

2021 International Benefits Summary – UHC Global

Kiewit Corporation and its subsidiaries offer a comprehensive benefits program that gives you the flexibility to select the coverage that best meets the needs of you and your family.

Full-time salaried and non-manual, hourly-paid employees are eligible for coverage on the first full day of work. You will be automatically enrolled with single coverage in the UHC Global Plan, which includes medical, dental, vision and pharmacy coverage. You will have 31 days from your eligibility date to add dependents or decline coverage.

You must complete the online enrollment, even if you choose not to elect any employee-paid benefits. Your online authorization serves as your request for coverage and authorizes any payroll deductions necessary to pay for that coverage. Any elections made will remain in effect and cannot be changed until the next annual Open Enrollment period, unless the change is due to a qualified family status change as described later in this summary.

Medical Plan

For U.S. employees working outside the U.S., the company offers an international plan to cover you and your family, both in and outside the U.S. The provider is UnitedHealthcare Global Solutions. This plan offers comprehensive medical coverage anywhere in the world and a choice of in-network health care providers in the U.S.

Employees working in Canada only

UnitedHealthcare Global (UHG) and Cowan Insurance Group (Cowan) have designed a comprehensive medical insurance program for you and your eligible family members while you are in Canada. This Collaboration will provide access to quality health care and provide you with the best service possible. You will receive a Welcome Package from Cowan which will include Pay-Direct Card, a health claim form, a direct deposit form and information on how to access Cowan's site.

Want more details?

This booklet provides only a summary of the plans offered. Details about each plan are included in the Summary Plan Description (SPD) documents. If there is a discrepancy between this summary and the SPD, the SPD will prevail.

The Affordable Care Act requires companies that offer health insurance plans to make available a Summary of Benefits and Coverage (SBC) and glossary. The SBC summarizes important information about each of the plans in a standard format to help you compare them. The glossary includes terms commonly used in health insurance.

These documents are available at myjobbenefits.com (password: kiewithealthy) under the Resources and Forms tab. You can also find annual legal notices in the Resources and Forms section under the heading, Notices.

Key benefit terms

Coinsurance - The percentage you must pay after the yearly deductible has been met until the out-of-pocket maximum is reached.

Deductible - The deductible is the amount you pay each year before the plan begins to pay for expenses.

In-network - When care is given by a participating provider, it is considered in-network. Staying in the network for care means you will be given the negotiated rate for the services provided.

Out-of-network - Any care received outside the UnitedHealthcare network is considered out-of-network. You will not receive a negotiated rate and your share of the cost will be higher in most cases than in-network costs.

Spouse - A legally married person of the employee, a registered domestic partner or registered common-law spouse.

U.S. expatriate - A United States citizen living in another country.

Medical plan coverage comparison

The health care insurance provider is UHC Global. The group number is 744542.

UnitedHealthcare Global Solutions			
	International (Outside U.S.)	U.S. Network Benefits	U.S. Non-Network Benefits
Deductible	\$0 individual \$0 family	\$500 individual \$1,000 family	\$1,000 individual \$2,000 family
		An individual in a family will receive coinsurance benefits after the individual deductible is met. Coinsurance begins for all family members once the family deductible is met by any combination of covered individual services.	
Coinsurance	Plan pays 100% with no deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Out-of-pocket max	\$0 individual \$0 family	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family
	Family out-of-pocket maximum applies if more than one person is covered.		
Covered Services			
Preventive care	Plan pays 100%		
Office/specialist/urgent care visit	Plan pays 100% (no deductible)	Plan pays 80% (after deductible)	Plan pays 60% (after deductible)
Hospital stay			
Maternity			
Mental & nervous disorders	Outpatient: Plan pays 100% (same as any other sickness)	Outpatient: Plan pays 80% after deductible (same as any other sickness)	Outpatient: Plan pays 60% after deductible (same as any other sickness)
	Inpatient: Plan pays 100% (same as any other sickness)	Inpatient: Plan pays 80% after deductible (same as any other sickness)	Inpatient: Plan pays 60% after deductible (same as any other sickness)
Alcohol and drug abuse	Outpatient: Plan pays 100% (same as any other sickness)	Outpatient: Plan pays 80% (same as any other sickness)	Outpatient: Plan pays 60% (same as any other sickness)
	Inpatient: Plan pays 100% (same as any other sickness)	Inpatient: Plan pays 80% (same as any other sickness)	Inpatient: Plan pays 60% (same as any other sickness)
	Pre-authorization and approval may be necessary	Pre-authorization and approval may be necessary	Pre-authorization and approval may be necessary
Hearing aids	Plan covers 100% of fitting and purchase up to \$5,000 every 3 years	Plan covers 80%, after deductible, of fitting and purchase up to \$5,000 every 3 years	Plan covers 60%, after deductible, of fitting and purchase up to \$5,000 every 3 years
Vision	Exams – plan covers 100% up to \$80 Materials with \$0 copay up to \$110 for frames; contact lenses may be paid in full up to \$150 allowance	Exams – plan covers 100% Materials with \$0 copay up to \$130 for frames; contact lenses paid in full	See Certificate of Coverage on allowances for non-network provider benefits

Dental coverage

Dental Services (International/U.S. Network/U.S. Non-Network)	
Deductible (applies to basic, major only)	\$25 individual \$75 family
Preventive	Plan pays 100% (limited to two times per consecutive 12 months)
Basic services	Plan pays 80% of covered services
Major services	Plan pays 50% of covered services
Orthodontia care	Plan pays 50% of covered services up to \$1,500 lifetime for covered individuals (children & adults)
Annual benefit maximum	\$1,500 (basic and major services only)

Prescription drug coverage

UnitedHealthcare Global Solutions			
Tier Level	Retail Up to 31-day supply		*Mail Order Up to 90-day supply
	U.S. Network	Non-Network	U.S. Network
Tier 1	15% Minimum \$10 / Maximum \$30	40%	15% Minimum \$25 / Maximum \$75
Tier 2	25% Minimum \$20 / Maximum \$50	40%	25% Minimum \$50 / Maximum \$125
Tier 3	30% Minimum \$30 / Maximum \$100	40%	30% Minimum \$75 / Maximum \$250

Your out-of-pocket prescription drug costs (copays) count toward your out-of-pocket maximum. The prescription drug/formulary list may change every six months. Visit myjobbenefits.com (password: kiewithealthy) for the most current version.

Premiums (includes medical, dental, vision and pharmacy)

UnitedHealthcare Global Solutions	
Coverage level	Employee Weekly Premium
Employee Only	\$31.04
Employee + Spouse	\$83.29
Employee + Child(ren)	\$73.38
Employee + Family	\$119.35

Who else can go on your insurance?

To maintain insurance for yourself and your dependents, you must be an active, regular, full-time employee of our company and you must receive compensation from our company for services rendered. *Note: An active, regular, full-time employee works 30 or more hours per week on a consistent basis. Work is performed at your regular job or another location where you perform your regular duties.*

Eligible dependents include:

- Your lawful spouse (opposite or same sex) from either a licensed marriage, registered common-law marriage or registered domestic partner relationship
 - Registered common-law marriage is defined by each state. For common-law spouse insurance under this plan, you will need to meet the definition of a common-law marriage for the state in which you reside. You must not be legally separated from your spouse, and you and your spouse must be registered with a state or local government common-law registry.
 - Registered domestic partner relationship is defined as a relationship with an individual of the same or opposite sex where both partners must: not be so closely related that marriage would otherwise be prohibited; not be legally married to, or the domestic partner of, another person under either statutory or common law; be at least 18 years old; live together and share the common necessities of life; be mentally competent to enter into a contract; and be financially interdependent. You must be registered with a state or local government domestic partner registry.
- Your or your spouse's child who is under age 30, including a natural child, stepchild, a legally-adopted child, a child placed for adoption or a child for whom you or your spouse are the legal guardian
 - A dependent also includes a child for whom health care coverage is required through a Qualified Medical Child Support Order (QMCSO)
- An unmarried child age 30 or over who is or becomes disabled and dependent upon you and was incapacitated prior to the date on which the insurance would have otherwise ended.

Mid-year changes

You will not be able to change your elections until the next annual open enrollment period — unless you have a qualified life event. With a qualified life event change, you are able to add or remove an eligible dependent, or waive coverage within 31 days of the event. The change in coverage must be consistent with the change in status. You are unable to change your medical plan deductible.

Examples of a qualifying event or change in family status include:

- Marriage, domestic partnership registration or divorce
- Birth or adoption of a child
- Death of your spouse or registered domestic partner
- Change in work schedule or status for you or your spouse/registered domestic partner that has caused him or her to gain or lose eligibility
- Loss of insurance in another group health plan

Contact Benefits@kiewit.com to request a change form or update using Employee Self-Service (ESS). You must provide proof of the qualifying event. To access ESS, visit the [KiewitNetwork](#) > Career & Life tab > Employee Self-Service (English/French/Spanish) > Benefits. Use the links to make changes if you are eligible. You must have access to the company network.

Flexible Spending Account (FSA) (UnitedHealthcare — Group Number 702562)

A FSA allows you to set aside pre-taxed money from your paycheck to pay eligible health care and dependent day care expenses, which can help you reduce your taxable income and increase your take-home pay.

- Consider the medical, dental, vision or pharmacy costs not covered by a health plan. Your health care FSA may help pay for these items and more.
- Also look at family changes that might have an impact on your expenses.
- Dependent day care FSA helps reimburse you for the work-related cost of care for a qualifying dependent under the age of 13.

The annual contribution you elect will be divided by remaining pay periods in the plan year. Per IRS guidelines, health care FSA monies are available immediately for eligible reimbursement; however, dependent day care funds can only be used as the money becomes available in the account.

PLEASE NOTE: FSA dollars are “use-it-or-lose-it” funds. Account balances cannot be carried over from year to year. If you have any unused funds at the end of the plan year, or at the end of any applicable grace period, those funds will be forfeited. That’s an IRS requirement, so estimate what you want to direct to your FSA carefully. The plan year begins on Jan. 1 of each year, and the funding period will continue to be a calendar year (January - December). **Any changes in the annual contribution due to a life event can only be used from the life event date to the end of the plan year.**

You have the option to have your FSA reimbursements deposited directly into your bank account. To elect this direct deposit option, go to myuhc.com.

You have until March 31 of the following year to submit claims for prior year’s expenses. Coverage ends on your separation date and, if you have qualified expenses incurred prior to your separation date, you can submit them for payment.

To submit FSA reimbursement claims online or to obtain FSA reimbursement form, go to myuhc.com. Please go to myjobbenefits.com (password: kiewithealthy) to view the frequent questions and answers and the FSA Summary Plan Description.

Global Solutions Traditional Plan		
	Health Care FSA	Dependent Day Care FSA
What is it?	An account funded by the employee with pretax contributions to pay for covered, eligible medical, pharmacy, dental and vision expenses	An account funded by the employee with pretax contributions to pay for covered dependent day care expenses for children under 13 years of age
Who is eligible?	All employees regardless of medical plan election	All employees regardless of medical plan election
Who can contribute to this account?	Employee	Employee
How much can I contribute to this account each year?	Up to \$2,750	Up to \$5,000
When can I make or change my contributions?	During open enrollment or after a qualified status change	During open enrollment or after a qualified status change
Can I roll over any unused amounts to the next year?	No	No

Health and Wellness Resources

NurseLine

Call 877-844-0280 at any time to speak to a registered nurse who can help you arrange an evaluation with an in-network provider, review your care options for behavioral health, get emergency care or get advice on a medical condition or event.

Employee Assistance Program (EAP)

Get confidential support for everyday challenges and for more serious problems. This free and confidential service is available around the clock. You, your eligible dependents and any household members are eligible for up to five visits per issue per year with an EAP masters level provider (30 to 60 minutes for financial and legal consultations). EAP offers assistance for:

- Depression, anxiety and stress
- Workplace problems or conflicts
- Parenting and family issues
- Child and elder care issues
- Legal and financial issues
- Problems or conflicts arising from child or elder care
- Debt counseling
- Budget assistance

Visit mywellbeingsolution.com (access code: uhcglobal) or call 1-877-510-9664 in the U.S. or 44 1865 397 074 internationally.

SOS - Emergency contact

For travel outside the United States, use your SOS card for medical, political or other emergency situations. To request a card, send an email to relocation@kiewit.com.

Health management

You will have access to the Health Management Program, which provides personal support if you or your family members are living with a chronic health condition like hypertension, asthma or coronary artery disease, or if you have a child with special needs. The program provides direct access to a clinician who will become familiar with your case history and get to know the challenges you face in managing your condition.

Direct payment system

For those outside the U.S., UHC Global has set up a direct payment system with their global network providers. This means health care bills come to UHC Global for payment, minimizing your out-of-pocket expenses. There may be some circumstances when you need care from a provider who does not have an existing direct payment agreement with UHC Global. If that happens, call the customer care number on your ID card. In many cases, they can arrange direct payment.

Financial wellness

Fidelity's Financial Wellness Program can help you build confidence and take control of your finances. Visit netbenefits.com to access a variety of educational and planning tools, calculators and a personalized action plan.

More health and wellness resources

Rally Wellness Program

Through its partnership with UnitedHealthcare (UHC), Kiewit offers you (and your spouse, if applicable) the opportunity to participate in Rally, an easy and fun digital health and wellness program. Rally shows you how to make simple changes to your daily routine, set smart goals and stay on target. Start with a quick Health Survey and get your Rally Age to help you assess your overall health and get a personalized wellness plan. You may join the Rally program after you have met the medical eligibility. Sign in at myuhc.com and click on Visit Rally Health & Wellness.

Gym Reimbursements

Kiewit employees (and their spouses who are covered under Kiewit benefits) can earn \$25 each month they work out at a gym six times, a total of up to \$300 a year. Once you have registered for Rally, download the Rally app and sign in. Then, each time you go to the gym, just open the Rally app, click the rewards tab and then click on “Check into the Gym.” For gym reimbursements, you can choose to receive a gift card or to have the reward deposited directly into your bank account. To redeem wellness incentives, log in to your Rally account and click on the Rewards link. Follow the instructions to redeem gift cards or to add your bank information. **Rewards are considered taxable income.**

Diabetes management and prevention

Employees and their dependents who are struggling with diabetes or are at risk of developing diabetes are eligible to participate in Livongo programs, which are free to those covered by a Kiewit medical plan. When you enroll in the Livongo programs, you'll get advanced technology that enables you to track and manage your health on the go by automatically logging your data in a private dashboard and easy-to-use app and personalized feedback to help you learn and improve. Those enrolled in the Livongo for Diabetes program will receive free glucose monitors, lancets and test strips, along with access to a Livongo health coach. If you qualify for the diabetes management program, you will receive an enrollment kit in the mail at your home address. For more information or to sign up for the programs, go to happy.livongo.com/kiewit or call 800-945-4355.

Health4Me

The Health4Me app is designed for expatriots, giving you the mobile access you need to your health information, including claims, area providers and coverage. With Health4Me, you can find providers, receive medical and security alerts and call for urgent help with one click. Because it's mobile, the functionality travels with you, wherever you are. You can download the app in U.S., Singapore and United Arab Emirates. Once downloaded, it works around the world. Use the same credentials you use to log into myuhc.com.

Use the app to:

- Identify providers who accept direct payments from UnitedHealthcare Global.
- View recent medical and security alerts globally or by country
- Call for urgent help with one touch
- Review your coverage
- Upload and track claims
- Share your ID card with your doctor

Income protection plans

Don't forget to name for beneficiaries for life and AD&D. It is important for you to designate beneficiaries when you enroll and to keep them current. In the event of your death, benefits are paid to your listed beneficiaries.

Basic life insurance

You are provided with a protection policy in the amount of two times your annual base salary, up to \$300,000 each. This plan begins immediately on the first full day of employment. Kiewit also provides \$10,000 for your eligible spouse and \$5,000 for each eligible dependent child. For information, go to myjobbenefits.com (password: kiewithealthy).

Note: For employee term life insurance, the IRS requires that the value of any life insurance over \$50,000 be treated as additional "imputed" income subject to taxation. The first \$50,000 of basic employee life insurance is tax-free. Amounts over \$50,000 will be considered imputed income and will be reported on your paycheck and W-2 as taxable income.

Optional supplemental life insurance

You can purchase additional supplemental life insurance through payroll deduction for yourself, your spouse and your children. The supplemental life insurance is portable, therefore, you can continue coverage even if you cease to be an eligible employee.

Within 31 days of your initial enrollment or within 31 days of a qualified family status change, the guaranteed issue amounts are up to five times annual base salary, up to a maximum of \$200,000 for the employee, up to \$50,000 for the spouse and up to \$10,000 for each child. Guaranteed issue means you are approved for those coverage amounts without having to show evidence of insurability. Late applicants or to apply for more than the maximum amount would require evidence of insurability. Please refer to the chart below to calculate your monthly costs for the supplemental life insurance.

Employee: You can purchase additional amounts from \$10,000 to \$1 million in increments of \$10,000, not to exceed eight times your annual base salary.

Spouse: You may also purchase coverage for your spouse in amounts from \$5,000 to \$250,000 in increments of \$5,000, not to exceed one-half of the employee supplemental coverage amount. Your spouse is eligible provided that the employee has applied and been approved for coverage.

Child(ren): You can elect child life coverage in amounts from \$2,000 to \$10,000 in increments of \$2,000. One coverage amount will insure all of your children. Your dependent(s) are eligible provided that the employee has applied and been approved for coverage.

Optional Supplemental Life Insurance Monthly Premium

Employee/Spouse Age	Employee Monthly Cost per \$10,000	Spouse Monthly Cost per \$5,000	Child Monthly Cost per \$2,000
Under 25	\$0.50	\$0.25	\$0.16
25-29	\$0.60	\$0.25	
30-34	\$0.80	\$0.25	
35-39	\$0.90	\$0.45	
40-44	\$1.10	\$0.55	
45-49	\$1.80	\$0.90	
50-54	\$3.20	\$1.60	
55-59	\$4.90	\$2.45	
60-64	\$7.90	\$3.95	
65-69	\$13.70	\$6.85	
70+	\$20.60	\$10.30	

Basic accidental death and dismemberment insurance

You are provided with a protection policy in the amount of two times your annual base salary, up to \$300,000. This plan begins immediately on the first full day of employment.

Optional supplemental accidental death and dismemberment insurance

You can elect additional accidental death and dismemberment (AD&D) protection for you and/or your eligible dependents. The premiums are deducted weekly from your paycheck on an after tax basis. (Coverage amounts from \$10,000 to \$500,000 in increments of \$10,000.)

Optional AD&D Insurance Monthly Premium	
Employee	Employee and Family
\$0.26 per \$10,000	\$0.42 per \$10,000

Short-term disability plan

The company provides all eligible employees with short-term income protection. The plan covers pregnancy and other short-term surgical or medical leaves that are non-work related. It follows all guidelines of the Americans with Disabilities Act and the Family Medical Leave Act. There is no cost to the employee. If approved, there is a seven-day elimination period. The employee will use accrual during the elimination period, accessing grandfathered sick time prior to PTO, and if there is no accrual the employee will go without pay during this time.

Once the elimination period has been satisfied, the employee will be paid 100% of base salary and cost-of-living adjustments (COLA) through the third month of an approved disability. The fourth, fifth and sixth months of disability are paid at 70% of base salary and COLA. After the sixth month, you may go on the long-term disability plan, if approved. The disability earnings will be reduced by the amount of other income benefits you receive.

Long-term disability (basic plan)

All eligible employees are provided with long-term disability (LTD) protection in the event an injury or illness continues beyond 180 days. This benefit pays up to 60% of your base salary, up to a maximum of \$6,000 per month. The disability earnings will be reduced by the amount of other income benefits you receive. Once approved for LTD, you are no longer considered an active employee. Medical, dental and vision coverage will remain in effect for six months, and basic life insurance coverage will continue through the duration of your approved LTD. All other benefits will end on the date LTD becomes effective. There is no cost to the employee for this coverage.

Optional supplemental income protection plan

The plan provides an opportunity for eligible employees (based on job title and income) to supplement the Kiewit-provided group LTD coverage through a payroll deduction. This is a tax-free benefit plan that provides additional income replacement from 60% of pre-disability base income to 75% of pre-disability base income, up to \$13,500 per month. This is an individual policy; if you leave the company, you may continue the coverage. It offers a long-term care conversion and a catastrophic disability benefit, and the benefit is not offset by other income. Each policy is individually rated by Unum Group.

This policy is offered within the first year of employment only, and it is a **one-time-only option**. Information about this plan will be sent to employees who are eligible when the open enrollment period starts.

Retirement savings plan - 401(k) plan

The 401(k) plan is a long-term savings program with attractive tax advantages. Eligible employees can participate on the first day of the month following one month of continuous employment. When you become eligible to participate, you will receive an enrollment packet from Fidelity. You will be enrolled automatically, when eligible, with a 6% weekly contribution. You can make changes to the automatic enrollment by calling 800-835-5095 or by registering at netbenefits.com. You can access your account 24 hours a day.

You can contribute from 1% to 75% of your eligible weekly base pay, up to a maximum amount set yearly by the IRS. There are five ways to contribute to the 401(k) plan.

The company will match your pretax contributions dollar-for-dollar up to 6% of your eligible base pay on the following types of contributions:

- **Pretax contributions** – Taken directly from your paycheck, pretax contributions are made before taxes are taken out. Go to irs.gov to view the annual limit you can contribute.
- **Roth contributions** – Taken directly from your paycheck, after taxes have been taken out. You can be enrolled in pretax and Roth contributions, and the deductions share the IRS limit.
- **Catch-up contributions** – Taken directly from your paycheck pretax (or after tax if it is a Roth contribution). If you will be age 50 or older this year, these contributions can be \$6,500 more than the IRS annual limit.

The following types of contributions are not matched by the company:

- **Rollover contributions** – You may combine your retirement savings by “rolling over” any vested balances (balances that you have earned the right to keep) that you may have from another employer’s eligible plan, including 401(k), 403(b) or government 457 plans.
- **After-tax contributions** – Taken directly from your paycheck, after-tax contributions are made after taxes and deductions/garnishments are taken out. At the time of distribution, contributions are tax free and earnings are taxed.

Automatic escalation - Automatic Escalation helps you reach your retirement goals. This feature automatically increases participant contributions by 1% each year until the deferral percentage reaches 10% of base pay. You may elect at any time to opt out of the automatic escalation option, or change the date or percentage of the automatic increase at netbenefits.com.

Kiewit employee owners are not eligible for the company matching and discretionary contribution programs.

Company contribution

The company has the discretion to make a contribution to employee 401(k) accounts each year depending on its overall performance. The discretionary contribution is a way to share the company’s success with employees. It can range from 0% to 4% of eligible base pay. When the company achieves its performance goals, the contribution can be as high as 4%. When it doesn’t, the expectation is it should be less. You are automatically enrolled in the company contribution on the first of the month following one month of continuous employment and must be on the payroll as of Dec. 31 of that calendar year in an eligible classification to receive the contribution. Kiewit employee-owners are not eligible for the company contribution program, and it is not pro-rated.

Vesting

Your years of service determine the amount you are vested in your matching and company contributions.

**One year of service consists of at least 1,000 hours worked in that calendar year.*

Years of Service*	Percentage Vested
Less than 2 years	0%
2 years	20%
3 years	50%
4 years	75%
5 years	100%

Contact information

Questions Regarding	Company or Contact Person	Phone	Website or Email
Medical/dental/vision/pharmacy coverage	UnitedHealthcare Global Solutions	In U.S. and Canada: 877-844-0280 Outside U.S. and Canada: 763-274-7362 (collect)	myuhc.com (Policy 0744542)
Non-emergency referrals	NurseLine (UHC Global)	877-844-0280	myuhc.com
Flexible spending account (FSA)	UnitedHealthcare	866-679-0948	myuhc.com (Policy 702562)
Disability coverage	Leave Administration Team	844-502-8125 (option 2)	leaveadministration@kiewit.com
Life/AD&D coverage	Lori Sweeney	402-271-2838	Lori.Sweeney@kiewit.com
Employee Assistance Program (EAP)	UnitedHealthcare Global Solutions	In the U.S. and Canada: 1-877-510-9664 Outside U.S. and Canada: 44 1865 397 074	mywellbeingsolution.com (access code: uhcglobal)
Rally wellness program	Optum Kim Bergantzel	877-818-5826 402-271-2986	myuhc.com kim.bergantzel@kiewit.com
Diabetes management & prevention	Livongo	800-945-4355	happy.livongo.com/kiewit
Retirement savings plan - 401(k)	Fidelity	800-835-5095	netbenefits.com
SOS emergency contact	Denise Larson	402-271-2982	Denise.Larson@kiewit.com
General benefits questions	BENEFITS HELP LINE (Toll-free)	855-329-7907	benefits@kiewit.com myjobbenefits.com (password: kiewithealthy)
	Youvani Hernandez (Bilingual - Spanish)	402-943-5084	
	Kim Bergantzel	402-271-2986	
	Sandi Otto	402-271-2870	
	Lori Sweeney	402-271-2838	

How to Enroll or Make Changes

Employee Self-Service (ESS) provides easy access to benefits information and administration.

If you are a new employee or recently became eligible for benefits, you will need to complete the ESS online enrollment process within 31 days, even if you choose not to elect any employee-paid benefits. Your online authorization serves as your request for coverage and authorizes any payroll deductions necessary to pay for that coverage.

Throughout the year, you can use ESS to:

- **VIEW** a summary of your benefits and get information on health and insurance plans and beneficiaries
- **UPDATE** your beneficiary information
- **CHANGE** benefit elections, due to a qualified life change event, by adding or removing an eligible dependent from coverage, or waiving coverage. You are unable to change your medical plan selection.

During the annual open enrollment period, you can

- **VIEW** a summary of your benefits
- **CHANGE** benefit elections for the new plan year.

For employees with access to the KiewitNetwork and Employee Self-Service (ESS), navigate to:

[KiewitNetwork](#) > Career & Life > Employee Self-Service (English/French/Spanish) > Benefits. Use the links to view or make changes, if you are eligible. You must use your company computer to enroll or have remote VPN access to enroll off-site. You will need your network ID and corresponding password.

Detailed instructions can be found at myjobbenefits.com (password: kiewithealthy) under the Resources and Forms tab > ESS Instructions.

