



2018 Enrollment Guide

*ALL Employees are REQUIRED to make a 2018
benefit election*

Welcome to your 2018 Benefits Enrollment

What's in the guide?

Eligibility	3
Enrollment Process	4
Mobile App	5
Medical	6
Health Savings Account	7
Dental	8
Vision	9
Voluntary Worksite Benefits	10 - 12
Basic & Supplemental Term Life	13
Disability	14
Legal Plan	15
Additional Benefits	16
Annual Disclosures	17 - 22
Important Contacts	23

D.M. Bowman is committed to providing our employees with a benefits program that is both comprehensive and competitive. Our benefits program offers health care, dental and vision as well as financial security to our employees and their families. This guide provides a general overview of your benefit choices and enrollment information to help you select the coverage this is right for your.

Your New Hire Enrollment is your initial opportunity to make benefit elections. This is your only opportunity to make benefit elections until next year's Open Enrollment unless you have a qualifying event.

All elections will effective through **December 31, 2018**.

Eligibility

Who Is Eligible

If you are a full time employee working 30 hours or more per week and have met the new benefits waiting period (1st of the month following 60 days), you are eligible to participate in the benefits program.

New Hires who just enrolled in 2017 coverage will also need to re-enroll for 2018 benefits!!

Do Not Enroll Ineligible Family Members

It is against the law to enroll ineligible family members. If you do so, you may have to pay all costs incurred by the ineligible person from the date coverage began.

Eligible family members include:

- Legal Spouse
- Your Dependent Child or Spouse's Dependent Child up to age 26 (A child is a natural child, stepchild, legally adopted child, child placed for adoption, or child who legal guardianship has been awarded to you or your spouse.)

Examples of Ineligible Family Members include:

- Former Spouses
- Children over age 26
- Children of a former spouse
- Grandchildren
- Parents

Contact the Benefit Department if you have questions.

ID Cards

For your identity protection, ID cards are generally sent in unmarked envelopes. Please be on the lookout for your new ID cards in the mail and be careful not to throw them away.

You may download the myCigna mobile app and use the mobile ID card or register at myCigna.com and print a temporary ID card from the website.

Enrollment Process

D.M. Bowman provides electronic enrollment through Explain My Benefits. Explain My Benefits provides eligible employees the ability to make group insurance benefit elections and changes online during the annual open enrollment, new hire orientation and qualifying events.

Enrollment has never been easier. Accessible 24 hours a day, information about all of your employee benefits election options, including premiums and carrier contact information, are also available to help you make informed decisions.

You can also log into the Explain My Benefits portal at anytime or download the Mobile App, to review your benefits, access carrier links, update your personal information for yourself and dependents, update your beneficiaries and process qualifying life events.

How to Enroll

Decide which of these two convenient enrollment options best fits your needs:



Self-Service

- ◆ Visit www.explainmybenefits.biz/dmb, click on the red “Log into Your Benefit System” button or download the Mobile App and move through the enrollment system at your own pace.
- ◆ Review the posted benefit guide and plan summaries to help you with your benefit decisions.
- ◆ Be sure to click “submit” at the end of the process and make note of your confirmation number. If you do not receive a confirmation number you have not completed your enrollment and you will not be enrolled in your benefits.
- ◆ Return to the system or Mobile App anytime and click your confirmation number to view your confirmation statement.



Call Center

- ◆ Benefit Counselor assisted enrollments are available through the EMB Call Center. Visit www.explainmybenefits.biz/dmb and click on the red “Click Here to Schedule Your Enrollment Session with Explain My Benefits” button to schedule your appointment or schedule your appointment through the Mobile App.
- ◆ **Appointments are available the 2nd Wednesday and Thursday of each month between 9:00am-5:00pm EST (Eastern Standard Time).**

Reminders

When using any of the above options for enrollment:

- ◆ Be sure to review the 2018 Benefit Guide and plan summaries **prior** to going through the enrollment process
- ◆ Be prepared by gathering dependent and beneficiary information (i.e. Social Security Numbers and Dates of Birth)

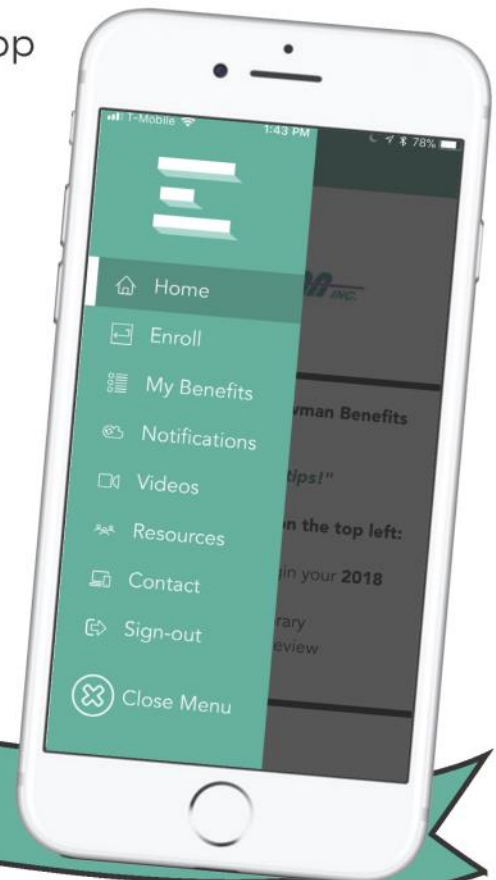
Mobile App



NEW! BENEFITS ENROLLMENT APP

DM Bowman has provided you a brand new app to manage your benefits that allows you to:

- ✓ **Enroll in your benefits from your phone**
- ✓ **View your current benefits**
- ✓ **Watch benefit education videos, review benefit guides and plan summaries**
- ✓ **Receive important message notifications about your benefits**



Benefits at your fingertips!

TO DOWNLOAD:

1. Visit the Apple or Android App Store
2. Search for: **Explain My Benefits**
3. Download the free app!
4. Enter company code: **dmb**

D.M. Bowman INC.



Medical



Our medical plan has changed to **Cigna** effective January 1, 2018. The plan will still provide coverage for pre-existing conditions, inpatient and outpatient hospitalization, provider visits, prevention and prescription drugs. The plan is compliant with the Affordable Care Act.

The medical plan will provide you with the flexibility to go to the provider or medical facility of your choice even if your provider or the facility is not in the Cigna network. If you see providers and go to facilities within the Cigna network, however, your out-of-pocket costs are much lower than if you go out-of-network for your care.

Take advantage of Cigna’s mobile app or the member website www.mycigna.com to better manage your health, obtain your ID card, look up Cigna providers, view your claims, etc.

This is a brief outline of the plan. Please refer to the summary plan description for complete details.

HDHP/HSA Core Plan Option		
Calendar Year Deductible	In-Network	Out-of-Network
Employee Only Coverage	\$1,800	\$3,600
EE + Dep Coverage	\$3,600	\$7,200
Out-of-Pocket Maximum	In-Network	Out-of-Network
Individual	\$6,550	Unlimited
Family	\$13,100	
Preventive Health Services	In-Network	Out-of-Network
Preventive Care	Plan pays 100%	Not Covered
Physician Office Services	In-Network	Out-of-Network
Primary Care Physician Office Visit	20% after Deductible	60% after Deductible
Specialist Visit	20% after Deductible	60% after Deductible
Services Received at a Facility	In-Network	Out-of-Network
Inpatient Services	20% after Deductible	60% after Deductible
Outpatient Services	20% after Deductible	60% after Deductible
Emergency Room (Medical Emergency)	\$500 Copay + 20% after Deductible	
Prescription Drugs	In-Network	Out-of-Network
Tier 1	\$20 copay	50% copay
Tier 2	\$35 copay	50% copay
Tier 3	\$50 copay	50% copay
Mail Order (90 day supply)	2x Copay Above	Not Covered
Weekly 2018 Pre-Tax Deductions	Employees Hired prior to 12/31/05 Only	All Other Employees
Employee Only	\$5.00	\$28.75
Employee + Spouse	\$30.66	\$64.80
Employee + Child(ren)	\$16.46	\$50.49
Family	\$61.04	\$95.08
PREMIUM SURCHARGES: (add to above)		
If you or your covered spouse has used Nicotine within the last 12 months		\$20.00
If your covered dependents have ACCESS to other group medical coverage		\$10.50

An HSA plan paired with your HDHP helps you plan, save and pay for health care expenses tax free.

Your pre-tax deductions will be deposited into your Optum HSA Account.

2018 HSA Limits:
\$3,450 Individual; \$6,900 Family
\$1,000 Catch up over age 55

Wellness Screenings

are important in the early detection and treatment of disease. DM Bowman is dedicated to helping employees live healthy lives.

Screenings are covered 100%



Learn more about the features and advantages of Cigna coverage.

- Information on specific plans
- Help finding participating doctors and other health care professionals
- Comparisons of all Cigna products and resources available to you.

For questions about Cigna coverage, call us 24/7 at 800-401-4041.

Health Savings Account (HSA)

A Health Savings Account paired with your Cigna High Deductible Health Plan (HDHP) helps you plan, save and pay for health care. HSA's are individual savings accounts that offer **tax savings** for qualified medical expenses (*medical, dental, vision*).

DM Bowman offers convenient pre-tax deductions and has partnered with Optum Bank to administer employee HSA accounts.

Here is how it works -

- You must be covered under a high deductible health plan (HDHP) on the first day of the month.
- You have no other health coverage except what is permitted by the IRS.
- You are not enrolled in Medicare.
- You cannot be claimed as a dependent on someone else's tax return.

By electing an HSA contribution to be deducted from your paycheck pre-tax, DM Bowman will have Optum Bank open an HSA account on your behalf and will begin depositing your HSA contributions.

What you need to know -

Deposit your health care dollars:

- **Deposits** - While you are participating in a qualifying high deductible health plan, anyone can make a deposit into your HSA - you, your employer, your family or any other individual. DM Bowman will arrange for deposits to be deducted from your paycheck. Other options include deposit forms, the Optum Bank website and online transfers from your bank.
- **Contribution limits** - The IRS sets guidelines for how much you can contribute to an HSA each year.
⇒ *For 2018, up to \$3,450 for an individual or \$6,900 for a family. 55+ can contribute an additional \$1,000.*

Grow your savings

- **Earnings** - Deposits to your HSA could earn "income tax-free" interest.
- **Investment options** - Some HSAs offer an option to invest some of your HSA dollars in mutual funds after you have saved a certain amount in your account - if that fits your risk tolerance and long-term goals.
- **Carry-over** - There is no "use it or lose it" rule for HSAs. Unspent funds remain in your account.

Save on taxes

- **Contributions** - The money you contribute to your HSA is tax-deductible up to the annual contribution limit. So, if you are in the 28% tax bracket and deposit \$3,000 into your HSA, you could save \$840 in federal income taxes.
- **Distributions** - Money you take out of your HSA to pay for qualified medical expenses (medical, dental, vision) is tax-free.
⇒ *For complete details on what expenses are covered and not covered under the plan, please refer to the IRS Pub 502 at www.irs.gov/pub/irs-pdf/p502.pdf.*
- **Earnings** - Interest you may earn on your HSA grows income tax free.

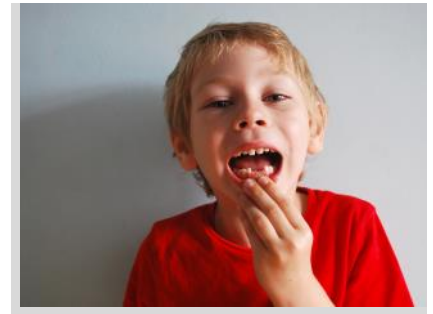
Pay for health care, now or later

- **Qualified medical expenses** - Pay for current and future medical expenses for you, your spouse and your eligible tax dependents. You can continue to use the funds in your account even if you stop participating in a HDHP. (Although you cannot contribute more to it.)
- **Payment methods** - The HSA offers a debit card you can use to pay pharmacies, doctors, clinics and other health care providers on the spot. Or, you can withdraw funds to reimburse yourself for out-of-pocket expenses.
- **Tax implications** - It's up to you to maintain records to verify that funds were used for qualified medical expenses. Funds used for nonqualified expenses will be taxed as income and subject to a 20% penalty. If you are 65 or older, the 20% penalty does not apply.

Dental



Good dental care can affect your overall health and wellness. The plan will continue to provide coverage for diagnostic and preventive check-ups and cleanings as well as basic and major services with a higher than average plan maximum per person!



The plan includes coverage at any dental care provider, but by using Cigna Dental providers, you will receive the lowest out of pocket cost. Cigna has a growing network with over 131,150 dental providers nationwide.

Once you are enrolled you may take advantage of online self-service capabilities. To register, just go to www.mycigna.com and follow the easy registration. There is also an easy on the go access with myCigna Mobile App.

Customer live telephone service is available 24/7 in 150 languages and dialects.

This is a brief outline of the plan. Please refer to the summary plan description for complete details.

Benefits No waiting periods apply to plan services when enrolling as a new hire	In-Network	Out-of-Network
Calendar Year Deductible		
Single/Family	\$50 / \$150	
Maximum Benefit		
Plan Year Maximum (per person)	\$1,500	
Diagnostic & Preventive Services		
Oral exams, Routine cleanings, X-rays, Fluoride treatment	Paid 100%	Paid 100%
Basic Services		
Fillings, Minor oral surgery, Endodontics, Periodontics	Paid 80% after deductible	Paid 80% after deductible
Major Services		
Major Oral Surgery, Crowns, Bridges, Dentures, Inlays and Onlays, Implants	Paid 80% after deductible	Paid 80% after deductible
Pre-Tax Payroll Deductions		Weekly
Employee Only	\$5.75	
Employee + Spouse	\$11.39	
Employee + Child(ren)	\$12.87	
Family	\$19.25	

Benefit Tip: For higher costing services it is a good idea to have your provider complete a pre-determination of benefits so you know your cost before you have the procedure.

*Did you know?
Red, swollen gums that bleed easily are called gingivitis. It is not usually painful, but an important warning sign of gum disease.*

Vision



D.M. Bowman offers a vision plan through EyeMed. EyeMed offers a comprehensive package of vision benefits designed to promote good eye health.

With the EyeMed provider network you will have access to a national network of over 87,500 vision care providers. For a complete listing, please visit www.eyemedvisioncare.com. Use the “**Select**” Network in your provider search.

EyeMed Summary of Benefits	In-Network	Out-of-Network Reimbursement
Annual Eye Exam	\$10 Copay	Up to \$30
Lenses (Annually) Single Vision, Bifocal, Trifocal, Lenticular, Progressive	\$25 Copay	Up to \$60
Contacts Fit & Follow-up Exams (Elective)	Covered up to \$150	Up to \$120
Frames Covered every 24 months	Covered up to \$150	Up to \$75
Pre-Tax Payroll Deductions	Weekly	
Employee Only	\$1.39	
Employee + Spouse	\$2.65	
Employee + Child(ren)	\$2.79	
Family	\$4.10	

Benefit Tip: A vision ID Card isn't required to receive services. Simply call an EyeMed provider and let them know your name and birthday.

What are Voluntary Worksite Benefits?

Voluntary Worksite Benefits are offered to strengthen your overall benefits package. You can customize the benefit based on need and affordability.

- ◆ Ownership - Policies are fully portable and belong to you and your family if you leave your employer, same price and same plan
- ◆ Benefits are payroll deducted
- ◆ **Cash benefits are paid directly to you, not to a hospital or to a doctor**
- ◆ **Benefits are paid regardless of any other coverage you may have**
- ◆ Level premiums - Rates do not increase with age
- ◆ Guaranteed Renewable
- ◆ Designed to provide additional cash flow to assist with out of pocket medical costs and other bills



The Voluntary Worksite Benefits offered through Transamerica are **Accident, Critical Illness, Hospital and Whole Life.**

Accident Plan

A plan that helps pay for the unexpected expenses that result from an accident

- On and off the job coverage = 24 hours per day, 7 days a week
- Family coverage available
- Sports related injuries covered as well

Just a few examples of benefit included in the plan:

- Emergency Treatment - \$175
- Hospitalization - \$1,050 admission benefit, \$225 per day benefit
- ICU Benefit - \$675 per day
- Fractures - up to \$7,000
- Dislocations - up to \$5,600
- Torn Knee Cartilage - up to \$900
- Wellness Benefit - \$50 per insured per year
- See brochure for a complete list of benefits



Pre-Tax Weekly Payroll Deductions	Employee	Employee & Spouse	Employee & Children*	Family*
	\$4.31	\$6.69	\$5.51	\$8.07

**Dependents up to age 26 can be covered regardless of student status.*

Voluntary Worksite Benefits

Critical Illness/Cancer



Critical Illness/Cancer is a benefit that will pay you a lump sum of money if you are diagnosed with a critical illness, heart attack, internal cancer or stroke. The cash benefit is provided upon the first diagnosis of a covered condition to help you with associated costs and beyond.



Guaranteed Issue at Initial Offering Only

\$25,000 employee / \$12,500 spouse / \$12,500 children

Regardless of other coverage in force, the benefit is paid out in a full lump sum.

Examples of covered conditions:

Cancer, Heart Attack, Stroke, Renal (Kidney) Failure, Major Organ Transplant, Paralysis, ALS (Lou Gehrig’s Disease), Blindness, Coronary Artery Disease (surgery) (25% benefit), Carcinoma in situ (25% benefit)

A Health Screening Benefit is included in your Critical Illness/Cancer Policy and Cigna pays \$50 for each insured. Each covered person will get one screening test per calendar year.

- ◆ Mammography
- ◆ Stress Test
- ◆ Serum Cholesterol
- ◆ Bone Marrow
- ◆ Pap Smear
- ◆ Colonoscopy
- ◆ Prostate Specific Antigen
- ◆ Chest X-ray

Also included is a Recurrent Benefit that provides an amount equal to 50% of the plan benefit amount if the covered person is diagnosed with the same covered condition after a 12 month separation period.

Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. **Your specific rate will be calculated for you on the electronic enrollment system.** See brochure for more details.

Hospital Plan



The Transamerica Hospital Plan is a policy that pays a specified amount for each day a covered person is confined to the hospital.

- Hospital Admission (paid once per calendar year) - \$1,000
- Daily Hospital Confinement (pays for a maximum of 100 days per calendar year) - \$50 per day

Pre-Tax Weekly Payroll Deductions	Employee	Employee & Spouse	Employee & Children*	Family*
	\$2.96	\$6.22	\$4.32	\$7.05

**Dependents up to age 26 can be covered regardless of student status.*

Whole Life with Long Term Care

Transamerica Whole Life insurance policy is designed to help provide financial protection for your family, with a death benefit that can be used for final expenses, college tuition, living expenses or as an inheritance. It also accumulates cash value that can be borrowed against while alive.

Whole life is a great supplement to term life insurance because it helps protect for an entire lifetime.

- Whole Life with Long Term Care is a permanent life insurance that is designed to match your needs throughout your lifetime.
- The Whole Life with Long Term Care is priced to remain the same cost to you until age 100.
- The Living Benefit, Long Term Care is 6% of the death benefit per month for up to 25 months if confined in a nursing or assisted living facility or 4% of the death benefit per month for up to 50 months if receiving home health care or day care.
- Monthly premiums are waived while using the Long Term Care benefits.
- If you use the Long Term Care benefit, your death benefit amount reduces.
- The policy also provides an Accelerated Death Benefit that will pay \$150,000 or 75% of the death benefit (whichever is less), when the insured is diagnosed with a terminal illness.
- Coverage available for spouse and children as well.



**Special Underwriting for Initial Offereing
Guaranteed Issue**

Up to \$100,000 employee / up to \$15,000 spouse / \$25,000 children

Rates

This benefit is customized by each employee so rates vary, but can start as little as a few dollars a week. **Your specific rate will be calculated for you in the electronic enrollment system.**

Life and AD&D Insurance



Basic Life and AD&D Insurance

D.M. Bowman provides full time employees with \$25,000 in group life and accidental death and dismemberment (AD&D) insurance through Cigna. **D.M. Bowman pays the full cost of this benefit.**

Supplemental Life Insurance and AD&D

In addition to the Basic Group Life and AD&D, you may purchase additional coverage for both yourself and your dependents.

Employees can purchase \$20k, \$40k, \$60k or \$80k for yourself and your spouse and you may purchase up to \$10,000 for your children. You may participate in the program after your initial 60 day new hire waiting period without any individual underwriting. You are guaranteed coverage up to \$80k for yourself, \$20k for your spouse and \$10,000 for your children - no questions asked. **Employee must enroll to cover dependents.**

If you are enrolled, 2018 premiums have not changed, but you may see an increase in premium if you have moved to the next age bracket.

Employee Life Post Tax Weekly Deductions					
Age	Rate per \$1,000	\$20,000	\$40,000	\$60,000	\$80,000
<25	\$0.08	\$0.37	\$0.74	\$1.11	\$1.48
25-29	\$0.09	\$0.42	\$0.83	\$1.25	\$1.66
30-34	\$0.11	\$0.51	\$1.02	\$1.52	\$2.03
35-39	\$0.14	\$0.65	\$1.29	\$1.94	\$2.58
40-44	\$0.17	\$0.78	\$1.57	\$2.35	\$3.14
45-49	\$0.25	\$1.15	\$2.31	\$3.46	\$4.62
50-54	\$0.42	\$1.94	\$3.88	\$5.82	\$7.75
55-59	\$0.75	\$3.46	\$6.92	\$10.38	\$13.85
60-64	\$1.05	\$4.85	\$9.69	\$14.54	\$19.38
65-69	\$1.80	\$8.31	\$16.62	\$24.92	\$33.23
Employee AD&D Post Tax Weekly Deductions					
<70	\$0.036	\$0.17	\$0.33	\$0.50	\$0.66
Spouse Life Post Tax Weekly Deductions (based on Employee's Age)					
<29	\$0.04	\$0.18	\$0.37	\$0.55	\$0.74
30-34	\$0.06	\$0.28	\$0.55	\$0.83	\$1.11
35-39	\$0.07	\$0.32	\$0.65	\$0.97	\$1.29
40-44	\$0.09	\$0.42	\$0.83	\$1.25	\$1.66
45-49	\$0.13	\$0.60	\$1.20	\$1.80	\$2.40
50-54	\$0.18	\$0.83	\$1.66	\$2.49	\$3.32
55-59	\$0.29	\$1.34	\$2.68	\$4.02	\$5.35
60-64	\$0.45	\$2.08	\$4.15	\$6.23	\$8.31
65-69	\$0.80	\$3.69	\$7.38	\$11.08	\$14.77
Spouse AD&D Post Tax Weekly Deductions					
<70	\$0.026	\$0.12	\$0.24	\$0.36	\$0.48

Child(ren) Life and AD&D Post Tax Weekly Deductions		
	Rate per \$1,000	\$10,000
Life Insurance	\$0.13	\$0.30
AD&D	\$0.030	\$0.07



If you previously declined this benefit you must complete Evidence of Insurability (EOI) and may be denied coverage. If you are currently enrolled and wish to increase your coverage, you must also complete EOI.



Complete and submit your EOI form to HR no later than December 30th.

Disability



D.M. Bowman offers a voluntary STD and LTD benefit through **Cigna**. *The plans are combined so employees elect both plans together.* The disability programs protect your income in the event you are unable to work due to an accident or illness. Your disability premium contributions will be deducted from your paycheck on a pre-tax basis.



If you previously declined this benefit, you will be required to complete an Evidence of Insurability form to be submitted for approval and you may be denied coverage. **Complete and submit your EOI form to HR no later than December 30th.**

Short Term Disability

- The Short Term Disability plan will pay 60% of your weekly income up to a weekly maximum of \$2,500.
- The plan benefits will begin on the 8th day after an accident or illness for up to a maximum of 26 weeks.
- Rate per \$10 of weekly benefit - \$1.77

Long Term Disability

- The Long Term Disability plan will pay 60% of your monthly income up to a monthly maximum of \$10,000.
- The plan benefits will begin after 180 day elimination period.
- The benefit duration is based on your age at disability:

Age at Disability	Age 62 or younger	63	64	65	66	67	68	69+
Duration of Payments (months)	To age 65 or the date the 42nd monthly benefit is payable, if later	36	30	24	21	18	15	12

- The plan includes a two-year own occupation disability definition.
- Rate per \$100 of monthly covered payroll - \$1.95

Voluntary Disability Premium			
STD/LTD Coverage Must be Combined. Post-Tax Premium Calculation Below			
Short Term Disability		Long Term Disability	
Enter Your Gross Weekly Pay (1st Year Drivers Enter \$615.38)		Enter Your Gross Monthly Pay (1st Year Drivers Enter \$2,666.67)	
Multiply by 0.60 to determine your weekly benefit amount (not to exceed \$2,500)		Multiply by 0.0195 to calculate your Monthly Premium	
Multiply by 0.177 to calculate your Monthly Premium		Multiply by 12 months and Divide by 52 weeks for your Weekly Deduction	
Multiply by 12 months and Divide by 52 weeks for your Weekly Deduction			

Rates

Your specific rate will be calculated for you on the electronic enrollment system.

Legal Plan



D.M. Bowman offers a legal plan through MetLaw/Hyatt Legal Plans. MetLaw provides you with telephone and office consultations for an unlimited number of matters with the attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options and recommend a course of action.



Legal Representation

Estate Planning

- Simple Wills
- Complex Wills
- Revocable Trusts
- Irrevocable Trusts
- Powers of Attorney (healthcare, financial, childcare)
- Healthcare Proxies
- Living Wills
- Codicils

Money Matters

- Personal Bankruptcy/Wage Earner Plan
- Debt Collection Defense
- Foreclosure Defense
- Repossession Defense
- Garnishment Defense
- Identity Theft Defense
- Tax Collection Defense
- Negotiations with Creditors
- Tax Audit Representation (Municipal, State, Federal)

Real Estate Matters

- Sale, Purchase or Refinancing of primary home
- Home Equity Loans for primary home
- Eviction & Tenant Problems (for tenant)
- Security Deposit Assistance (for tenant)
- Boundary or Title Disputes
- Property Tax Assessments
- Zoning Applications

Elder Matters

- Consultation & Document Review for issues related to your parents:
- Medicare
 - Medicaid
 - Prescription Plans
 - Nursing Home Agreements
 - Leases
 - Notes
 - Deeds
 - Wills
 - Powers of Attorney

Family Law

- Adoption & Legitimization
- Uncontested Guardianship
- Uncontested Conservatorship
- Name Change
- Prenuptial Agreement
- Protection from Domestic Violence

Traffic Offenses*

- Defense of Traffic Tickets (excludes DUI)
- Driving Privileges Restoration (includes License Suspension due to DUI)

Document Preparation

- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Promissory Notes
- Review of Any Personal Legal Document

Immigration Assistance

- Advice & Consultation
- Review of Immigration Documents
- Preparation of Affidavits
- Preparation of Powers of Attorney

Juvenile Matters

- Juvenile Court Defense (includes Criminal Matters)
- Parental Responsibility Matters

Consumer Protection

- Disputes over Consumer Goods & Services
- Small Claims Assistance

Defense of Civil Lawsuits

- Civil Litigation Defense
- Incompetency Defense
- Administrative Hearings
- School Hearings
- Pet Liabilities

Personal Property Protection

- Consultation & Document Review for personal property issues
- Assistance for disputes over goods & services

Additional Plan Features

Reduced Fees

Network attorneys provide representation for personal injury, probate & estate administration matters at reduced fees

Family Matters^{TM**}

Available for an additional fee. Separate plan for parents of participants of estate planning documents.

E-Services

Attorney Locator; Law Firm E-Panel[®]; Free, downloadable legal documents; Life Guide; Links to financial planning, insurance & work/life matters resources

Pre-Tax Weekly Payroll Deductions	Employee & Dependents
	\$4.15

*Not available in all states. **For Family Matters, different terms and exclusions apply.

Additional Benefits

Employee Assistance Programs

D.M. Bowman offers an EAP through **Cigna** at no cost to you!

The program offers personal, confidential guidance and counseling for you and your household members for many issues such as:

- Depression
- Addictions
- Family Issues
- Grief
- Finances
- Legal Matters
- Adoption
- And others

Take advantage of this free service by calling **800-538-3543**.

Also, at no cost to you Cigna offers:

- Will Preparation Services at www.cignawillcenter.com
- Identity Theft Resolution Services at **888-226-4567**
- Healthy Rewards Discounts at **800-258-3312**
- Cigna Secure Travel Assistance at **888-226-4567**
- Beneficiary Bereavement, Financial and Legal Counseling

Tobacco Cessation

D.M. Bowman will begin offering a tobacco program through Cigna. You can get the help you need to finally quit tobacco. Create a personal quit plan with a realistic quit date AND get the support you need to kick the habit for good! Take the first step and call 866-417-7848 or visit myCigna.com.

Once you have completed the program, bring HR a copy of your completion certificate to eliminate the Tobacco Premium Surcharge.

401(k) Profit Sharing Plan

DM Bowman, Inc. sponsors a 401(k) Profit Share Plan through Fulton Financial. Participation is easy and affords you the opportunity to save for your future - either retirement or major purchases on a pre-tax basis. You will be provided enrollment information by the HR department when you are approaching the six month waiting period.

Eligibility: You must be over age 20
You must complete at least 500 hours of service within 6 months following your date of hire at which point you may make voluntary contributions.

Elective Contributions: You may make an elective deferral that comes straight out of your paycheck every week, before taxes. You can contribute as much as 15% of your weekly compensation to a maximum of \$18,500 in 2108. If you are over age 50, you can make additional \$6,000 "catch-up" contributions in order to hit your retirement goals.

Rollover Contributions: If you have a qualified retirement plan (pre-tax) with a prior employer you may roll that money into your DM Bowman plan so you have all your dollars working for you.

Company Contributions: The company MAY make a discretionary contribution to your account each year based upon profitability of the company. All company contributions are subject to a vesting schedule.

Investment Options: You determine where you want your money invested and you have a full portfolio of funds from which to pick.

For more details, contact the HR departments at HR@dmbowman.com or 301-223-1092.

Important Notices

Medicare Part D Notice of Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with DM Bowman, Inc. 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. DM Bowman, Inc. has determined that the prescription drug coverage offered by the DMB Medical Plan is, 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 DMB coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current DMB 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 DMB 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 or contact the customer service number on the back of your Medical Plan ID Card. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through DMB 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 the "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: 10/2017

Name of Entity/Sender: DM Bowman, Inc.

Contact: Benefits Department

Address: 10038 Governor Lane Blvd., Williamsport, MD 21795

Phone Number: (301) 223-1092

Summary Annual Report

Summary Annual Report for D.M. Bowman, Inc. Health and Benefits Plan

This is a summary of the annual report of the D M Bowman Inc. Health and Benefits Plan (Employer Identification Number 52-0972610, Plan Number 501) for the plan year 01/01/16 through 12/31/16. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

D M Bowman, Inc. has committed itself to pay certain medical claims incurred under the terms of the plan.

Insurance Information

The plan has insurance contracts with Life Insurance Company of North America, Fidelity Security Life Insurance Company, Colonial Life & Accident Insurance Company and Metropolitan Life Insurance Company to pay certain life, accidental death and dismemberment, dental, vision, temporary disability, and long-term disability claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2016 were \$776,640.

Your Rights To Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in the report:

- Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at 10228 Governor Lane Blvd., Ste. 3006, Williamsport, MD 21795 and phone number, 301-223-1003.

You also have the legally protected right to examine the annual report at the main office of the plan: 10228 Governor Lane Blvd., Suite 3006, Williamsport, MD 21795, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility: <http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:

1-800-221-3943/ State Relay 711

CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus

CHP+ Customer Service: 1-800-359-1991/

State Relay 711

FLORIDA – Medicaid

Website: <http://flmedicaidprecovery.com/hipp/>

Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: <http://dch.georgia.gov/medicaid>

- Click on Health Insurance Premium Payment (HIPP)

Phone: 404-656-4507

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <http://www.indianamedicaid.com>

Phone 1-800-403-0864

IOWA – Medicaid

Website: <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

Phone: 1-888-346-9562

KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>

Phone: 1-785-296-3512

KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>

Phone: 1-800-635-2570

LOUISIANA – Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>

Phone: 1-888-695-2447

MAINE – Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>

Phone: 1-800-442-6003

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>

Phone: 1-800-862-4840

MINNESOTA – Medicaid

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: (855) 632-7633

Lincoln: (402) 473-7000

Omaha: (402) 595-1178

NEVADA – Medicaid

Medicaid Website: <https://dwss.nv.gov/>

Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>

Phone: 603-271-5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website:

<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 609-631-2392

CHIP Website: <http://www.nifamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: <https://dma.ncdhhs.gov/>

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

OREGON – Medicaid

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid

Website: <http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm>

Phone: 1-800-692-7462

RHODE ISLAND – Medicaid

Website: <http://www.eohhs.ri.gov/>

Phone: 855-697-4347

SOUTH CAROLINA – Medicaid

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: <http://gethipptexas.com/>

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

VERMONT– Medicaid

Website: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm

Medicaid Phone: 1-800-432-5924

CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm

CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid

Website: <http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program>

Phone: 1-800-562-3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: <http://mywvhipp.com/>

Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website:

<https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf>

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: <https://wyequalitycare.acs-inc.com/>

Phone: 307-777-7531

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

www.dol.gov/agencies/ebsa

1-866-444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

www.cms.hhs.gov

1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

Summary of Benefits and Coverage (SBC)

Choosing a health plan is an important decision. To assist you with this process, and in accordance with the Affordable Care Act, the DM Bowman, Inc. health plan has produced an SBC. The SBC provides important information in a standard format to help you better understand your health benefit coverage and easily compare health plan options. You may view your SBC online. To request a free hard copy of the SBC, contact the Benefits Department.

Your HIPAA Privacy Rights

Keeping your personal health information private is your right. That's why the U.S. government passed the "Privacy Rule" - part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Privacy Rule, passed in 2003, protects your health information and makes it illegal for healthcare providers to reveal information and makes it illegal for health care providers to reveal information about your health without your permission unless needed to treat your condition. It also prevents the improper use of health information by health care benefits insurers and administrator, Doctors' offices and health care facilities are required by laws to obtain your written permission to appropriately reveal information about your health. A copy of the DM Bowman, Inc. Notice of Privacy Practices may be requested from the Benefits Department.

HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact the Benefits Department.

Women's Health & 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 consultation with the attending physician and the patient, for:

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, you may contact Cigna or the Benefits Department.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, 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 section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Wellness Disclosure Program

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by a different means. Contact the Benefits Department and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward this is right for you in light of your health status.

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted. If the absence is for more than 31 days and not more than 12 weeks, you may continue to maintain your coverage under the Plan by paying premiums.

If you do not elect to continue to participate in the Plan during an absence for military duty that is more than 31 days or if you revoke a prior election to continue to participate for up to 12 weeks after your military leave began, you and your covered family members will have the opportunity to elect COBRA Continuation Coverage only under the medical insurance policy for the 24 month period (18 month period if you elected coverage prior to December 10, 2004) that begins on the first day of your leave of absence. You must pay the premiums for Continuation Coverage with after-tax funds, subject to the rules that are set out in the plan.

Termination of Benefits - COBRA Rights

Benefit coverage for you and your family will terminate on the day you terminate your employment or the day on which you and/or any dependents cease to be eligible. If you become ineligible for coverage, you and your eligible dependents may have continuation rights for medical, dental, and vision benefits under the federal law known as COBRA. If you terminate your employment or are in an ineligible benefit status, you will be notified about any continuation rights you may have. You will also receive a Certificate.

Pre-Tax Payroll Deductions

To help offset your contributions for the medical, dental and vision plans, DM Bowman, Inc. offers these benefits on a pre-tax basis through the Section 125 (or "cafeteria") plan. By making pre-tax contributions, your premium is withheld from your pay before federal, state (if applicable), and FICA taxes are calculated. This can reduce the amount of taxes you pay per paycheck. Pre-tax premiums are automatic unless you waive them in writing.

About this Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual summary plan descriptions (SPDs), plan document, or certificate of coverage for each plan. If any discrepancy exists between this guide and the official documents, the official documents will prevail. DM Bowman, Inc. reserves the right to make changes at any time to the benefits, costs, and other provisions relative to benefits.

Important Contacts

Vendor	Phone Number	Website
Insurance/Benefits Department Autumn Diaz HR Representative/Benefits Coordinator Shane L. Williams, SPHR Human Resources Manager	Ph: 301-223-1092 Fax: 301-223-5988 Ph: 301-223-1003 Fax: 301-223-5988	adiaz@dmbowman.com swilliams@dmbowman.com
Insurance Benefit Consultants Aon Transportation & Logistics Practice Dawn Davis Stephanie Triska	Ph: 800-514-8605 Fax: 847-953-2300	dawn.davis@aon.com stephanie.triska@aon.com
Medical Cigna	800-244-6224	www.mycigna.com
HSA Administration Optum Bank	866-234-8913 Fax: 800-765-6766	www.optumbank.com
Dental Cigna	800-244-6224	www.mycigna.com
Vision EyeMed	866-723-0514	www.eyemedvisioncare.com
Voluntary Worksite Benefits Transamerica	888-763-7474	www.transamericaemployeebenefits.com
Basic Life and AD&D Supplemental Term Life and AD&D Short and Long Term Disability Cigna	800-362-4462	www.cigna.com
Legal Insurance MetLaw/Hyatt	800-821-6400	Info.legalplans.com Access Code: METLAW
Employee Assistance Programs Cigna Life Assistance Will Preparation Identity Theft Healthy Rewards Secure Travel	800-538-3543 888-226-4567 800-258-3312 888-226-4567	www.cignawillcenter.com ww.cigna.com/idtheft
Tobacco Cessation Program Cigna	866-417-7848	myCigna.com
401(k) Profit Sharing Fulton Financial	800-452-4190	www.fultonfinancialadvisors.com
Transamerica Claims Help Explain My Benefits	888-734-6937, Option 3	service@explainmybenefits.biz

D.M. Bowman INC.



D.M. Bowman, Inc.
10038 Governor Lane Blvd., Williamsport, MD 21795

