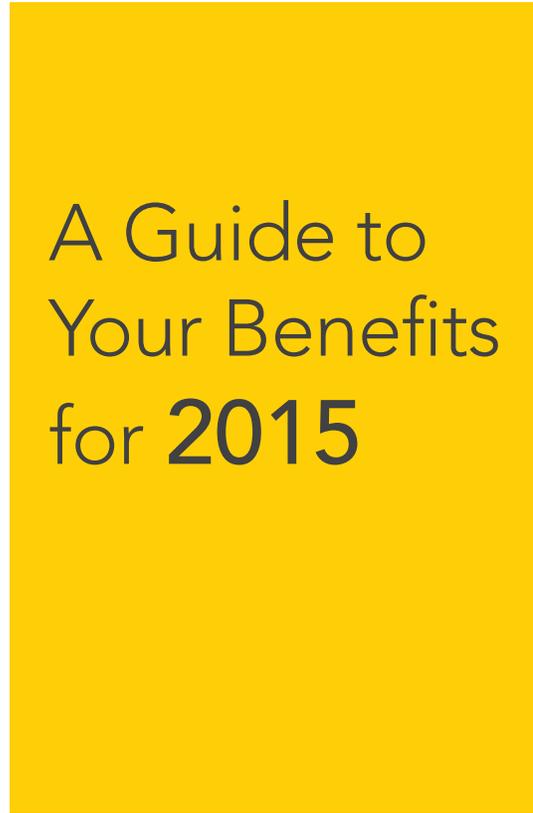




Louis Berger



A Guide to
Your Benefits
for **2015**



Benefits open enrollment period is
MAY 18 - 29, 2015



Employee Benefits for the July 1, 2015 – June 30, 2016 Plan Year

for U.S.-based employees of Berger Group Holdings,
Louis Berger Group, Louis Berger Services, and Ammann & Whitney

Effective July 1, 2015, Louis Berger is pleased to offer a comprehensive suite of benefits to promote health and financial wellness for you and your family. This guide provides a summary of your benefits. Please review it carefully so you can choose the coverage that's right for you and your dependents.

Benefit Basics

As a Louis Berger employee, you are eligible for benefits if you work at least 30 hours per week. Benefits are effective on the first day of the month following your date of hire.

You may enroll your eligible dependents for coverage once you are eligible. Your eligible dependents include:

- your legal spouse
- your domestic partner
- your children up to age 26

Once your benefit elections become effective, they remain in effect until the end of the plan year (June 30, 2016). You may only change coverage within 30 days of a qualified life event.

What is a domestic partner?

A domestic partner is someone who is eligible for benefits if he or she has lived with you for at least six months in a committed relationship and is not a relative. For more information about domestic partner benefits and a complete list of eligibility requirements, please contact your local human resources department.

Qualified Life Events

Generally, you may change your benefit elections only during the annual enrollment period. However, you may change your benefit elections during the year if you experience a qualified life event, including:

- marriage
- divorce or legal separation
- birth of your child
- death of your spouse, domestic partner or dependent child
- adoption of or placement for adoption of your child
- change in employment status of you, your spouse/domestic partner or dependent child
- qualification by the plan administrator of a child support order for medical coverage
- entitlement to Medicare or Medicaid

You must notify human resources in writing within 30 days of the qualified life event. Depending on the type of event, you may be asked to provide proof of the event. If you do not contact human resources within 30 days of the qualified event, you will have to wait until the next annual enrollment period to make changes (unless you experience another qualified life event).

For more information about your benefits, visit the [Open Enrollment Portal](#) on Nexus.

The Cost of Your Benefits

Louis Berger pays the full cost of many of your benefits, and you share the cost for others. You pay the full cost for any voluntary benefits you elect.

| Benefit | Tax Treatment | Who Pays |
|---|---------------|----------------------|
| Medical Coverage | Pretax | Louis Berger and You |
| Dental Coverage | Pretax | Louis Berger and You |
| Vision Coverage | Pretax | You |
| Basic Term Life and Accidental Death & Dismemberment (AD&D) Insurance | After-tax | Louis Berger |
| Supplemental Life and Accidental Death & Dismemberment (AD&D) Insurance | After-tax | You |
| Long-term Disability Coverage | After-tax | You |
| Short-term Disability Coverage | After-tax | Louis Berger |
| Flexible Spending Accounts | Pretax | You |
| Employee Assistance Program (EAP) | After-tax | Louis Berger |

Your Medical Coverage | the Focus is *Choice*

Louis Berger's leadership team has been working diligently to consolidate the employee benefits programs of the closely held companies, striving for value, consistency and choice. With the help of our consultants, we surveyed our employees, examined benefit plans offered by other companies, and conducted a thorough evaluation of insurance carriers and plan designs.

Recognizing the diversity among our employee population, it's our goal to provide a competitive range of benefits that allows you to choose a plan that best fits you and your family's needs. Since benefits are a significant part of your total compensation package, we are committed to continually looking for ways to ensure that our benefits program is meaningful and provides good value for both current and new employees.

Introducing Cigna and Aetna

Along with the importance of choice comes change. We are pleased to announce that we have selected Cigna for the medical, dental and vision plans, and Aetna for the life, supplemental life and disability plans. We are confident that these carriers will help us maintain a comprehensive benefits program while controlling costs for both employees and the company.

Effective July 1, 2015, eligible employees will be able to choose from three different medical plan options, two dental plan options and one vision plan, as well as supplemental life and disability benefits designed to provide financial security.

Open Access Plus Plans

There are some important similarities among the medical plans offered by Cigna. All three medical plans are Open Access Plus (OAP) plans. This means that you don't have to select a primary care doctor; you can go to any health care professional you choose without a referral.

You can save money by using participating Cigna health care providers. If you go outside the network, deductibles and coinsurance amounts are higher, so it will cost you more out of pocket. We recommend being a smart consumer and using participating providers whenever possible.

Also, preventive care is covered at 100 percent on all three medical plans when using participating Cigna providers. Immunizations, well-woman care, well-childcare, mammograms, and blood pressure and cholesterol screenings are all examples of services that can be covered at 100 percent. Deductibles and copays will apply if you are being treated for a medical condition or diagnosis.

Consumer Directed Health Plans

Two of the new medical plans are Consumer Directed Health Plans (CDHPs). CDHPs reward participants for being smart medical consumers by taking more time to examine costs, pricing, quality and necessity. CDHPs benefit patients by providing cost transparency and more control over health care decisions. People on these plans tend to be more conscious of spending and make healthier choices, which help keep their costs down.

Here is a brief overview of the three medical plan options:

Open Access Plus Plan (OAP)

This is a traditional plan design with a calendar year deductible and coinsurance for most services. Some common services, like physician office visits, emergency room visits, urgent care visits and prescription drugs, are subject to nominal copays, with no deductible.

Choice Fund Open Access Plus HRA Plan

This plan has a high deductible which must be met before services are covered, with the exception of preventive care and prescription drugs. Once the deductible is met, the plan covers all services at 90 percent until you meet the out-of-pocket maximum.

Coupled with this plan is a Health Reimbursement Account (HRA) that is used first to pay for qualified medical expenses. Louis Berger will fund up to \$500 for single coverage and \$1,000 for family coverage into the HRA for each employee. If there are funds left over at the end of the plan year, they can be carried over into the next plan year, subject to certain limits.

Choice Fund Open Access Plus HSA Plan

This plan has a high deductible which must be met before any services are covered, with the exception of preventive care. Once the deductible is met, the plan covers all services at 100 percent.

Coupled with the plan is a savings account that can be used to pay for qualified medical expenses. Contributions are deducted directly from your paycheck on a pre-tax basis and placed into your HSA bank account.

For 2015, the IRS rules allow you to contribute \$3,350 for single coverage and \$6,650 for family coverage. Any funds left over at the end of the year carry forward to the next plan year. There is no cap on the account balance in your HSA.

This plan has the lowest cost from your paycheck.



Cigna Medical Coverage | Plan Comparison

| Plan Provisions | OAP Plan | | HDHP with HRA Plan | | HDHP with HSA Plan | |
|---|--|----------------------|----------------------|----------------------|-----------------------------|-----------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Employer Contribution (Individual / Family) | None | | \$500/\$1,000 | N/A | None | |
| Deductible (Individual / Family) | \$2,000/\$4,000 | \$5,000/\$10,000 | \$1,500/\$3,000 | \$3,000/\$6,000 | \$2,500/\$5,000 | \$5,000/\$10,000 |
| Out-of-Pocket Maximum (Includes Deductible) | \$4,000/\$8,000 | \$10,000/\$20,000 | \$2,000/\$4,000 | \$6,000/\$12,000 | \$4,000/\$8,000 | \$10,000/\$20,000 |
| Lifetime Maximum | Unlimited | | Unlimited | | Unlimited | |
| Preventive Care | 100% | 50% after deductible | 100% | 70% after deductible | 100% | 70% after deductible |
| Primary Physician Office Visit | \$25 copay | 50% after deductible | 90% after deductible | 70% after deductible | 100% after deductible | 70% after deductible |
| Specialist Office Visit | \$35 copay | 50% after deductible | 90% after deductible | 70% after deductible | 100% after deductible | 70% after deductible |
| Inpatient Hospital Services | \$250 copay per admit, then 80% after deductible | 50% after deductible | 90% after deductible | 70% after deductible | 100% after deductible | 70% after deductible |
| Outpatient Hospital Services | 80% after deductible | 50% after deductible | 90% after deductible | 70% after deductible | 100% after deductible | 70% after deductible |
| Urgent Care | \$50 copay (waived if admitted) | 50% after deductible | 90% after deductible | 70% after deductible | 100% after deductible | 70% after deductible |
| Emergency Room Care | \$100 copay (waived if admitted) | | 90% after deductible | 90% after deductible | 100% after deductible | 100% after deductible |
| Retail Prescription Drugs (30 day supply) | | | | | | |
| Generic | \$10 copay | | \$10 copay | | \$10 copay after deductible | |
| Brand Preferred | \$25 copay | | \$25 copay | | \$25 copay after deductible | |
| Brand Non-Preferred | \$50 copay | | \$50 copay | | \$50 copay after deductible | |
| Mail Order Prescription Drugs (90-day supply) | | | | | | |
| Generic | \$20 copay | | \$20 copay | | \$20 copay | |
| Brand Preferred | \$50 copay | | \$50 copay | | \$50 copay | |
| Brand Non-preferred | \$100 copay | | \$100 copay | | \$100 copay | |

NOTE:

- Under the HDHP with HSA Plan, the family deductible must be met before any services are covered.
- This is only a summary of coverage. Please refer to Cigna's materials on the [Open Enrollment Portal](#) for additional details and information.
- In-network services are based on negotiated charges; out-of-network services are based on the maximum reimbursable charge.
- Deductible credit from prior Louis Berger Group medical plans will be provided.

Cigna's Prescription Mail Order Program

A Note on Generic Drugs

Generic drugs contain the same active ingredients as the original formulation. According to the U.S. Food and Drug Administration (FDA), generic drugs are identical in dose, strength, administration, safety, efficacy and intended use. Talk with your physician about prescribing a generic version of a brand name drug that you may be taking to see if a generic version is right for you.



Why use Cigna Home Delivery Pharmacy for my prescriptions?

- Cigna Home Delivery is for maintenance medications taken on a regular basis to treat an ongoing condition.
- A 90-day supply is dispensed for the cost of two copays. You would have to pay three copays at a retail pharmacy.
- Prescriptions are conveniently delivered right to your home, and standard shipping is free.

How do I get started?

- Obtain a prescription for a 90-day supply from your doctor and complete the mail order form. You should ensure that you have an available supply while your mail order is being processed.
- Cigna also offers the Quickschick program to help transfer your retail prescription to the Cigna Home Delivery Pharmacy. Call 800.285.4812 for assistance.
- New orders take approximately five to seven business days to ship; refills ship within two business days.

Important Facts Regarding HRAs and HSAs

Health Reimbursement Arrangement (HRA) Information and Important Facts

- The 2015 plan year funding for the HRA is \$500 for single participants and \$1,000 for family subscribers.
- The HRA fund is used to pay a portion of your covered first dollar, medical claim expenses to help satisfy the deductible.
- After the money in your HRA account is used, you pay all of your expenses up to your annual deductible.
- When you reach the deductible, the plan pays 90 percent of covered medical expenses.
- Employees can roll over up to 100 percent of unused HRA dollars to the next plan year to a maximum of \$1,500 (for individuals) or \$3,000 (for families).
- The HRA is not an employee-owned account. If you leave Louis Berger, any remaining balance is forfeited.

Health Savings Accounts (HSAs)

Cigna offers a Health Savings Account (HSA), a tax-advantaged savings account for participants enrolled in the HSA-compatible High Deductible Health Plan (HDHP). Participants can use funds in an HSA to pay for qualified expenses or save for the future.

All HSA money used for qualified medical expenses is tax-free. HSAs provide a triple tax advantage — all contributions are tax-free, income earned is tax-free, and all the HSA money used for qualified medical expenses is tax-free.

Examples of Qualified HSA Expenses

- Medical or prescription drug deductibles and coinsurance amounts
- Dental expenses, including deductibles, coinsurance and orthodontia expenses
- Vision expenses such as glasses and contact lenses
- Hearing aids, smoking cessation programs and medications
- COBRA premiums and qualified long-term care insurance premiums and Medicare premiums

2015 HSA Contribution Limits: Single – \$3,350 | Family – \$6,650

In addition, for individuals who are age 55 and above, there is an annual catch-up contribution of \$1,000. HSA contributions can be made on a pre-tax basis by salary deferral or direct deposit. Maximum contributions are based on you maintaining enrollment in a qualified medical plan on the first day of the month for all 12 months of the calendar year.



Important HSA Facts

- You can pay for qualified medical expenses with tax-free dollars.
- You can use your HSA dollars for out-of-pocket expenses incurred by you and your spouse and/or any dependents you claim on your tax return.
- You cannot be covered by any other medical insurance plan that reimburses for health expenses, unless it is a qualified High Deductible Health Plan (HDHP). This includes a standard FSA through your spouse's employer.
- To participate in an HSA, you cannot be enrolled in Medicare or Medicaid.
- When enrolling in the HSA, you will receive a welcome kit and debit card.
- Any funds remaining in your account at the end of the year will be rolled over; there is no "use-it-or-lose-it" rule.
- If you use HSA funds for expenses not permitted by the IRS, or prior to the date your HSA was established, your withdrawal will be taxed as ordinary income and you will incur an additional penalty.
- There is an additional form to be filed at tax time — [Form 8889](#).
- Keep your receipts! Although you won't need to submit them with your tax return, you should keep them with your tax records in case you are audited.
- You can obtain additional information from the IRS concerning allowable expenses by calling 800.829.3676 to request a copy of IRS Publication 502, or by visiting the IRS website at www.irs.gov and clicking on "Forms and Publications." More information on tax filing can be found at the IRS website in Publication 969.
- This is an employee owned-bank account; the money belongs to you. If you terminate employment with Louis Berger, the HSA account goes with you.

Cigna Dental Coverage

Louis Berger now offers two dental plan options — Cigna’s Dental PPO Core Plan and Cigna’s Dental PPO Buy-up Plan. You decide which plan is right for you. Both plans offer affordable and comprehensive dental coverage.

Regular dental exams can help you and your dentist detect problems in the early stages when treatment is simpler and costs are lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease, and is an important part of maintaining good medical health.

| Plan Provision | Cigna Dental PPO Core | | Cigna Dental PPO Buy-up | |
|--|--------------------------------|----------------------------|--------------------------------|----------------------------|
| Annual Deductible (Single/Family) | \$50/\$150 | | \$50/\$150 | |
| Annual Maximum (per person) | \$1,000 | | \$2,000 | |
| Overview of Benefits | Participating Network Provider | Non-Participating Provider | Participating Network Provider | Non-Participating Provider |
| Diagnostic and Preventive Care: Includes: oral exams; cleanings; routine x-rays; fluoride application; sealants; space maintainers (limited to non-orthodontia); non-routine x-rays | 100%, No Deductible | 100%, No Deductible | 100%, No Deductible | 100%, No Deductible |
| Basic Services: Includes: fillings; oral surgery; surgical extraction of impacted teeth; anesthetics; major periodontics; minor periodontics; root canal therapy; repairs – dentures | 80%, After Deductible | 80%, After Deductible | 80%, After Deductible | 80%, After Deductible |
| Major Services: Includes: crowns/inlays/onlays; dentures; bridges; stainless steel/resin crowns; repairs – bridges; crowns and inlays | 50%, After Deductible | 50%, After Deductible | 50%, After Deductible | 50%, After Deductible |
| Orthodontia (for dependent children only, up to age 19) | Not Included | | 50% | 50% |
| Orthodontia Lifetime Maximum | N/A | | \$2,000 | |

Dental insurance can make you smile! Many people would agree that there are many other things they would rather do than go to the dentist. However, it is important to remember that taking care of your teeth and gums is a gateway to good health. Cigna’s extensive provider network makes it easy for you to find a participating dentist. Please review the Cigna Dental Plan materials for more information.

Cigna Vision Coverage

Even if you have 20/20 vision, eye exams are an important part of maintaining good health. An eye exam can detect changes in your vision and can also uncover other eye and general health problems. Cigna’s Vision Plan covers routine eye exams and also pays for all or a portion of the cost of glasses or contact lenses for you and your dependents, if needed.

| Plan Provision | In-Network | Out-of-Network |
|--|---|--|
| Exam | \$10 copay | Up to \$40 |
| Hardware | \$20 copay | See below |
| Frequency: • Exam • Lenses • Frames | 12 months 12 months 12 months | 12 months 12 months 12 months |
| Frames | \$150 allowance (20% discount on the overage) | Up to \$70 |
| Lenses: • Single Vision Lenses • Bifocal Lenses • Trifocal Lenses | Covered at 100% Covered at 100% Covered at 100% | Up to \$30 Up to \$50 Up to \$65 |
| Medically necessary contact lenses | Covered at 100% | Up to \$210 |
| Elective contact lenses in lieu of glasses | Up to \$150 | Up to \$105 |

From private practice ophthalmologists and optometrists to nationally recognized retail eye care stores, you can find a trusted doctor in your area. Using in-network providers saves you money and there is virtually no paperwork. You can also choose an out-of-network provider. If you do, you will pay for the services in full at the time of the visit and you will have to submit a claim form for reimbursement.

Please refer to the Cigna Vision Summary for additional information.

Cigna Flexible Spending Accounts (FSAs)

Flexible Spending Accounts (FSAs) are designed to save you money on your taxes. They work similarly to savings accounts. You elect an amount at the beginning of each plan year. Then each pay period, funds are deducted from your pay on a pre-tax basis and are deposited to your Health Care and/or Dependent Care FSA. You can use these funds to pay for eligible health care or dependent care expenses. Effective July 1, 2015, Cigna will administer Louis Berger's FSA programs.

| Account Type | Eligible Expenses | Annual Contribution Limits | Benefit |
|---|---|---|--|
| Health Care Flexible Spending Account (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). | Maximum contribution is \$2,550 per year | Saves on eligible expenses not covered by insurance; reduces your taxable income |
| Limited Pay Flexible Spending Account (LPFSA) | Dental and vision care expenses. Members who elect an HSA medical plan cannot participate in a standard FSA, but can elect the LPFSA. | Maximum contribution is \$2,550 per year | Saves on eligible expenses not covered by insurance; reduces taxable income |
| Dependent Care Flexible Spending Account (DFSA) | Dependent care expenses for child dependents less than age 13 (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 \$5,000 per year (\$2,500 if married and filing separate tax returns) | Saves on eligible dependent day care expenses; reduces taxable income |

NEW DEBIT CARD & AUTO-PAY FEATURE | Cigna offers a debit card for prescription copays only for participants in the standard FSA. All other eligible medical claims will be streamlined for automatic reimbursement through the AutoPay feature.

FSAs – Important Information

Your FSA elections will be in effect from July 1, 2015 through June 30, 2016. Claims for reimbursement must be submitted for the 2015 plan year by September 30, 2016.

Please plan your contributions carefully. Louis Berger allows up to \$500 of unused FSA dollars to carry over at the end of the plan year. However, any amounts over \$500 remaining in your account after September 30, 2016, will be forfeited.

This is known as the "use-it-or-lose-it" rule and it is governed by IRS regulations. Note that FSA elections do not automatically continue from year to year; you must actively enroll each year.

Advantages of an FSA

With an FSA, the money you contribute is never taxed — neither when you put it in the account, when you are reimbursed with the funds from the account, nor when you file your income tax return at the end of the year.

Save on Your Taxes

See below for an example of how much you can save when you use the FSA to pay for your predictable health care and dependent care expenses.

| | With FSA | Without FSA |
|---|----------|-------------|
| Example – Your taxable income | \$50,000 | \$50,000 |
| Pretax contribution to Health Care and Dependent Care FSA | \$2,000 | \$0 |
| Federal and Social Security taxes* | \$11,701 | \$12,355 |
| After-tax dollars spent on eligible expenses | \$0 | \$2,000 |
| Spendable income after expenses | \$36,299 | \$35,645 |
| Tax savings with the Medical and Dependent Care FSA | \$654 | |

* This is an example only, and may not reflect your actual experience. It assumes a 25 percent federal income tax marginal rate and a 7.7 percent FICA marginal rate. State and local taxes vary and are not included in this example. However, you will also save on any state and local taxes.

Aetna Life, Supplemental Life and Disability Plans

Life and Accidental Death & Dismemberment (AD&D) Insurance Coverage

Life insurance is an important part of your financial security, especially if others depend on you for support. Accidental Death & Dismemberment (AD&D) insurance is designed to provide a benefit in the event of dismemberment or accidental death.

Louis Berger provides basic life and AD&D insurance to all eligible employees at no cost to you through Aetna. This benefit includes:

- one times your base annual earnings, up to a maximum benefit of \$150,000
- age reduction schedule: to 65 percent at age 70; to 55 percent at age 75

Short-term Disability Insurance and Voluntary Long-term Disability Insurance

The goal of the disability plan is to provide you with income replacement should you become disabled and unable to work due to a non-work-related illness or injury. Louis Berger provides eligible employees with disability income benefits for both short- and long-term disability.

Short-term Disability (STD)

The company pays for the cost of this benefit.

- Covers 60 percent of your weekly pre-disability earnings — up to a \$1,000 weekly maximum.
- Benefits begin on the first day of injury and the eighth day of an illness, and continue for 26 days as long as you remain continuously disabled.

Voluntary Long-term Disability (VLTD)

You pay for the cost of this benefit.

- Covers 60 percent of your weekly pre-disability earnings — up to a \$10,000 monthly maximum.
- Benefits begin after 180 days of continuous disability due to illness or injury.

Voluntary Life Insurance

Louis Berger also provides voluntary life coverage to full-time, active, benefit-eligible employees. This provides the opportunity to purchase additional life insurance for you and your family.

Aetna's voluntary life insurance offers competitive, age-banded premiums, and is conveniently deducted from your paycheck with an after-tax payroll deduction.

The benefit can be elected in increments of \$10,000 up to a maximum of the lesser of 5 times your earnings or \$500,000. The maximum election is up to \$100,000 without evidence of insurability (EOI). If you are electing an amount over the guarantee issue of \$100,000, you will have to provide an EOI form, which is included with the Aetna materials.

You can also elect coverage for your spouse in increments of \$10,000 to a maximum of \$250,000 (your spouse's amount cannot be more than half of your approved amount).

The guarantee issue for your spouse is \$40,000, therefore any amount elected over this amount is subject to an EOI.

Coverage amounts requested in excess of the guarantee issue are not effective until underwriting review and approval.

Coverage can also be elected for your dependent children (age 14 days to age 19, and to age 23 if a full-time student) in increments of \$2,500 to a maximum of \$10,000. The guarantee issue amount for dependents is \$10,000.

The age reduction schedule is as follows: 60 percent at age 75; 35 percent at age 80; 27.5 percent at age 85; 20 percent at age 90; 7.5 percent at age 95; and 5 percent at age 100.

Please refer to the Aetna life and disability benefit summaries for additional details and information. Aetna's materials include age banded rates for both voluntary long-term disability and voluntary life insurance.



Contact Information

| Plan | Carrier | Group Number | Phone Number | Website |
|--|---------|--------------|--------------|--|
| Medical Plan | Cigna | 3334910 | 800.Cigna24 | www.mycigna.com or www.cigna.com |
| Health Reimbursement Account (HRA) | Cigna | 3334910 | 800.Cigna24 | www.mycigna.com or www.cigna.com |
| Health Savings Account (HSA) | Cigna | 3334910 | 800.Cigna24 | www.mycigna.com or www.cigna.com |
| Dental Plan | Cigna | 3334910 | 800.Cigna24 | www.mycigna.com or www.cigna.com |
| Vision Plan | Cigna | 3334910 | 800.Cigna24 | www.mycigna.com or www.cigna.com |
| Flexible Spending Accounts | Cigna | 3334910 | 800.Cigna24 | www.mycigna.com or www.cigna.com |
| Life and AD&D Insurance | Aetna | 473438 | 800.523.5065 | www.aetna.com |
| Short-term Disability Insurance | Aetna | 473438 | 866.326.1380 | www.aetnadisability.com |
| Voluntary Long-term Disability Insurance | Aetna | 473438 | 866.326.1380 | www.aetnadisability.com |
| Employee Assistance Program | Aetna | 473438 | 877.327.5832 | www.aetnaeap.com Login ID: EAP4LIFE |

Aetna Employee Assistance Program (EAP)

Sometimes life can be challenging. That's why Louis Berger provides an Employee Assistance Program (EAP) to all eligible employees — at no cost to you.

The Aetna EAP is designed to provide prompt, confidential help with a range of personal and family issues that may affect all of us from time to time. This program is available to you, your spouse and others in your household as an Aetna Life plan member.

EAP counselors are there to assist you with concerns such as personal and professional relationships, mental health and well-being, family life, daily stress and substance abuse.

There is no charge to you or your family for using this program. However, if you choose to use any of their referrals for additional resources, their charges — if any — would be your responsibility.

If you need help or guidance, you may reach out to the Aetna EAP anytime, toll-free at 877.327.5832 or visit the website at www.AetnaEAP.com then enter EAP4LIFE as your login ID.

For information regarding Aetna's other value added programs, visit Aetna's Life Essentials website at www.aetna.com/aetnalifeessentials

Get Help During Open Enrollment

Visit myCignaPlans.com

Between May 18 and May 29, visit myCignaPlans.com to get the tools to help you make the right choices for your medical, dental and vision plans.

- Find tools to help you estimate your costs for the coming year.
- Compare Cigna's medical plan options (including payroll contributions), side-by-side.
- Review a directory of doctors, hospitals and other facilities that participate in the Cigna network.
- Read benefit summaries that highlight the coverage of the plans.
- Find average costs of common procedures and diagnoses.
- Read frequently asked questions.

Call the Cigna Enrollment Information Line

For additional assistance during open enrollment, call the Cigna Enrollment Information Line toll-free at 800.401.4041. Representatives are available 24 hours a day, 7 days a week. You can call this special number during the open enrollment period and through June (May 18 to June 30).

Representatives can assist with information regarding specific plans, finding participating providers and providing comparisons of Cigna products and resources. ***This service is limited to providing information only. Enrollment cannot be completed by calling this number.***

myCignaPlans.com

Username: LouisBerger2015

Password: OE2015
(password is case sensitive)

Transition of Care

This provision allows you to continue to receive services for specified medical and behavioral conditions for a defined period of time with health care professionals who do not participate in the Cigna network until the safe transfer of care to a participating doctor or facility can be arranged. You must apply for Transition of Care at enrollment, but no later than 30 days after the effective date of your coverage. If you are currently under treatment for certain conditions with a doctor that was in network with your previous Louis Berger sponsored medical carrier, but not in network with Cigna, you may qualify for Transition of Care.

To see if you qualify, submit a paper transition of care form included in your open enrollment packet. After review, Cigna will send you a letter letting you know if your request was approved or denied. If you are approved, you will be covered for the first of 90 days or until you find a participating provider.

After Open Enrollment

Cigna offers valuable tools, resources and lifestyle management programs to assist in making the most of your benefits program.

Customer Service

Cigna provides 24x7 customer service, 365 days per year. Call 800.Cigna24 (the number is located on the back of your ID card).

Login or Download the App

Visit myCigna.com or download the myCigna mobile app. By logging in, you can access the Cigna provider directory, which includes cost, quality and patient experience ratings; verify coverage details; check claim activity history; view ID card information; search for prescription information; and track account balances and deductibles.

Lifestyle Management Programs

Whether your goal is to lose weight, quit smoking or lower stress, you have the power to make it happen. Cigna's Lifestyle Management Programs can help — and at no cost to you. All programs are accessible both online and over the phone. Programs include weight management, smoking cessation and stress management. Please refer to the Cigna materials for more information or call 800.Cigna24 for more information after July 1, 2015.

Healthy Pregnancies, Healthy Babies

Enroll in this program designed to help you and your baby stay healthy during your pregnancy and in the days and weeks following your baby's birth. Call 800.615.2906 to enroll as soon as you know you are pregnant.



About this Guide

This benefit summary provides selected highlights of the Louis Berger Employee Health Benefits Program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the company.

All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between information provided through this summary and the actual terms of the policies, contracts and plan documents are governed by the terms of these policies, contracts and plan documents. Louis Berger reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The plan administrator at Louis Berger has the authority to make these changes.

Please refer to the model notices posted on the [Open Enrollment Portal](#) for important additional information about your rights as a plan participant and the benefit plans offered by Louis Berger.