



TMCG



2026 Coworker Guide

Choose Your Benefits

Open Enrollment is available for you to enroll in or change your benefit elections from March 2 through March 13, 2026. Plan elections will be effective April 1 through December 31, 2026. Plan elections will stay in effect for the remainder of the 2026 plan year unless you experience a Qualifying Life Event such as a change in marital status, the birth of a child, or a change in dependent eligibility. If you experience a Qualifying Life Event, you must notify Benefits within 60 days of the Qualifying Life Event.

Who is Eligible?

MCG is pleased to offer a comprehensive benefits program to regular, full-time coworkers who have completed 90 days of service, and to their eligible dependents. The following dependents are eligible for coverage:

- Legal Spouse
- Dependent Children up to age 26
- Court-Ordered Dependents

Before enrolling any dependents, ensure they are indeed eligible under the terms of each benefit plan.

What is Available?

COMPANY-PROVIDED BENEFITS

(no cost to you)

- Basic Life and AD&D Insurance
- Coworker Assistance Program
- Health Advocacy Services

COMPANY-OFFERED BENEFITS

(coworker contribution)

- Medical Plan
- Dental Plan
- Vision Plan

How to Enroll?

1. DESKTOP

- ADP Website: <https://workforcenow.adp.com>

2. MOBILE

- ADP Mobile Solutions App



NOTE: You may request a paper enrollment form by contacting your Burg Admin.



CHOICE \$2,500 DEDUCTIBLE



TRES

KEY FEATURES

(BEST SELLER)

- ✔ co-pay driven
- ✔ Simplified underwriting
- ✔ Qualifies as MV Plan to satisfy requirement for ACA Penalty B
- ✔ Covers >60% of allowed cost
- ✔ \$0 co-pay on preventive generic drugs or services
- ✔ Substantial in- & out-patient hospitalization coverage

What's covered*

- ✔ Preventive Care
- ✔ Physician Services
- ✔ Telemedicine Services
- ✔ Diagnostic Services and Supplies
- ✔ Emergency Services
- ✔ Inpatient Services
- ✔ Outpatient Services
- ✔ Therapy Services
- ✔ Home Healthcare
- ✔ Preventive Drugs
- ✔ Tier 1 Drugs
- ✔ Diabetic Supplies
- ✔ Durable Medical Equipment (DME)
- ✔ Sleep Studies (Home)
- ✔ Tier 2 Drugs
- ✔ Tier 3 Drugs

What's not covered*

- ✘ Cardiac Rehabilitation

Weekly Premiums Paid by Employee*

EMPLOYEE ONLY	\$ 39.13
EMPLOYEE & SPOUSE ONLY	\$ 133.16
EMPLOYEE & CHILDREN ONLY	\$ 103.36
FAMILY	\$ 206.65

PLAN AT A GLANCE*

COPAY*

Routine Well Care (Non-Hospital Services) Telemedicine Services w/ MDLive Diagnostic Testing- MEDMO (Radiology & Advanced Imaging) – Non-Hospital Based Preventive Drugs	\$0
Tier 1 Drugs	\$10
Primary Care Visit (In-Person & Virtual) This is the encounter fee only. (10 per year)	\$25
Diabetic Supplies <i>Glucose monitors must be obtained (Per Item)</i>	\$35
Specialist Visit (In-Person & Virtual) This is the encounter fee only. (10 per year) Other Services Performed in Physician Office <i>In addition to office visit copay.(per visit)</i> Diagnostic Testing- OUTSIDE MEDMO (Radiology) – Non-Hospital Based (4 per year) Home Health Care (15 per year)	\$50
Urgent Care (3 per year) Applied Behavioral Analysis (10 per year) Chiropractic Care (10 per year) Occupational, Physical & Speech Therapy (10 combined per year)	\$75
Sleep Studies (Home) (per study)	\$300
Diagnostic Testing- OUTSIDE MEDMO (Advanced Imaging) – Non-Hospital Based (2 per year) Outpatient Services or Surgery – Non-Hospital Based <i>Includes anesthesia when Medically Necessary. (2 per year)</i>	\$350
Durable Medical Equipment (DME) <i>CPAP only and must be obtained through ConnectDME. (Per Item)</i>	\$400
Ambulance Services <i>Ground ambulance only. (1 per year)</i>	\$500
Emergency Services (1 per year)	\$750
Diagnostic Testing (Lab) – Hospital Based (2 per year) Inpatient Services (7 days per year) Inpatient Professional Services (per admission) Inpatient Surgery <i>Includes anesthesia when Medically Necessary. (2 per year)</i> Outpatient Services or Surgery – Hospital-Based <i>Includes anesthesia when Medically Necessary (1 per year)</i>	After Deductible, 30% Coinsurance*
Tier 2 Drugs	30% Coinsurance
Tier 3 Drugs	50% Coinsurance
Deductible (Individual/Family)	\$2,500/\$5,000
Maximum Out of Pocket (Individual/Family)	\$9,100/\$18,200

DISCLAIMER: BENEFITS LISTED IN THIS ENROLLMENT GUIDE ARE INTENDED TO BE A BRIEF SUMMARY AND ARE SUBJECT TO CHANGE, REFER TO THE SUMMARY OF BENEFITS FOR FULL DETAILS OF THE BENEFITS INCLUDING DESCRIPTION OF COVERAGE AND A LIST OF EXCLUSIONS.

Your Dental Plan Option

Although you can choose any dental provider, when you use an in-network dentist, you will generally pay less for treatments because your share of the cost will be based on negotiated discount fees. With out-of-network dentists, the plan will pay the same percentage, but the reimbursement will be based on out-of-network rates. You may be billed for the difference.

Dental exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

To see a current provider directory, please visit guardianlife.com.



GUARDIAN DENTAL	
WEEKLY PREMIUM	YOU PAY...
Coworker only	\$5.25
Coworker + spouse	\$10.65
Coworker + child(ren)	\$15.51
Family	\$22.49
IN-NETWORK	YOU PAY...
Preventive Services	0%
Deductible: individual	\$50 (applies to basic and major only)
Deductible: family	\$150 (applies to basic and major only)
Basic Services	20%
Major Services	50%
Annual benefit maximum	\$1,000 per person
Orthodontia*	50%
Lifetime orthodontia maximum	\$1,000

*Orthodontia covered up to the age of 19.



Dental Carrier

View covered services, claim status or your account balance; find a dentist; update your information; and much more at guardianlife.com.

Your Vision Plan Option

Davis' vision care benefits include coverage for eye exams, standard lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around a network of eye care providers, with better benefits at a lower cost to you when you use providers who belong to the Davis network. When you use an out-of-network provider, you will have to pay more for vision services.

Eye exams can tell your doctor a lot about your overall health. It's important to schedule regular exams to help detect significant medical conditions before they become serious.

Locating a Davis Provider

Guardian's affiliation with Davis Vision offers access to over 98,000 provider access points nationwide, including private practice providers and many convenient retailers such as Costco, Walmart, Sam's Club, Target, JC Penney, Visionworks and contracted Pearle locations.

It's easy to find a network provider at guardiananytime.com.

DAVIS VISION		
WEEKLY PREMIUM	YOU PAY...	
Coworker only	\$1.04	
Coworker + spouse	\$1.96	
Coworker + child(ren)	\$2.00	
Family	\$3.16	
IN-NETWORK	FREQUENCY	YOU PAY...
Examination	Every 12 months	\$10 copay
Single vision lenses	Every 12 months	\$25 copay
Lined bifocal lenses	Every 12 months	\$25 copay
Lined trifocal lenses	Every 12 months	\$25 copay
Frames	Every 24 months	80% after \$130 allowance
Contact lenses: medically necessary	Every 12 months	\$25 copay
Contact lenses: elective	Every 12 months	85% after \$130 allowance

Your Life and AD&D Insurance Options

At no cost to you, MCG provides Basic Life and Basic AD&D insurance.



Terms to Remember

LIFE INSURANCE – type of insurance which provides a sum of money when the person who is insured dies while the policy is in effect.

ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) – coverage available on a life policy which pays scheduled amounts in the event of an accidental death or dismemberment.

BENEFICIARY – the person, persons, or entity designated to receive benefits upon the death of the insured.

AGE REDUCTION: The group term basic life and AD&D insurance coverage are subject to a reduction in benefit amount as you age.

PORTABILITY: Portability is available if your employment with MCG ends. Portability allows you to continue your term life coverage.

FREE PROGRAMS AVAILABLE TO YOU AND YOUR FAMILY MEMBERS

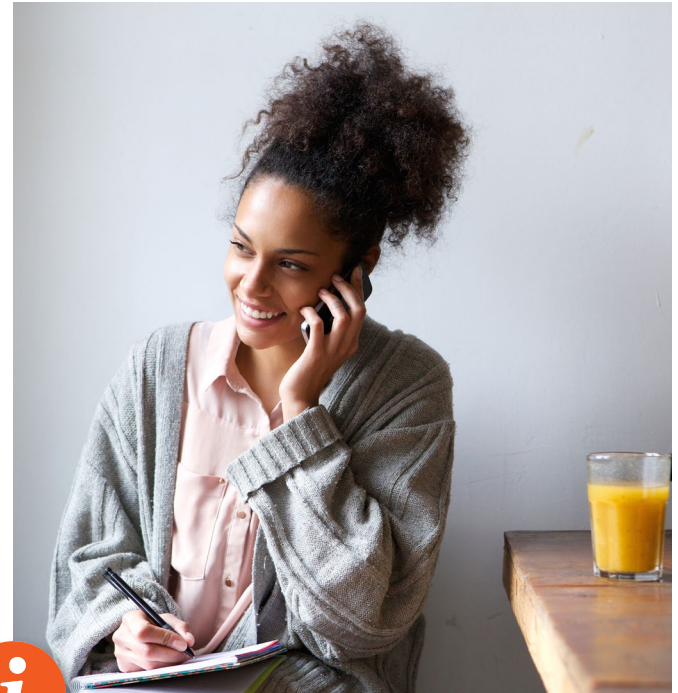
MCG provides help and support for personal and work-life matters to help you balance all of life's demands. We accomplish this by providing resources and tools to ease the tension between your personal and work priorities. Take advantage of the following **free programs** available to you and your family members — 24 hours a day, 7 days a week.

Your Personal Health Advocate

Personal health and well-being support anytime, anywhere — making health care easier, by supporting you with a wide range of health and insurance-related issues.

Nothing is more important than your health and the health of your loved ones. Personal Health Advocates are health care experts with extensive experience supporting people with important medical issues and decisions, no matter how common or complex. Registered nurses supported by medical directors and benefits experts will work on your behalf to get you the answers and peace of mind you need.

Questions? Call Health Advocate at 866-695-8622 or visit www.healthadvocate.com/members.



DID YOU KNOW?

Your Personal Health Advocate offers decision support. They can help you make the right choices for you and your family.

Your Coworker Assistance Program (CAP)

Life comes with many demands — from family issues to legal and financial concerns to coping with stress. Occasionally these matters can affect your work, health, and family. When that happens, count on your CAP to provide you with the support, resources, and information you need to rise to the challenge.

CAP Services include:

- Unlimited phone access to certain legal, financial, and work-life services
- In-person help with short-term issues
- Up to five sessions per person, per issue, per year

Questions? Call GuidanceResources at 855-239-0743 or visit www.guidanceresources.com (Organization Web ID: Guardian).

Important Documents and Notices



This page contains important information about your benefits. This page should be kept for future reference.

The following annual notices reflect that our benefits comply with applicable requirements. To access the plan documents, visit [site here](#). You can also receive paper copies of the plan documents, free of charge, by contacting MCG at support@mconstructiongroupllc.com.

1. Summary Plan Descriptions (SPD) and Summary of Material Modifications (SMM)

Under Employee Retirement Income Security Act (ERISA), the plan administrator must provide a detailed guide to coworkers who participate in Employee Retirement Income Security Act covered health benefit plans..

2. Summary Annual Reports

Under the Employee Retirement Income Security Act (ERISA), the plan administrator must automatically give participants a copy of the plan's summary annual report (SAR) each year. This is a summary of the annual financial report that most plans must file with the Department of Labor. These reports are filed on government forms called the Form 5500.

3. Summary of Benefits and Coverage

Under the Affordable Care Act (ACA), the medical plan administrator must provide participants with a concise document detailing, in plain language, simple and consistent information about health plan benefits and coverage.

4. Medicare Part D Creditable Coverage Notice

Under the Medicare Modernization Act (MMA), the medical plan administrator

must notify Medicare eligible policyholders that their prescription drug coverage is creditable coverage, which means that coverage under the medical plan is expected to pay on average as much as the standard Medicare prescription drug coverage.

5. Special Enrollment Notice

Under Health Insurance Portability and Accountability Act (HIPAA), the Company must provide additional opportunities to enroll in a group health plan if you lose other coverage or experience certain life events.

6. Children's Health Insurance Program Notice

Under the Children's Health Insurance Program (CHIP), the Company must notify coworkers of potential opportunities for premium assistance under Medicaid or CHIP in the State in which the coworker resides.

7. Women's Health and Cancer Rights Act Notice

As part of the Women's Health and Cancer Rights Act of 1998 (WHCRA), the medical plan must provide certain reconstructive surgery and other post-mastectomy benefits.

8. Newborns' and Mothers' Health Protection Act Notice

As part of the Newborns' and Mothers' Health Protection Act (NMHPA), the medical plan cannot restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a cesarean section.

9. Patient Protection Disclosure Notice

As part of the Affordable Care Act (ACA), the medical plan must allow you to (1) choose a primary care provider or a pediatrician when a plan or issuer requires designation of a primary care physician; or (2) obtain obstetrical or gynecological care without prior authorization.

10. Notice of Coverage Options

Under the Affordable Care Act (ACA), the Company must provide some basic information about the Marketplace and employment-based health coverage to assist you as you evaluate options for you and your family.

11. Nondiscrimination Provision

Under the Nondiscrimination Provision of the Affordable Care Act (ACA), certain health programs or activities cannot discriminate on the basis of race, color, national origin, sex, age, or disability.

Your Benefits Directory



Health Advocate

Making health care easier with one-on-one, confidential support. Quickly reach Health Advocate any time — by phone, email, and secure messaging.

Get started today!



MEDICAL AND PRESCRIPTION PLAN

Administrator	Tres Health
Customer Service	1-888-653-3508 portal.hstechnology.com/PHCS
Network	PHCS
Telehealth Provider	https://app.mdlive.com/landing/treshealth

DENTAL PLAN

Administrator	Guardian
Customer Service	1-877-500-2386 GuardianAnytime.com
Group Number	00063038
Network	DentalGuard Preferred Network

VISION PLAN

Administrator	Guardian
Customer Service	1-877-500-2386 GuardianAnytime.com
Group Number	00063038
Network	Davis

BASIC AND AD&D INSURANCE

Administrator	Guardian
Customer Service	1-877-500-2386 GuardianAnytime.com
Group Number	00063038
Network	Davis

COWORKER ASSISTANCE AND ADVOCATE PROGRAMS

Administrator	Guardian
Customer Service	1-855-239-0743 www.guidanceresources.com
Administrator	Health Advocate
Customer Service	1-866-695-8622 www.healthadvocate.com/members