period. CBRE Government & Defense Services will also make a contribution to your account. You can then use that money to pay for medical expenses not covered by the plan, such as your deductible, or save it to use for future health care expenses.

How a Health Savings Account Works



Click the icon to learn more about HSAs.



Eligibility

You must be enrolled in Plan B, the HSA-compatible medical plan.

Contributions

The Company contributes: \$750 (Employee Only) or \$1,500 (Family)
You contribute on a pretax basis and can change how much you contribute from each paycheck up to the IRS maximum of \$4,400 if you enroll only yourself or \$8,750 if you enroll in family coverage. You can make an additional catch-up contribution of \$1,000 if you are age 55 or older.



Eligible Expenses

You may use your HSA funds to cover medical, dental, vision and prescription drug expenses incurred by you and your eligible family members.

Using Your Account

Use the debit card linked to your HSA to cover eligible expenses, or pay for expenses out of your own pocket and save your HSA money for future health care expenses.



Your HSA is always yours — no matter what.



One of the best features of an HSA is that any money left in your HSA account at the end of the year rolls over so you can use it next year or sometime in the future. And if you leave the Company or retire, your HSA goes with you so you can continue to pay for or save for future eligible health care expenses.



Flexible Spending Accounts (FSA)





Flexible Spending Accounts (FSAs) offer you a great way to save money on taxes. The Health Care FSA and Dependent Care FSA let you set aside tax-free dollars — money taken out of your paycheck before income or Social Security taxes have been calculated — to pay for eligible health care and dependent care expenses.

At the beginning of each plan year, you elect a specific dollar amount for each FSA you wish to participate in.

- **Health Care** – \$3,400 maximum
- **Dependent Care** – \$2,500 maximum if “married, filing separately” or \$5,000 maximum if “married filing jointly” or “single.”

FSA Enrollment: If you wish to participate in the FSA plans you **must** take action during Open Enrollment. Your current elections for FSA **will not** carry over for 2026. The annual Health Care FSA contribution limit for 2026 is \$3,400. You are eligible to rollover the IRS Max into the next plan year. Any funds over the IRS Max not utilized for eligible medical expenses in the 2025 plan year will be forfeited. This is known as the “use it or lose it” rule.

Because of the “use it or lose it” rule, it is important for you to carefully estimate your out-of-pocket expenses for the upcoming plan year.

Health Care FSA		Dependent Care FSA
Most medical, dental, and vision care expenses that are not covered by your health plan (such as copayments, coinsurance, deductibles, eyeglasses, and doctor-prescribed over-the-counter medications)		Dependent care expenses (such as day care, after-school programs, or elder care programs) so you and your spouse can work or attend school full-time
Maximum contribution is \$3,400 per year		Maximum contribution is \$7,500 per year (\$3,750 if married and filing separate tax returns)
Saves on eligible expenses not covered by insurance, reduces your taxable income		Reduces your taxable income
 Click the icon to learn the difference between the HSA and FSA.		Important TIP: You will have three months after the end of the plan year in which to submit a claim for reimbursement for Health Care or Dependent Care expenses incurred during the plan year.

Over-the-Counter Drugs Eligible Without a Prescription

As part of new legislation, you no longer need a doctor's prescription to purchase over-the-counter drugs and medicines with your Health Care FSA funds! Items used for medical care that are not medicines or drugs are still qualified medical expenses. For more information, visit: www.irs.gov/publications/p502/ar02.html#en_US_pulink1000178947.

Examples of Health Care FSA Eligible Expenses

SOME OVER-THE-COUNTER ITEMS ARE ELIGIBLE UNDER FSA, HSA, AND HRA PLANS

Eligible Items – Non-Medical

- Bandages
- Birth control/condoms
- Blood pressure monitors/kits
- Cholesterol test kits
- Contact lens solutions and cleaning kits
- Crutches, canes, walkers, etc.
- Diabetic monitors and test kits
- Eye patches
- Fertility monitors and test kits
- First aid kits
- Hearing aid batteries
- Incontinence supplies
- Insulin testing kits
- Medical monitoring and testing devices
- Menstrual care products
- Occlusal guards
- Orthotics
- Pregnancy tests
- Reading glasses
- Wheelchairs

Eligible Items – Medical

- Acne medications/treatments
- Allergy and sinus medications/products
- Asthma medications/treatments
- Cold sore treatments
- Chest rubs
- Cold and flu medicines
- Corn removal products
- Cough drops and sore throat lozenges
- Cough syrups
- Decongestants
- Diaper rash treatments
- Ear drops
- Eye drops
- Heartburn relief treatment/medicine
- Laxatives
- Lice treatments
- Motion sickness/anti-nausea medicine
- Nasal sprays
- Oral pain treatment
- Plan B
- Sleep aid medication
- Stomach upset medicine/digestive aids

Please note this list is not meant to be a comprehensive list and may not cover all items reimbursable.

Examples of Dependent (Child Care) FSA Eligible Expenses

- Day Camp — primary purpose must be custodial care and not educational in nature
- Dependent care expenses that are necessary for you (and your spouse) to work, actively look for work, or attend school full-time
- Dependent care for a child under age 13
- FICA/FUTA taxes of day care provider
- Late pick-up fees
- Nanny expenses attributed to dependent care
- Nursery school (Pre-School)
- Registration fees — when allocated to dependent care services that have been provided

Employee Assistance Program

We offer our employees and their eligible family members free access to licensed counselors through our Employee Assistance Program whether or not you elect other benefits coverage. Through this coverage, employees and their families receive immediate support and guidance and assessments and referrals for further services. You can contact the EAP for help with the following:

- Marital or Family Problems
- Stress, Anxiety or Depression
- Substance Abuse
- Financial Issues
- Aging Parents
- And more...

Resources Available



LawAccess

Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.



HelpNet

Customized EAP website featuring resources, skill-building tools, online assessments and referrals.



WorkLife

Resources and referrals for everyday needs. Available by telephone.



WellCoach

Personalized planning and 1-on-1 support, online or by telephone, to help you improve and maintain your health and well-being.



SafeRide

Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.



Counseling Sessions

Up to 8 per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services. (Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization.)

How to Get Help

Call Alliance Work Partners 24/7 at 800-343-3822.

Teen Line: 800-334-8336

When you call, you may be referred to an EAP counselor in your area.

Website Resources

You also can access a variety of work/life resources online:

- Log in to www.awpnow.com
- Select “Access Your Benefits”
- Complete information under “For New Members”
- Enter registration code: AWP-CBRE-2135
- Then create your personalized account



Accident, Critical Illness & Hospital Indemnity

Accident Insurance

Accidents Happen! Group Accident insurance provides essential support. Unlike standard health insurance, it delivers a lump sum cash benefit for accidental injuries, regardless of other coverage or actual medical costs. This fixed amount can be used to cover out-of-pocket expenses such as deductibles, copays, or any other financial needs, offering relief during challenging times.

INITIAL TREATMENT		
	Base Plan	Enhanced Plan
Emergency Room / Urgent Care / Primary Care Physician	\$200 / \$200 / \$100	\$325 / \$250 / \$200
Hospitalization	\$1,250 + \$250/day	\$2,000 + \$300/day
Intensive Care	\$1,250 + \$400/day	\$1,750 + \$500/day
COMMON PAYABLE BENEFITS		
Fractures	Up to \$5,600	Up to \$12,000
Dislocations	Up to \$6,400	Up to \$10,000
Ambulance (air/ground)	\$1,250 / \$300	\$1,250 / \$300
Follow-Up Treatment	\$75	\$125
Burns	Up to \$12,500	Up to \$20,000
Lacerations	Up to \$400	Up to \$550
Concussion	\$200	\$350
Traumatic Brain Injury	\$1,500	\$2,000
Open Abdominal Surgery	\$1,000	\$2,500
Tendon, Ligament, Rotator Cuff Surgery (One)	\$675	\$850

Good to Know!

Plan includes an Organized Sports Benefit:

If a covered child 18 years of age or younger is injured while playing an organized sport, Voya pays an **additional 25%** of the total benefits for treatment received.



844-348-1171

Dial 1
for enrollment support

Dial 2
for all other inquiries

Critical Illness

Facing a severe health condition that disrupts your life and finances can be overwhelming — Critical Illness coverage offers essential support. Unlike traditional health insurance, it offers a substantial lump sum cash benefit upon the diagnosis of a covered critical illness, irrespective of other coverage or actual medical expenses. This fixed sum can be used to cover anything from medical bills and treatment costs to everyday living expenses, alleviating financial stress during a difficult period.

COMMON PAYABLE BENEFITS	
Advanced Alzheimer's	100%
Advanced Parkinson's Disease	100%
ALS	100%
Cancer (invasive)	100%
Cancer (non-invasive)	50%
Skin Cancer	10%
Coma	100%
Heart Attack	100%
Severe Coronary Artery Disease (w/Bypass)	100%
Sudden Cardiac Arrest	100%
Major Organ Failure	100%
Stroke	100%
End Stage Renal Failure	100%
Childhood Conditions	100%
Infectious Disease	25%

Benefit Amounts

- Employee – \$10K / \$20K / \$30K
- Spouse – 100% of Employee Amount
- Child(ren) – 50% of Employee Amount

Note:

- Perpetually **guarantee issue** coverage
- **No pre-existing condition limitation**
- **\$50 wellness benefit** – see page 22 for details

Hospital Indemnity

Imagine facing unexpected medical expenses that strain your finances — hospital indemnity coverage provides a crucial safety net. Unlike traditional insurance, it offers a direct cash benefit for each day you're hospitalized, regardless of other coverage or actual costs. This fixed amount can help cover deductibles, copays, or any other expenses, easing your financial burden during tough times.

	BENEFIT	
	Base Plan	Enhanced Plan
Initial Admission	\$1,100	\$2,200
Daily Benefit	\$100 per day	\$200 per day
Days Payable	Up to 31 days	Up to 31 days
ICU Admission	\$1,200	\$2,400
Daily ICU Benefit	\$200 per day	\$400 per day
Day Payable	Up to 31 days	Up to 31 days
Observation Stay	\$200 per day	\$200 per day
Maximum Days	1 day/calendar year	1 day/calendar year
Rehab Benefit	\$50 per day	\$100 per day
Daily Benefit	Up to 31 days	Up to 31 days

Note:

- **No health questions** required and perpetually **guarantee issue**
- Mental / behavioral and substance abuse resulting in injury **would be an exclusion**
- No waiting period on **maternity** benefits



844-348-1171

Dial 1 for enrollment support

Dial 2 for all other inquiries



Voya Wellness Benefit

The Wellness Benefit is included with your Voya Critical Illness coverage. It provides an annual benefit payment after you complete a covered health screening test, even if you didn't have out-of-pocket costs for the health screening test. Receiving regular health screenings is felt to help with detecting serious illnesses early and exercising preventative care. The Wellness Benefit encourages you to get regular health screenings by providing a benefit payment for health screenings, which can be used to help pay for the cost of the test or however you like.

Who Qualifies for the Wellness Benefit?

By completing a health screening test, you, your spouse, and/or your children may be eligible if enrolled in Supplemental Health Insurance coverages. Below are some examples of covered health screening tests.

Eligible tests include:

- Routine exams (Physicals – adult, dental, eye)
- Mammography
- Colonoscopy
- Well child/preventive exams ages 1–18
- Biometric screenings
- Electrocardiogram (EKG)
- Blood testing (e.g.: Triglyceride, HDL, LDL, fasting glucose, HbA1c)
- Pap smear or thin prep pap test
- Serum cholesterol test for HDL & LDL levels
- Immunizations
- Cancer screenings (e.g.: CA 15-3, CA 125, CEA, PSA)
- Chest X-ray
- Mental health assessments
- Bone density screening
- Breast ultrasound, sonogram, MRI
- Tests for sexually transmitted infections (STIs)
- COVID test

How Much Is the Wellness Benefit?

Wellness Benefit		
For You	For Your Covered Spouse	For Each Covered Child*
\$50	\$50	\$50

* Maximum amount for all children may apply

Note: You may only receive one benefit payment annually per coverage, even if multiple health screening tests are completed. If you have multiple Supplemental Health coverages, the same health screening test can be used to qualify for benefit payments under all applicable coverages.

Dental Plan

Taking care of your oral health is not a luxury — it is a necessity to long-term optimal health. With a focus on prevention, early diagnosis and treatment, Dental insurance can greatly reduce your costs when it comes to restorative and emergency procedures. Preventive services are covered at no cost to you and include routine exams and cleanings. You will pay only a small deductible and coinsurance for basic and major services.

When you visit a dentist in the Blue Cross Blue Shield Blue Care Network, you will maximize your savings. These dentists have agreed to reduced fees, which means you won't get charged more than your expected share of the bill.

PPO Plan		
	IN-NETWORK	OUT-OF-NETWORK
Calendar Year¹ Deductible		
Individual		\$50
Family		\$150
Calendar Year¹ Out-of-Pocket Maximum		
Per Individual	\$2,000 per individual	
You Pay		
Services		
Office Visit		\$0 [†]
Preventive Care		
Exams, Cleanings, X-rays, Fluoride Treatments	\$0	\$0* [†]
Basic Services		
Fillings, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exams	20%	20%* [†]
Space Maintainers, Sealants	\$0	\$0
Major Procedures		
Crowns, Inlays/Onlays, Dentures and Bridgework, Repairs	50%	50%* [†]
Orthodontia		
24-Month Treatment Fee — Additional fees will apply for pre-ortho visits and treatment, records and retention, and banding		
Children (up to age 19)	50% up to a lifetime maximum benefit of \$1,000 per individual; deductible waived	

¹ Calendar year is January 1 – December 31. Your calendar year deductible and out-of-pocket maximums will reset to \$0 every January 1.

* Of Reasonable and Customary (R&C) charge.

[†] The plan allows you to see any dentist. When utilizing a non-network dentist your out-of-pocket expenses are higher since they can balance bill you any charges over the Reasonable & Customary (R&C) charge.

Smile! You Have BlueCare DentalSM PPO

BlueCare Dental PPO offers you and your family access to one of the largest national dental PPO network of providers.¹

This network includes general and specialty dentists across the country. As a BlueCare Dental PPO plan member, you can go to any dentist. However, you'll save money and get more from your benefits when you use an in-network dentist. These in-network dentists have agreed to:

- Accept set fees for covered services
- Not bill you for costs over the negotiated fees (except copayments, coinsurance and deductibles)

If you choose an out-of-network dentist, he or she may have higher fees and charge you for amounts not covered by your insurance. To get the most from your benefits, choose an in-network dentist.

Finding an In-Network Dentist Is Easy

For a list of in-network general and specialty dentists, go to bcbstx.com and use the Provider Finder[®] tool by clicking on “**Find a Doctor or Hospital**” and then on “**Find a Dentist**” on the left side of the page. You can search for a dentist near your home, school or office.

¹ Network360[®] Analytics Suite (as of March 2020).

Dedicated to Customer Service

After signing up, you will get more detailed information about your dental plan. Look at your plan materials for complete details. Customer Service can answer questions about eligibility, claims, benefits and providers. Just call **800-521-2227** between 8 a.m. and 6 p.m. (CT), Monday through Friday. To access the Dental Wellness Center, visit bcbstx.com.

BlueCare DentalSM Connection

As an enhanced service, Blue Cross and Blue Shield of Texas (BCBSTX) offers BlueCare Dental Connection. This service provides educational information and other resources to help you make choices about your dental care — at no extra cost.

To Help You Learn About Good Oral Health, BlueCare Dental Connection Offers:

- Educational mailings
- 24-hour online access to the Dental Wellness Center, which offers educational articles and special tools

The Dental Wellness Center Allows You to:

- Ask dental-related questions through **Ask a Dentist**
- Find an in-network dentist using **Provider Finder**
- Research dental fees in your area with the **Dental Cost Advisor**
- Search the **Dental Dictionary** of common clinical terms
- View animations on different dental topics in the **Treatment and Procedure** tool

To access the Dental Wellness Center, visit bcbstx.com. Register and log in to Blue Access for MembersSM, click **Dental** under Quick Links and from there click on **Dental Wellness Center**.

Vision (Vendor is VSP)

Healthy eyes and clear vision are an important part of your overall health and quality of life. You may enroll yourself and your eligible dependents, or you may waive vision coverage. You do not have to be enrolled in medical coverage to elect vision coverage or cover the same dependents under medical and vision.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Vision Plan		
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
	You Pay	Reimbursement
Services		
Exam	\$10	Up to \$50
Covered Services - Lenses		
Single Lenses	\$25	Up to \$55
Bifocals	\$25	Up to \$75
Trifocals	\$25	Up to \$95
Frames	\$150 for a VSP frame; 20% off the amount over your allowance	Up to \$70
Covered Services - Contacts in Lieu of Frames/Lenses		
Contacts	\$150 allowance	Up to \$105
Benefit Frequency		
Exams	Once every 12 months	Once every 12 months
Lenses	Once every 12 months	Once every 12 months
Frames	Once every 24 months	Once every 24 months
Contacts	Once every 12 months	Once every 12 months

Find a Vision Provider

To find a participating vision provider, call 800-877-7195 or go to www.vsp.com.

- Select "Find a VSP Provider"
- Enter your ZIP Code and press "Select"

TIP: Discounts are available for laser vision correction. The discount average is 15% off.

A Look at Your VSP Vision Coverage

With VSP and CBRE Government & Defense Services, your health comes first.

Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and Savings You Love

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider Choices You Want

With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop Online and Connect Your Benefits

Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

Quality Vision Care You Need

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using Your Benefit Is Easy!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.



More Ways
to Save
**Extra
\$20**
to spend on
Featured Frame Brands†

bebe Calvin Klein
COLE HAAN DRAGON.
FLEXON LONGCHAMP
PARIS
and more

See all brands and offers
at vsp.com/offers.

+

**Up to
40%**
**Savings on
lens enhancements‡**

Enroll through your employer today.

Contact us: **800-877-7195** or vsp.com

ASPCA[®] Pet Health Insurance

Focus on Your Pet's Care, Not the Cost

When your pet needs care, whether for an accident or an illness, costs can add up quickly. ASPCA Pet Health Insurance helps cover a range of veterinary expenses so you can prioritize your pet's health without worrying about financial strain. Plans are customizable to fit your needs and budget.

Why Choose ASPCA Pet Health Insurance?

- **Flexible Coverage Options:** Customize your annual limit, deductible, and reimbursement percentage to best fit your pet's needs and your budget.
- **No Network Restrictions:** See any licensed vet, specialist, or emergency clinic in the U.S. or Canada.
- **Preventive and Accident Coverage:** Add preventive care options to your plan or choose Accident-Only Coverage for specific needs.

What's Covered?

With **Complete CoverageSM**, you'll have protection for:

- Illnesses and accidents
- Behavioral issues
- Dental disease
- Exam fees, lab tests, and diagnostic imaging
- Hospitalization, surgery, and rehabilitation
- Cancer treatments, including chemotherapy
- Alternative therapies like acupuncture and stem cell therapy
- And much more!

Preventive Care options can also be added to cover wellness visits, vaccinations, and routine care.

How It Works

1. **Visit Any Vet:** No network limitations — see any licensed vet in the U.S. or Canada.
2. **Submit a Claim:** Easily submit claims online from any device.
3. **Get Reimbursed:** Receive reimbursements by direct deposit or mail.

Group Discount: Save 10% with your group discount by visiting **ASPCA Pet Insurance** and using Priority Code: **EB24JJWWS**.

*Pre-existing conditions are not covered. Other terms and conditions apply. For more details, visit **ASPCA Pet Insurance Terms**.*

Legal and Identity Theft Protection Plan

Shield Your Identity, Privacy, and Legal Rights

Accidents and legal matters can arise unexpectedly, making it essential to have the right protection. With LegalShield and IDShield, you gain access to comprehensive legal and identity theft protection services that empower you to handle life's challenges with confidence.

Plan Options and Pricing

- **LegalShield Employee Plan:** \$16.75/month
- **LegalShield Family Plan:** \$24.20/month
- **IDShield Employee Plan:** \$8.45/month
- **IDShield Family Plan:** \$15.50/month
- **Combined LegalShield & IDShield Plan:** \$30.25/month

Reduced rate pricing is available when enrolled in both plans.

Key Features

LegalShield:

- **Unlimited Legal Consultation:** Access to your own dedicated provider law firm for advice on personal legal matters.
- **Document Review and Preparation:** Assistance with wills, trusts, and other common legal documents.
- **Court Representation:** Coverage for legal matters, including traffic tickets and house closings.
- **Emergency Assistance:** Your provider law firm is available 24/7 for urgent legal issues.

IDShield:

- **\$5 Million Identity Fraud Protection Plan:** Comprehensive monitoring for unauthorized electronic fund transfers and identity theft expenses.
- **Financial Account Monitoring:** Keep tabs on your financial accounts to detect suspicious activity.
- **Real-Time Alerts:** Instant notifications if threats to your identity or credit are detected.
- **Full-Service Restoration:** A licensed private investigator will work to restore your identity to its pre-theft status if compromised.

Getting Started

1. **Create Your Account:**
Visit access.legalshield.com to set up your LegalShield and IDShield accounts. If you already have an account, simply sign in.
2. **Download the Mobile App:**
Use your credentials to log in and access all features directly from your mobile device.
3. **Monitor Your Identity:**
For IDShield, verify your identity and start monitoring your personal information, including social media accounts.

For assistance, contact Customer Care at 888-807-0407 (7 a.m. – 7 p.m. CT, Monday – Friday) or email membersupport@legalshieldcorp.com.

Life and AD&D (Vendor is Unum)

Life and AD&D coverage helps protect your loved ones in the event of your death or serious injury. Even if you're single, your beneficiary can use your Life Insurance benefits to pay off your debts, such as credit cards, mortgages, and other final expenses.

CBRE Government & Defense Services provides Basic Life Insurance and AD&D coverage to all eligible employees in the amount of \$50,000.

You also have the option to purchase additional Voluntary Life Insurance and AD&D for you and your eligible dependents.

Basic Life and AD&D Insurance – For You		
Coverage Level	Coverage Amount	Evidence of Insurability/ Proof of Good Health
Basic Life and AD&D	\$50,000	None
Voluntary Life and AD&D Insurance – For You and Your Dependents		
Coverage Level	Coverage Amount	Guarantee Issue
Employee Only	Increments of \$10,000 not to exceed 5 times to your salary or \$500,000.	The lesser of 5 times your annual earnings or \$200,000
Spouse	Spouse can match EE as Increments of \$5,000 up to \$500,000 – not to exceed 100% of employee coverage.	The lesser of 100% of employee election or \$50,000
Child(ren)	Flat amount of \$10,000	None

New Hire Guaranteed Issue and Evidence of Insurability

When you are first eligible (at hire) for Voluntary Life and AD&D, you may purchase up to the Guaranteed Issue (GI) amount as illustrated above, if you apply within 30 days of hire. If the amount requested is more than GI, you will need to provide Evidence of Insurability (EOI) before your coverage becomes effective. If you request the GI level of coverage any time after you are first hired, you will also need to provide EOI (which is proof of good health).

Note: If you and your spouse are both CBRE Government & Defense Services employees, you cannot cover each other under the spouse Life and AD&D benefits. Also, only one of you can cover dependents under the child Life and AD&D benefits. Please refer to your Summary Plan Description for a full explanation of when benefits are payable and a list of exclusions. Benefits are based on site-specific contracts as applicable.

Trustmark Universal Life[®] Insurance with Long-Term Care Benefit

LifeEvents provides life insurance protection for your loved ones plus a long-term care (LTC) benefit you can access if you ever need care services. LifeEvents is designed to give you more protection when you're working and your financial responsibilities are highest. **The Trustmark Universal Life Insurance with LTC benefit will move to Direct Bill as of early 2026. You can continue your enrollment in this and any other Trustmark product by paying Trustmark directly. All products from Allstate and Transamerica will be terminated as well and currently enrolled members will have the ability to keep those products by paying the carriers directly. Or, if you prefer payroll deduction, please review the new and improved products from Voya (pgs 20-21). Look out for more communications explaining the process in the coming weeks.**

LifeEvents Coverage Details

Coverage Feature	Benefit
Higher Benefit During Working Years	Provides a higher death benefit during your working years, when your financial needs are greatest.
Death Benefit	Pays a cash benefit to your beneficiaries to help with expenses after your passing.
Long-Term Care Benefit	Access up to 4% of your LifeEvents death benefit per month (for up to 25 months) to help pay for long-term care services.
Flexible Feature	Even if you collect a benefit for LTC, your full death benefit is still paid to your beneficiaries.

Universal Life Insurance with Level Death Benefit and Long-Term Care Benefit

Universal Life provides permanent life insurance coverage with a level death benefit that remains the same throughout your life. It also includes a long-term care (LTC) benefit to help protect against the high cost of care services at any age.

Universal Life Coverage Details

Coverage Feature	Benefit
Level Benefit	Death benefit remains the same throughout your life, so funds are always available when needed.
Death Benefit	Pays a cash benefit to your beneficiaries to help with expenses after your passing.
Long-Term Care Benefit	Access up to 4% of your Universal Life death benefit per month (for up to 25 months) to help pay for long-term care services.
Flexible Feature	Even if you collect a benefit for LTC, your full death benefit is still paid to your beneficiaries.



These benefits are no longer payroll deducted. Please reach out to Avant for assistance in enrolling in the Trustmark plan.

844-348-1171: Dial 1 for enrollment support | Dial 2 for all other inquiries

Short- & Long-Term Disability

Unum Short- and Long-Term Disability

The following chart provides an overview of your Disability benefits through Unum. These plans offer you and your family financial protection in the event of an illness, accident, or death. Short-Term Disability (STD) Insurance pays a portion of your earnings if you are unable to work due to a qualifying non-occupational illness or injury. Long-Term Disability (LTD) Insurance pays you a portion of your earnings if you cannot work because of a disabling illness or injury. Benefits from the STD plan will be reduced by any state-mandated benefits for which you are eligible. Your monthly LTD benefit will be reduced by Social Security and any other benefits (such as Workers' Compensation) you may be entitled to receive.

Short-Term Disability Benefits at a Glance

All Eligible CBRE Government & Defense Services Employees

Coverage	70% of your weekly earnings to a \$750 maximum for 24 weeks.
When Benefits Begin	Benefit begins after 14 days of disability.
Election Required	Yes
Pre-Existing Conditions	If you have been treated for any medical condition in the six months immediately prior to your effective date and if that condition causes your disability in the first 6 months of your coverage, then no benefits will be payable under this policy. Once you have been covered for 12 months, the pre-existing condition limitation will no longer apply to you.

Long-Term Disability Benefits at a Glance

All Eligible CBRE Government & Defense Services Employees

Coverage	60% of your pre-disability earnings up to a maximum benefit of \$5,000 per month until you recover or reach your Social Security Normal Retirement Age, whichever is sooner.
When Benefits Begin	Benefit begins after 180 days of disability.
Election Required	Yes
Pre-Existing Conditions	If you have been treated for any medical condition in the six months immediately prior to your effective date and if that condition causes your disability in the first 12 months of your coverage, then no benefits will be payable under this policy. Once you have been covered for 12 months, the pre-existing condition limitation will no longer apply to you.
Note About Other Group Disability Benefits	This policy pays secondary to other group disability benefits (i.e., Workers' Compensation, Social Security), if applicable. If you are receiving other qualifying payments, those payments will be subtracted from the amount that this policy will pay.

Requesting a leave of absence

1. Call your Employer to report your absence.
2. Call Sedgwick at **888-436-9530** or visit **timeoff.sedgwick.com** to initiate a request for leave.

Unum Mandatory Short- and Long-Term Disability — Tyndall and Pensacola Employees

The following chart provides an overview of your Disability benefits through Unum. These plans offer you and your family financial protection in the event of an illness or accident. Short-Term Disability (STD) Insurance pays you a portion of your earnings if you are unable to work due to a qualifying non-occupational illness or injury. Long-Term Disability (LTD) Insurance pays you a portion of your earnings if you cannot work because of a disabling illness or injury. Benefits from the STD plan will be reduced by any state-mandated benefits for which you are eligible. Your monthly LTD benefit will be reduced by Social Security and any other benefits (such as Workers' Compensation) you may be entitled to receive.

Short-Term Disability Benefits at a Glance		
	Pensacola Employees	Tyndall CBA Employees
Coverage	60% of your weekly earnings to a \$500 maximum for 24 weeks.	60% of your weekly earnings to a \$1,500 maximum for 13 weeks.
When Benefits Begin	Benefit begins after 14 days of disability.	Benefit begins after 7 days of disability.
Election Required	Yes	Yes
Long-Term Disability Benefits at a Glance		
	Pensacola Employees	Tyndall CBA Employees
Coverage	60% of your pre-disability earnings up to a maximum benefit of \$7,000 per month until you recover or reach your Social Security Normal Retirement Age, whichever is sooner.	60% of your pre-disability earnings up to a maximum benefit of \$5,000 per month until you recover or reach your Social Security Normal Retirement Age, whichever is sooner.
When Benefits Begin	Benefit begins after 180 days of disability.	Benefit begins after 90 days of disability.
Election Required	Yes	Yes
Pre-Existing Conditions	If you have been treated for any medical condition in the six months immediately prior to your effective date and if that condition causes your disability in the first 12 months of your coverage, then no benefits will be payable under this policy. Once you have been covered for 12 months, the pre-existing condition limitation will no longer apply to you.	
Note About Other Group Disability Benefits	This policy pays secondary to other group disability benefits (i.e., Workers' Compensation, Social Security), if applicable. If you are receiving other qualifying payments, those payments will be subtracted from the amount that this policy will pay.	

Planning for Retirement

Smart saving and investing is the foundation for financial security during your retirement years. The CBRE Government & Defense Services 401(k) plan is designed to help you reach your retirement goals and can be a powerful tool in your secure financial future.

Increase Your Retirement Savings With a 401(k)

Set aside contributions from your eligible earnings with either pretax or Roth (post-tax) dollars.

Funded with
PRETAX
Dollars

OR

Funded with
POST-TAX
(Roth)
Dollars

+

Your
ANNUAL
Contribution

cannot exceed the IRS limit of

\$23,500



Vesting

Your contributions are always 100% vested.

Here's How to Enroll in the Retirement Plan

- First, go to Fidelity NetBenefits® at www.401k.com.
- Next, set up your password. If you're already a Fidelity customer, you can use your existing password. Please note, you will be prompted to enter your email address.
- Finally, click on the link to enroll.
- If you have questions or need help before getting started, visit www.401k.com or call Fidelity at 800-890-4015.



For pretax contributions: If you are AGE 50+ you can make an additional contribution of \$7,500.



Click the icon to learn more about the 401(k).

Vault Verify

Secure and Efficient Verification Services

Our organization partners with Vault Verify, an automated employment and income verification service, to handle all verification requests efficiently and securely. This service provides instant responses to verification requests, allowing you to focus on your work without additional interruptions.

How It Works

For employment, income, or social service verifications:

1. **Visit Vault Verify:** Go to www.vaultverify.com.
2. **Use Our Company Code:** Enter **Company Code: 10090** for quick access to verification information.

Employees are strictly prohibited from providing verification details verbally or through any other form.

Steps to Ensure Success

1. **Post Instructions:** Place verification instructions in breakrooms, HR, and payroll offices for easy access.
2. **Quarterly Employee Reminders:** Remind employees of our verification policy and to refer requesters to Vault Verify.
3. **Include in Employee Resources:** Add the verification policy to your employee handbook and self-service portal.
4. **Website Information:** Post VOE/VOI instructions on your company's 'Contact Us' and 'HR' pages.
5. **Update Phone Systems:** Add VOE/VOI information to your phone tree or voicemail box for easy guidance.
6. **Quick Responses to Requests:** Reply to any in-house verification requests within one business day, directing them to Vault Verify.

FAQ and Support

What Is Vault Verify?

Vault Verify is a secure, automated service that provides quick, accurate employment and income verifications.

Why Use Vault Verify?

Using Vault Verify reduces your team's workload by managing all verification requests through an automated, secure platform.

First-Time Verifiers

If this is your first time using Vault Verify:

1. Register at Vault Verify.
2. Complete the registration form.
3. Receive credentials within one hour.
4. Log in and conduct your verification search.

Need Assistance?

For support, contact Vault Verify during business hours (M-F 8:00 a.m. – 8:00 p.m. ET) by:

- **Email:** cs@vaultverify.com
- **Phone:** 407-378-6203
- **Live Chat:** Available on the Vault Verify website

Required Notices



FOR YOUR FILES

This brochure contains legal notices for participants in group health plans sponsored by CBRE Government & Defense Services. The notices included in this brochure are:

- **Health Insurance Marketplace Coverage Options and Your Health Coverage** that describes the Health Insurance Marketplace and eligibility and tax credit information.
- **Notice of Privacy Practices** that explains how the CBRE Government & Defense Services group health plans protect your personal medical information.
- **Medicare Part D Notice** that provides information about how your current prescription drug coverage under the health care plans is affected—and your options for coverage—when you become eligible for Medicare.
- **COBRA Rights Notice** that explains when you and your family may be able to temporarily continue coverage under the Plan if coverage would otherwise end for you.
- **Newborn & Mothers Health Protection Notice** that describes federal laws that govern benefits for hospital stays for mothers following the birth of child.
- **Women's Health and Cancer Rights Act** that summarizes the benefits available under your medical plan if you have had or are going to have a mastectomy.
- **Patient Protection Disclosure** that explains who you and your family can designate as a primary care provider under the health plans and rules around access to obstetrical/gynecological care.
- **Expanded Coverage for Women's Preventive Care** that explains how CBRE Government & Defense Services covers women's preventive care, including contraceptives, under the Affordable Care Act.
- **Notice of Special Enrollment Rights** that explains when you can enroll in the plan due to special circumstances.
- **60-Day Special Enrollment Period** that describes a special 60-day timeframe to elect or discontinue coverage.
- **1557 Notice** that describes the internal grievance procedure for prompt and equitable resolutions of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act.

HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

PART A: GENERAL INFORMATION

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you in 2026 (and not any other members of your family) is more than 9.96% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution – as well as your employee contribution to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Benefits Department at 703-209-8139.

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

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

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

Employer Name	CBRE Government & Defense Services
Employer Identification Number (EIN)	74-1668145
Employer Address	8350 Broad St Suite 1100 McLean, VA 22102
Employer Phone Number	703-209-8139
Who can we contact about employee health coverage at this job?	Angela Thomas
Phone Number (if different from above)	703-209-8139
Email address	angela.thomas@jjwws.com

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

As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are: The full-time non-union employees, part-time non-union employees who are scheduled to work at least 30 hours per week, and union employees for whom the Company and applicable bargaining unit have bargained for employees' participation in the plan. Excluded employees include: temporary, leased and union employees who are eligible for an applicable union sponsored health plan under the terms of the applicable collective bargaining agreement.

With respect to dependents:

We do offer coverage. Eligible dependents are: Legal spouse as defined by the laws of the state in which the employee resides (provided the individual is treated as a spouse under the IRC), a child who has not yet attained age 26, and a child who has attained the limiting age and who is medically certified as disabled and dependent upon the employee for support and maintenance.

We do not offer coverage.

If checked, this coverage meets the minimum value standard.

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

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process.

NOTICE OF PRIVACY PRACTICES

Your Information. Your Rights. Our Responsibilities.

This notice describes:

- HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED
- YOUR RIGHTS WITH RESPECT TO YOUR HEALTH INFORMATION
- HOW TO FILE A COMPLAINT CONCERNING A VIOLATION OF THE PRIVACY OR SECURITY OF YOUR HEALTH INFORMATION, OR OF YOUR RIGHTS CONCERNING YOUR INFORMATION

YOU HAVE A RIGHT TO A COPY OF THIS NOTICE (IN PAPER OR ELECTRONIC FORM) AND TO DISCUSS IT WITH ANGELA THOMAS AT ANGELA.THOMAS@JJWWS.COM (703) 209-8139 IF YOU HAVE ANY QUESTIONS.

Please review it carefully.

YOUR RIGHTS

You have the right to:

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

YOUR CHOICES

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

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

OUR USES AND DISCLOSURES

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

In these circumstances, we must protect your information and limit how we use and share it.

YOUR RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

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

Ask us to correct health and claims records

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

Request confidential communications

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

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our health care operations after you have provided consent for all those purposes.
- We are not required to agree to your request, and we may say “no” if, for example, it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

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

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

Get a copy of this privacy notice

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

Discuss this notice with someone in our program

You can ask questions or obtain more information about this notice and our privacy practices by calling or emailing the contact person at the top of this notice.

Choose someone to act for you

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

File a complaint if you feel your rights are violated

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

YOUR CHOICES

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

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

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

OUR USES AND DISCLOSURES

How do we typically use or share your health information?

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

Help manage the health care treatment you receive

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

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

Run our organization

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

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

Example 2: A doctor treating you for a chronic condition asks a doctor at our program about your health condition and medications you are taking, for example, to avoid complications

Pay for your health services

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

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

Administer your plan

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

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

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, or legislative investigations or proceedings against you without (1) your consent or (2) a court order or subpoena. For more information see: <https://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html>

Help with public health and safety issues

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

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

For your medical emergencies

We may use or share your health information with health care providers or emergency personnel when needed to provide you with emergency treatment or to respond to a serious and immediate threat to your health or safety, even when you are unable to consent. This is allowed under HIPAA's rules for treatment and emergency disclosures.

Do research

We can use or share your information for health research. Researchers cannot include any patient identifying information in their reports about the research.

Comply with the law

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

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

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

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

We can use or share health information about you:

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

Legal Proceedings and Lawful Process

We may use or share your health information as permitted or required by law when responding to legal proceedings. This includes disclosures in response to a valid court order, warrant, subpoena, or other lawful process, consistent with HIPAA's rules for judicial and administrative proceedings (45 CFR §164.512(e)) and law enforcement requests (45 CFR §164.512(f)). When responding to legal requests, we disclose only the information required and follow all conditions and limitations imposed by HIPAA.

Communicate within our program and with contractors

We may use and disclose your information within our health plan and with organizations that help us administer our program, including contractors and business associates who perform services for us. These disclosures occur only as permitted by HIPAA for health care operations.

Respond to audits and program oversight

We may use and share your information for health oversight and health care operations. This includes sharing with government agencies that are authorized by law to conduct audits, inspections, and licensure activities, and with accrediting organizations to support accreditation, quality assessment and improvement, and program evaluation of our health plan. We share only the minimum necessary information as required by law.

Disclosure to Law Enforcement

We may disclose information to law enforcement if we believe, in good faith, that it is evidence of a crime that occurred on our premises, or to report certain crimes during a medical emergency that did not occur on our premises. In these situations, we will disclose only what the law allows in these situations.

OUR RESPONSIBILITIES

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

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

With Your Written Consent (42 CFR Part 2)

If you provide written consent, we may use or disclose your Substance Use Disorder (SUD) information in the following ways:

- To the person or organization you name in your consent. Part 2 allows you to decide who may receive your SUD information through a written consent.
- To prevent multiple enrollments in withdrawal management or maintenance treatment programs. Part 2 permits disclosures for this purpose when authorized by your consent or as otherwise allowed by law.
- To report prescribed SUD treatment medications to a state Prescription Drug Monitoring Program when required by law. Part 2 allows this type of disclosure only when a state statute mandates such reporting.

Additional Protections for SUD Information (42 CFR Part 2)

For records related to Substance Use Disorder (SUD) treatment, we will not disclose your information in any civil, criminal, administrative, or legislative proceeding without your written consent or a court order that meets the requirements of 42 CFR Part 2.

Respond to audits and program oversight

For Substance Use Disorder (SUD) records protected by 42 CFR Part 2, organizations performing audits or evaluations must agree in writing not to redisclose your information and must destroy or return identifying information when the audit or evaluation is complete.

Redisclosure Rules for Substance Use Disorder (SUD) Information

If you authorize us to disclose your SUD records to other health care providers or health plans for treatment, payment, or health care operations, those recipients may redisclose your information as permitted by the HIPAA Privacy Rule. However, your SUD information may not be used or disclosed in any civil, criminal, administrative, or legislative proceeding against you without your written consent or a court order that meets the requirements of 42 CFR Part 2.

We will include the required Part 2 notice prohibiting unauthorized redisclosure with every disclosure of SUD information.

CHANGES TO THE TERMS OF THIS NOTICE

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

Effective Date of this Notice: 3/17/2026

Privacy/Security Officer: Katie Stewart,
katie.stewart@jjwws.com or (202) 441-6852

IMPORTANT NOTICE FROM CBRE GOVERNMENT & DEFENSE SERVICES ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

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

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

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

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current CBRE Government & Defense Services coverage will be affected. If you do decide to join a Medicare drug plan and drop your current CBRE Government & Defense Services coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with CBRE Government & Defense Services and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also receive it before the next period you can join a Medicare drug plan, and if this coverage through CBRE Government & Defense Services changes. You also may request a copy of this notice at any time.

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

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

For more information about Medicare Prescription drug coverage:

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

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

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

Date: 1/1/2026
CBRE Government & Defense Services
8350 Broad ST STE 1100
McLean, Virginia 22102-5152
703-209-8139

COBRA RIGHTS NOTICE

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Ameriflex COBRA Department.

How is COBRA Continuation Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability Extension of 18-Month Period of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.HealthCare.gov.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep Your Plan Informed of Address Changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Date: 1/1/2026
CBRE Government & Defense Services
Ameriflex COBRA Department
7 Carnegie Plaza, Ste. 200, Cherry Hill, NJ 08003
888-868-3539

OTHER NOTICES

Expanded Coverage for Women's Preventive Care

Under the Affordable Care Act, CBRE Government & Defense Services provides female plan participants with expanded access to recommended in-network preventive services, including contraceptives, without cost sharing.

Additional women's preventive services that will be covered without cost sharing requirements include:

- Well-woman visits
- Gestational diabetes screening
- HPV DNA testing
- STI counseling, and HIV screening and counseling
- Contraception and contraceptive counseling
- Breastfeeding support, supplies, and counseling
- Domestic violence screening

For a description of what these items include, visit <https://www.HealthCare.gov/what-are-my-preventive-care-benefits/#part=2>.

CBRE Government & Defense Services continues to cover women's in-network preventive health care services — such as mammograms, screenings for cervical cancer, and other services — with no cost sharing as mandated by the Affordable Care Act.

Patient Protection Disclosure

At CBRE Government & Defense Services our Kaiser Permanente HMO plan requires the designation of a primary care provider. All other plans through CBRE Government & Defense Services allow you the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the Benefits Administrator at 512-806-0929.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from CBRE Government & Defense Services or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the Benefits Administrator at 512-806-0929.

60-Day Special Enrollment Period

In addition to the qualifying events listed in the enrollment guide and this document, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health Insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

Notice of Special Enrollment Rights

If you decline enrollment in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in CBRE Government & Defense Services medical coverage if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment no more than 31 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in CBRE Government & Defense Services medical coverage as long as you request enrollment by contacting the benefits manager no more than 31 days after the marriage, birth, adoption or placement for adoption. For more information, contact CBRE Government & Defense Services, Jennifer Johnson, Benefits Administrator at 512-806-0929.

Newborn and Mothers Health Protection Notice

For maternity hospital stays, in accordance with federal law, the Plan does 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 delivery.

However, federal law generally does not prevent the mother's or newborn's attending care provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). The plan cannot require a provider to prescribe a length of stay any shorter than 48 hours (or 96 hours following a Cesarean delivery).

Women's Health and Cancer Rights Act of 1998

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 consultations with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles, copays and coinsurance applicable to other medical and surgical benefits provided under your medical plan. For more information on WHCRA benefits, contact the CBRE Government & Defense Services Benefits Administrator or your medical plan administrator.

1557 Notice

It is the policy of CBRE Government & Defense Services not to discriminate on the basis of race, color, national origin, sex, age or disability. CBRE Government & Defense Services has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Jennifer Johnson, Benefits Administrator, 7710 Rialto Blvd. Ste. 200, Austin, Texas, 78735, 512-806-0929, jennifer.johnson@jjwws.com, who has been designated to coordinate the efforts of CBRE Government & Defense Services to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for CBRE Government & Defense Services to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.

- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of CBRE Government & Defense Services relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the Benefits Administrator within 15 days of receiving the Section 1557 Coordinator's decision. The Benefits Administrator shall issue a written decision in response to the appeal no later than 30 days after its filing.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20231.

Complaint forms are available at: www.hhs.gov/ocr/office/file/index.html. Such complaints must be filed within 180 days of the date of the alleged discrimination.

CBRE Government & Defense Services will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.



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