

D-J ENGINEERING INC.



2026-2027

EMPLOYEE BENEFITS





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This benefit summary describes the benefit plans available to you as an employee of **D-J Engineering**. The details of these plans are contained in the official plan documents that have been provided to you by your employer, including some insurance contracts. This summary is meant only to cover the highlights of each plan. It does not contain all the details that are included in your summary plan description as described by the Employee Retirement Income Security Act (ERISA).

If there is ever a question about one of these plans, or if there is a conflict between the information in this summary and the formal language of the plan documents, the formal wording in the plan documents will govern. Please note that the benefits described in the summary may be changed at any time and do not represent a contractual obligation on the part of D-J Engineering.

WELCOME!

We are committed to providing competitive benefit programs that are flexible enough to meet your individual needs. Our comprehensive benefits are carefully designed to give you the tools you need 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.

Getting the most from your benefits is up to you. You know your family, your goals and your lifestyle best. This benefits guide was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this guide to make sure you understand the benefits that are available to you and your family and be sure to act before the enrollment deadline.

QUALIFYING LIFE EVENTS

Your benefit elections made during Open Enrollment will be effective April 1, 2025. You may not make changes to your elections unless you experience a qualifying life event, including change in legal marital status (marriage, divorce, death of spouse), change in dependents (birth, adoption), change in employment status (termination, part-time), or if you gain/lose coverage elsewhere.

IMPORTANT

If you need to make a change before the next Open Enrollment period due to a change in status, you must submit the required documentation **WITHIN 30 DAYS** of the qualifying life change event.

Contact Brandy Moss at bmoss@djgrp.com.



BENEFITS ELIGIBILITY

You and your eligible family members may participate in the 2026 employee benefits program if you're a regular, full-time employee working a minimum of **30** hours per week.



NEW-HIRE ELIGIBILITY

New hires can join the plan the **first of the month after the 60-day waiting period**. Spouses and dependent children of the employee are also eligible to participate in our benefit plans.

DEPENDENT ELIGIBILITY

You can enroll the following dependents in our group benefit plans:

- Your legal spouse
- Children
 - A child under the age of 26 who is your natural child, stepchild, legally adopted child, or child for whom you have obtained legal guardianship
 - Unmarried children of any age if totally disabled and claimed as a dependent on your federal income tax return (documentation of disability status required)
 - Unmarried, full-time students





REGISTER ONLINE

Your connection to great healthcare is only a click away. Register for an account at bcbsks.com so you can access time-saving tools, find tips for healthy living, choose a doctor, manage your EOBs, and more!



DOWNLOAD THE MOBILE APP

With the BlueCross BlueShield of KS mobile app, you've got the tools you need to manage your healthcare from your smartphone. The mobile app is available in the **Apple and Google Play** stores.

CHOOSE YOUR MEDICAL PLAN

Your medical plans will be offered through Blue Cross Blue Shield of KS. Please review your Summary of Benefits and Coverage (SBC) for additional coverage information and full plan details.

Elections you make during Open Enrollment will be effective April 1, 2026 and remain in effect until March 31, 2027 unless you experience a qualifying life event.

You may visit any medical provider you choose, but in-network providers offer the highest level of benefits and lowest out-of-pocket costs. In-network providers charge members reduced, contracted rates instead of their typical fees. Providers outside the plan's network set their own rates, so you may be responsible for the difference if a provider's fees are above the Reasonable and Customary (R&C) limits.

MEDICAL PLAN COMPARISON

	BlueKS HDHP – Preferred Care Blue Network	BlueKS PPO Plan – Blue Choice Network
	<i>In-network</i>	<i>In-network</i>
Deductible per group anniversary benefit period (Individual/two-or more persons)	\$3,400 / \$6,800	\$500 / \$1,000
Annual OOP Max (Individual/Family)	\$6,350 / \$12,700	\$5,000/ \$10,000
Coinsurance Maximum (Individual/two-or more persons)	\$0	\$1,000/ \$2,000
Total Deductible plus Coinsurance	Not available	\$1,500/ \$3,000
Physician Office Visit	Deductible	\$25 copay
Specialist Office Visit	Deductible	\$25 copay
Urgent Care Visit	Deductible	\$25 copay
Emergency Room Visit	Deductible	\$250 copay then deductible
Virtual Visit	Deductible	\$25 copay
Preventive Care	Covered at 100%	Covered at 100%
Major Diagnostics (i.e. MRI, CT)	Deductible	\$0 up to \$300/person then ded. + coinsurance
Hospital Services	Deductible	Deductible
Prescription Drugs & Mail Order	Subject to deductible, then covered with BlueRx Card \$15/\$50/\$75. Mail order is 2 1/2 x copay.	BlueRx Card \$15/\$30/\$45; Mail order is 2 1/2 x copay with Select formulary





MEDICAL RATES PER PAY PERIOD

PPO \$500	With Dental Coverage	Without Dental Coverage
Employee	\$95	\$90
Employee + Spouse	\$204	\$193
Employee + Children	\$196	\$187
Employee + Family	\$305	\$290

HDHP \$3400	With Dental Coverage	Without Dental Coverage
Employee	\$61	\$56
Employee + Spouse	\$131	\$120
Employee + Children	\$127	\$118
Employee + Family	\$196	\$181

UNDERSTANDING YOUR PLAN



1 YOUR FAMILY visits your provider (doctor/hospital) and shows their medical insurance card



2 YOUR DOCTOR OR PROVIDER will bill your medical carrier



3 YOUR MEDICAL CARRIER will process your claim, notify your provider, and send an Explanation of Benefits to you and your provider



4 YOUR RESPONSIBILITY You are responsible to pay the amount due to your provider as shown on your EOB

BLUE CROSS BLUE SHIELD PROGRAMS

SMART SHOPPER TOOL

- Members can compare services that may be eligible for cash rewards. These consist of MRI's, mammograms, colonoscopies, and complex procedures such as joint replacement and spine surgery.
- Cash rewards are available if the member is willing to shop, compare and pick the lower costing options.
- A 1099 will be provided in the event a member has earned \$600 or more in incentives.

Browse locations online

bcbsks.com/mysmartshopper

1. Log in to BlueAccess® at bcbsks.com/mysmartshopper
2. Click on the Doctors & Hospitals tab
3. Shop for a reward eligible location for your procedure

or

Call a Care Concierge

866-820-6426

A Care Concierge can help you:

- Find a location
- Compare costs
- Confirm reward amounts
- Schedule your appointment

The Care Concierge Team is available Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m. ET.*



SmartShopper®

BlueAccess app

Download our app for convenient on-the-go access to your health insurance essentials. Check claims, access your digital ID card and save preferred providers, right from your smartphone.

BLUE ACCESS

BCBS Offers a secure member portal, where you are in control. Blue Access allows you to understand and manage your health insurance benefits.

Track your claims

Digital access to your ID Card

Access wellness features

Register today: bcbsks.com/register or download the BlueAccess app

BLUE365 : BECAUSE HEALTH IS A BIG DEAL

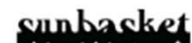
Blue 365 offers premier health and wellness discounts at no additional cost. These exclusive discounts are available to Blue KC members. Blue 365 offers savings across all aspects of your life including 20% off Fitbit devices, gym membership access starting at \$19/month, discounts on healthy, organic meal delivery services from Sunbasket, and much more!

Register now for free to take advantage of Blue365.

It's an online destination where participating members can find healthy deals and exclusive discounts, all you need is your Blue Cross Blue Shield member card to get started.

www.Blue365Deals.com

Exclusive savings from



TELEHEALTH

Amwell

With telehealth, you can schedule a virtual appointment with board-certified doctors and pediatricians who can diagnose, treat and prescribe most medications for minor medical conditions, such as:

- Acne
- Allergies
- Asthma
- Bronchitis
- Cold and flu
- Constipation
- Diarrhea
- Earaches
- Fever
- Headaches
- Infections
- Insect bites
- Joint aches
- Nausea
- Pink eye
- Rashes
- Respiratory infections
- Shingles
- Sinus infections
- Skin infections
- Sore throats
- Urinary tract infections



We've all been there—it's the middle of the night and you have a sick child or maybe you are trying to get an appointment with your primary care provider but the first appointment isn't for two weeks. Good news... there's an easier way! Telehealth is a convenient option for scheduling virtual doctor visits from your own home. With telehealth, you don't have to drive to the doctor's office or sit in a waiting room when you're sick—you can see your doctor from the comfort of your own bed or sofa.

- See a board-certified, licensed, telehealth trained doctor on your schedule with on-demand virtual visits 24/7, including 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.

Register for Amwell –
for free!
bcbsks.com/telehealth



HEALTH SAVINGS ACCOUNT (HSA)

NueSynergy

WHAT IS A HEALTH SAVINGS ACCOUNT?

A Health Savings Account (HSA) is a way for you to save pre-tax dollars that can be used to pay for qualified healthcare expenses like deductibles, copays, coinsurance, prescriptions, vision and dental expenses. High deductible health plans have lower premiums and may result in lower annual medical costs. These plans offer several advantages to reward you for taking an active role in your healthcare spending.

- **Lower paycheck costs** — allowing you to keep control of more of your money
- **Tax-advantaged savings account** — enrolling in and contributing to a Health Savings Account (HSA) helps you pay your deductible and out-of-pocket costs
- **Comparable benefits** — these plans use the same networks that other plans offer, and in-network preventive care is still covered at 100%

For a list of eligible expenses, see IRS Publication 502, available at www.irs.gov.

WHO IS ELIGIBLE FOR AN HSA?

- Must be enrolled in a high deductible health plan
- Cannot be covered by any other medical plan that is not a qualified HDHP. This includes a spouse's medical coverage unless it's also a qualified HDHP
- Cannot be enrolled in a traditional health care FSA in the same calendar year
- Cannot be enrolled in Medicare, including Parts A or B, Medicaid or Tricare
- Cannot be claimed as a dependent on another person's tax return
- Cannot be a veteran who has received treatment, other than preventive care, through the Department of Veterans Affairs within the past three months



HEALTH SAVINGS ACCOUNT (HSA) (CONT.)

HOW MUCH CAN I CONTRIBUTE?

- Employee only coverage: **\$4,400** per calendar year
- Employee plus dependents coverage: **\$8,750**
- If you are 55 or older, you can make an additional annual catch-up contribution of **\$1,000**

Deductible Requirements

- Individual: Not less than \$1,700
- Family: Not less than \$3,400

Max Out-of-Pocket Requirements

- Individual: Not to exceed \$8,300
- Family: Not less than \$16,600

HSAs AND YOUR TAXES

All withdrawals from your HSA are tax-free, as long as you use the money to pay for eligible health care expenses. In addition, all the money in the account is yours and will never be forfeited. It rolls over from year to year, and you can take it with you if you leave the company or retire. After age 65, you can withdraw funds for any reason without a tax penalty — you pay ordinary income tax only if the withdrawal isn't for eligible health care expenses.

Note: You won't pay federal taxes on HSA contributions. However, you may pay state taxes depending on your residence. Consult your tax advisor to learn more.





DENTAL PLAN

BlueCross BlueShield Kansas

In addition to protecting your smile, dental insurance helps pay for dental care and includes regular checkups, cleanings and x-rays. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery. Dental coverage is offered for basic and major services. You and your eligible dependents may enroll in the dental benefit option administered by BCBS Kansas.

To find an in-network provider visit bcbsks.com/group-dental.

In-Network Plan Features	Dental Plan
Annual Calendar Year Deductible – Individual	\$25
Annual Calendar Year Deductible – Family	\$75
Annual Maximum	\$1,500
Preventive Care	100%
Basic Services	80% after deductible
Major Services	50% after deductible
Orthodontia Services (Under the age of 21)	100% payment up to 3-year maximum of \$1,500

VISION PLAN

Vision Care Direct of Kansas

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do these activities, however, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

Your vision insurance is provided by Vision Care Direct of Kansas and entitles you to specific eye care benefits. Our policy covers routine eye exams and other procedures, and provides specified dollar amounts or discounts for the purchase of eyeglasses and contact lenses.



To find an in-network provider, please visit www.visioncaredirect.com/providers.

	VCD Standard Network	VCD PLUS Network
Routine Exam		
Routine Exam	N/A	N/A
Eyeglass Lenses Materials & Frames		
Single Vision Lenses	100%	100%
Standard Lined Bifocal Lenses	100%	100%
Standard Trifocal Lenses	100%	100%
Progressives	Up to retail price of lined trifocal	100%
Frames	\$130	\$130
Elective Contact Lenses	\$130	\$130
Medically Necessary Contacts	\$750	\$750
Glasses	\$25	\$25
Frequency of Services		
Comprehensive Eye Exam	N/A	N/A
Lenses	12 Months	12 Months
Frames	12 Months	12 Months
Contact Lenses	12 Months	12 Months

EMPLOYEE CONTRIBUTIONS

Dental	Price Per Pay Period
Employee	\$10
Employee & Spouse	\$19
Employee & Child(ren)	\$20
Family	\$30

Vision	Price Per Pay Period
Employee	\$2.83
Employee & Spouse	\$5.68
Employee & Child(ren)	\$5.27
Family	\$8.70



LIFE INSURANCE

OneAmerica Financial

BASIC LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

The Basic Life and AD&D plan provides a benefit in the event of your death, dismemberment or paralysis. This benefit is sponsored by D-J Engineering, so you will automatically be enrolled at no cost to you. Your coverage will be a maximum of \$10,000.

SUPPLEMENTAL LIFE INSURANCE

You may purchase additional life insurance at group rates:

- Available in increments of \$10,000 up to \$500,000 or up to 5x annual earnings
- Guaranteed issue amount of \$250,000
- You pay the full cost of this plan, and the amount deducted depends on the age of the associate and the amount of coverage elected
- **Current employees enrolled can increase their amount by \$10k each year without completing a health statement.** Any amount over \$10k requires a health statement.

Don't forget to designate a beneficiary!

[Note: Upon loss of eligibility or termination of employment, you and/or your dependents may elect to continue your employer-sponsored Basic or Voluntary Term Life Insurance coverage by either porting or converting it.

If you can continue your life insurance policy, you can port it, which means continuing the same type of policy, or you can convert it, which means change it to a new type of individual policy. Remember, no matter which option you choose, you become responsible for the premiums.]



LIFE INSURANCE FOR SPOUSES AND DEPENDENTS

You may purchase additional dependent life insurance at group rates:

- Spousal life is available in increments of \$5,000 up to 100% of employee coverage with a guaranteed issue amount of \$75,000
- Child life is available from 15 days to 6 months old: \$500 if \$5,000 plan elected, \$1,000 if \$10,000 plane elected Over 6 months old: Up to \$10,000 in \$5,000 increments

Vol. Life/AD&D Price Per Pay Period Per \$10,000

Age	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.46	\$0.51	\$0.69	\$1.02	\$1.52	\$2.49	\$4.16	\$5.96	\$9.83	\$13.52

Vol. Life/ AD&D Price Per Pay Period Per \$5,000 Spouse

Age	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.23	\$0.26	\$0.35	\$0.51	\$0.76	\$1.25	\$2.08	\$2.98	\$4.92	\$6.76

GUARANTEED ISSUE AND EVIDENCE OF INSURABILITY

Employees and spouses who elect Voluntary Life and AD&D coverage when they are first eligible can elect up to the Guaranteed Issue (GI) amount without Evidence of Insurability (EOI). If the amount requested is more than the GI, you will need to provide EOI before the amount over GI becomes effective.

IMPUTED INCOME

Under current tax laws, imputed income is the value of your Basic Life insurance that exceeds \$50,000 and is subject to federal income, Social Security and state income taxes, if applicable. This imputed income amount will be included in your paycheck and shown on your W-2 statement.

DISABILITY COVERAGE



At D-J Engineering, we want to do everything we can to protect you and your family. That's why we added voluntary short-term and long-term disability coverage provided by OneAmerica Financial this year. This coverage is 100% voluntary, meaning you pay 100% of the cost of the premium.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note that you are not eligible to receive short-term disability benefits if you are receiving workers' compensation benefits.

Short-Term Disability (STD) Plan

The STD plan provides full-time employees with income replacement while disabled and unable to work due to a non-occupational illness or injury, including pregnancy. The benefit payment is based on your exemption/union status.

To calculate your premium* per pay period, use the following steps:

- 1) Calculate your weekly earnings).
- 2) Multiply your weekly earnings by the benefit percentage (60% = 0.6)
If this is greater than \$1,500, use \$1,500
- 3) Divide by \$10
- 4) Multiply by the biweekly rate, shown in the table to the right. This will equal your estimated biweekly premium amount.

$$\underline{\hspace{2cm}} \text{ My weekly earnings} \times 0.60 = \underline{\hspace{2cm}} / \$10 = \underline{\hspace{1cm}} \times \underline{\hspace{1cm}} \\ = \text{Cost Per Pay Period}$$

Example: age 30, \$26,000 annual earnings

- 1) \$26,000 / 52 weeks = \$500 per week
- 2) \$500 x 0.6 = \$300
- 3) \$300/\$10 = 30
- 4) 30 X \$0.24 = **\$7.20** per pay period

Age Category	STD monthly rate per \$10 weekly benefit
0-34	\$0.24
35-39	\$0.23
40-44	\$0.25
45-49	\$0.30
50-54	\$0.38
55-59	\$0.51
60-64	\$0.59
65-69	\$0.63
70+	\$0.68

Long-Term Disability (LTD) Plan

If you are enrolled in the LTD plan, and are disabled and out of work for 26 weeks or more, you may be eligible for a LTD benefit of up to 50% of total covered earnings up to a maximum benefit amount determined by your exempt status. This benefit continues until you recover or reach your Social Security normal retirement age, whichever is sooner.

Age Category	LTD monthly rate per \$100 of monthly earnings
0-19	\$0.03
20-24	\$0.05
25-29	\$0.06
30-35	\$0.10
35-39	\$0.14
40-44	\$0.21
45-49	\$0.32
50-54	\$0.67
55-59	\$0.38
60-64	\$0.37
65-69	\$0.20
70+	\$0.14

EMPLOYEE ASSISTANCE PROGRAM

We understand that we all face serious problems at some time in our lives and DJ Engineering is committed to providing help during those times.

The EAP is designed to assist staff members and families with personal challenges in many different areas including: depression, stress management, drug and alcohol abuse, relationships, grief, domestic violence, legal and financial issues, parenting, childcare and elder care.

Participation in the EAP is voluntary, confidential and free of cost for the first 3 visits. For those who require referrals for long-term treatment, there may be fees for the services of outside providers. However, EAP counselors will coordinate referrals, whenever possible, to take advantage of existing insurance coverage and community resources in order to minimize costs. We encourage you and your eligible family members to take advantage of our EAP benefit and to reach out to ComPsych through OneAmerica. For more information, please call 855-387-9727 or visit Guidanceresources.com



BENEFIT DEFINITIONS

DEDUCTIBLE

An amount you could owe during a coverage period (usually one year) for covered health care services before your plan begins to pay. An overall deductible applies to all or almost all covered items and services. A plan with an overall deductible may also have separate deductibles that apply to specific services or groups of services. A plan may also have only separate deductibles. (For example, if your deductible is \$500, your plan won't pay anything until you've met your \$500 deductible for covered health care services subject to the deductible.)

COINSURANCE

Your share of the costs of a covered health care service, calculated as a percentage (for example, 20%) of the allowed amount for the service. You generally pay coinsurance plus any deductibles you owe. (For example, if the health insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your coinsurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.)

OUT-OF-POCKET MAXIMUM

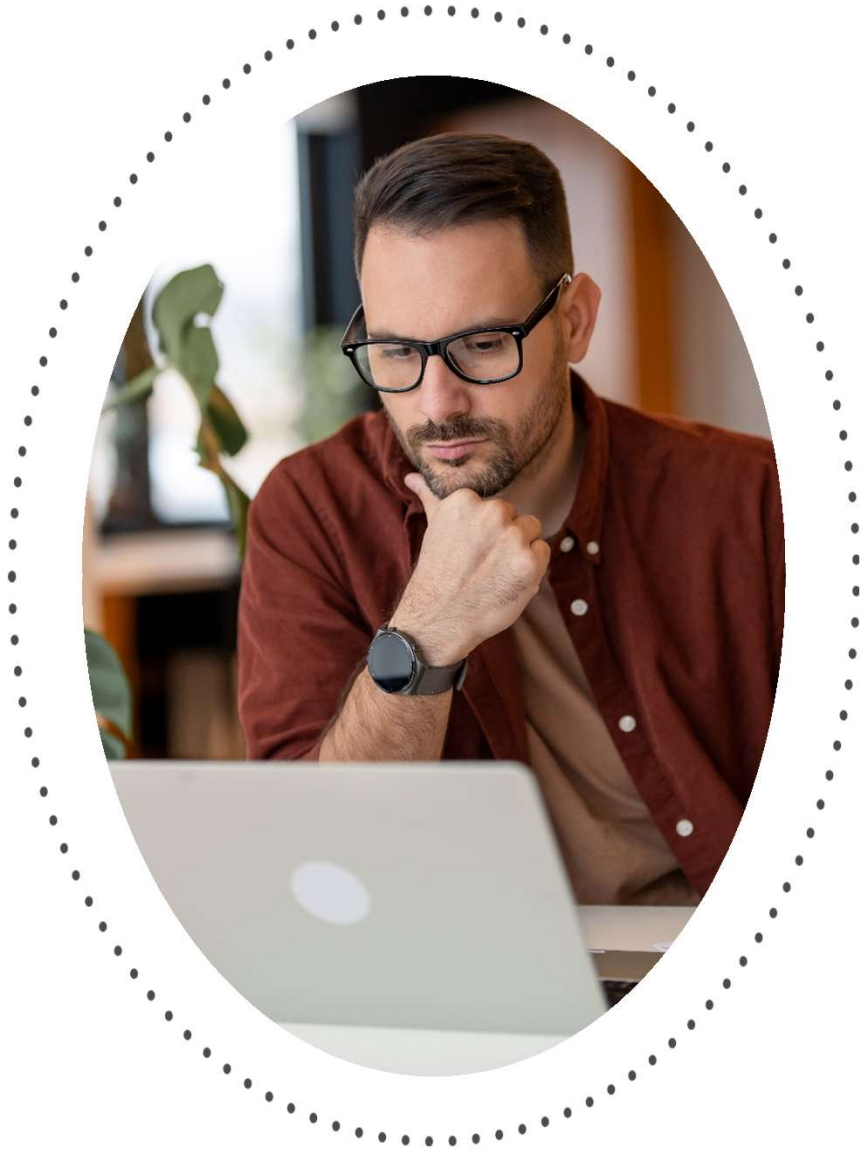
The most you could pay during a coverage period (usually one year) for your share of the costs of covered services. After you meet this limit, the plan will usually pay 100% of the allowed amount. This limit helps you plan for health care costs. This limit never includes your premium, balance-billed charges or health care your plan doesn't cover.

COPAYMENT

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service (sometimes called "copay"). The amount can vary by the type of covered health care service.

PROVIDER

An individual or facility that provides health care services. Some examples of a provider include a doctor, nurse, chiropractor, physician assistant, hospital, surgical center, skilled nursing facility, and rehabilitation center. The plan may require the provider to be licensed, certified, or accredited as required by state law.



BENEFITS DEFINITIONS (CONT.)



PREMIUM

You typically pay premiums through payroll deductions.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

A type of health plan that has lower monthly premiums, but higher deductibles and out-of-pocket limits, than a traditional health plan. HDHPs are often coupled with an HSA (Health Savings Account).

There is no first dollar coverage with the exception of preventative services.

NETWORK

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

NETWORK PROVIDER

A provider who has a contract with your health insurer or plan who has agreed to provide services to members of a plan. You will pay less if you see a provider in the network. Also called “preferred provider” or “participating provider.”

OUT-OF-NETWORK PROVIDER

A provider who doesn’t have a contract with your plan to provide services. If your plan covers out-of-network services, you’ll usually pay more to see an out-of-network provider than a preferred provider. Your policy will explain what those costs may be. May also be called “non-preferred” or “non-participating” instead of “out-of-network provider.”



IMPORTANT CONTACTS

Coverage	Contact	Group Number	Phone	Website
Medical	Blue KS	07439	866-906-5253	bcbsks.com
Telemedicine	Amwell	N/A	844-733-3627	amwell.com
Health Savings Account	Nuesynergy	N/A	913-653-8381	nuesynergy.com
Dental	Blue KS	07439	800-432-3990	bcbsks.com/group-dental
Vision	Vision Care Direct	8981	877-488-8900	visioncaredirect.com
Life and AD&D	OneAmerica Financial	G-00626118	800-553-5318	OneAmerica.com
Disability	OneAmerica Financial	G-00626118	800-553-5318	OneAmerica.com
EAP	Compsych OneAmerica	N/A	855-387-9727	Guidanceresources.com



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