

# 2021 Benefits Summary - Staff

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 in the Dental Plan and the Traditional Medical Plan with single coverage. You will have 31 days from your eligibility date to change plans, add dependents, add additional coverage 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 choices

You have a choice of two medical plans: the Traditional Plan or the Health Savings Plan, which is a high deductible health plan (HDHP). Both plans offer the same comprehensive medical coverage, choice of in-network health care providers and free preventive care. The main differences between the plans are premiums and deductibles. Employees enrolled in the HDHP plan have the option to save for future medical expenses offered through the health savings account. Kiewit also makes weekly contributions to the health savings account.

## 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](https://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 provider 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.

**Out-of-pocket** - The limit to how much you have to pay out of your own pocket each year for covered health expenses. Once you reach this limit, the plan pays 100% of eligible costs for the rest of the year.

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

# Medical plan coverage comparison

The health care insurance provider is UnitedHealthcare. The group number is 702561.

	Traditional Plan		Health Savings Plan	
	In-network	Out-of-network	In-network	Out-of-network
<b>Deductible</b>	\$1,000 individual \$2,000 family	\$2,000 individual \$4,000 family	\$2,000 individual \$4,000 family	\$4,000 individual \$8,000 family
	<p>An individual in a family will receive coinsurance benefits after the individual deductible is met.</p> <p>Coinsurance begins for all family members once the family deductible is met by any combination of covered individual services.</p> <p>Pharmacy copay applies toward your out-of-pocket costs.</p>		<p>The family deductible applies if more than one person is covered.</p> <p>Coinsurance begins for employee-only coverage when the employee's deductible has been satisfied. Coinsurance begins for employee and dependents when the family deductible has been met.</p> <p>Pharmacy costs apply toward annual deductible except for certain approved preventive medications.</p>	
<b>Coinsurance</b>	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible
<b>Out-of-pocket max</b>	\$3,500 individual \$7,000 family	\$7,000 individual \$14,000 family	\$4,000 individual \$6,550 family	\$8,000 individual \$16,000 family
	The out-of-pocket maximum is the most you could pay during a calendar year for your share of the cost of covered services for you or your family.		The family out-of-pocket maximum applies if more than one person is covered.	
<b>Weekly Kiewit contribution to your HSA</b>	N/A		Kiewit will contribute money to your HSA on a weekly basis. Employer contributions count toward IRS limit.	
Covered Services				
<b>Preventive care</b>	Plan pays 100%		Plan pays 100%	
<b>Office/specialist/urgent care visit</b>	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible
<b>Hospital stay</b>				
<b>Emergency room visit (for NurseLine referrals or emergency diagnosis only)</b>				
<b>Maternity</b>				
<b>Mental and nervous disorders</b>	Outpatient: Plan pays 80% after deductible	Plan pays 50% after deductible	Outpatient: Plan pays 80% after deductible	Plan pays 50% after deductible
	Inpatient: Plan pays 80% after deductible		Inpatient: Plan pays 80% after deductible	
<b>Alcohol and drug abuse</b>	Outpatient: Plan pays 80% after deductible	Plan pays 50% after deductible	Outpatient: Plan pays 80% after deductible	Plan pays 50% after deductible
	Inpatient: Plan pays 80% after deductible (Two allowed per lifetime. Residential treatment allowed only with approval from Optum Behavioral Health.)		Inpatient: Plan pays 80% after deductible (Two allowed per lifetime. Residential treatment allowed only with approval from Optum Behavioral Health.)	
<b>Hearing aids</b>	Plan pays 80% after deductible (one set per year)	Plan pays 50% after deductible (one set per year)	Plan pays 80% after deductible (one set per year)	Plan pays 50% after deductible (one set per year)

Note: Insurance plans cover mental and nervous disorders and alcohol and drug abuse the same as any other illness.

# Medical plan premiums

Weekly Employee Cost		
	Coverage level	Weekly Premium
Traditional Plan	Employee Only	\$27.21
	Employee + Spouse	\$62.99
	Employee + Child(ren)	\$56.69
	Employee + Family	\$88.18
Health Savings Plan	Employee Only	\$16.87
	Employee + Spouse	\$45.51
	Employee + Child(ren)	\$40.98
	Employee + Family	\$63.60

## How the plans work

Both of the medical plans offer the same comprehensive medical coverage, choice of in-network health care providers and free preventive care for qualified exams, immunizations, lab tests and screenings.

A big part of living a healthy life is detecting health issues early, and following clinically accepted age and gender preventive care guidelines for screenings and immunizations can help. The great news is that eligible preventive services are covered at no cost to you. Preventive services may include physical exams, immunizations, lab tests and other types of screening services. For more information on preventive care, visit the UnitedHealthcare website at <https://www.uhc.com/health-and-wellness/preventive-care>, or read the Preventive Health Guidelines on [myjobbenefits.com](http://myjobbenefits.com) under the Health Care tab > Medical.

For non-preventive services, the charges will apply to your deductible. You can save money when you choose to see providers who are in-network. These in-network providers have agreed to charge reduced fees.

After reaching your deductible, you and the plan share the cost of covered health expenses. This cost-sharing is called coinsurance, and the out-of-pocket maximum is the most you could pay during a calendar year for your share of the cost of covered services for you and/or your family.

# Prescription drug coverage

The prescription drug program, administered by OptumRX, is included with medical insurance coverage, if elected. All enrolled employees can take advantage of both the Retail and Mail Order Prescription Drug Programs.

## Retail Prescription Drugs

To take advantage of the retail program, simply present your medical identification card, along with your prescription, to any participating pharmacy at the time of purchase.

## Mail Order Program

The OptumRX Mail Order Program benefits employees who are on maintenance medications such as birth control or long-term medication for chronic conditions such as diabetes, asthma and high blood pressure. By ordering prescriptions by mail, you can receive up to a 100-day supply of medication.

## Prescription Drug Formulary

The prescription drug plan encourages the use of generic and brand name/formulary drugs that are equally effective and less costly than brand name/non-formulary drugs. If a doctor prescribes a brand name drug, it will be substituted with a generic drug, if available, unless the doctor specifically requests a brand name drug that is medically necessary. Please note that if you purchase a brand-name drug and a generic drug is NOT available, you will continue to pay only the brand-name drug coinsurance.

	Traditional Plan				Health Savings Plan		
	In-network				Out-of-network	In-network	Out-of-network
Channel	Tier	Coinsurance %	Minimum	Maximum			
Retail (up to 31-day supply)	Tier 1	15%	\$15	\$35	No coverage out-of-network	Prescription costs apply toward medical deductible. Plan pays 80% after deductible except for certain approved preventive medications.	No coverage out-of-network
	Tier 2	25%	\$40	\$100			
	Tier 3	30%	\$50	\$150			
Mail (up to 100-day supply)	Tier 1	30%	\$40	\$90			
	Tier 2	30%	\$100	\$250			
	Tier 3	30%	\$125	\$375			

## Preventive Prescription Drug Coverage (Health Savings Plan)

Health Savings Plan participants will no longer have to meet the medical plan deductible for certain approved preventive medications, including those for chronic illnesses like breast cancer, cholesterol, blood pressure, diabetes and asthma. These will be available at coinsurance or copay rates based on drug tier. The copay will not go toward meeting your deductible but will go toward your out-of-pocket maximum.

	Health Savings Plan <i>Approved preventive medications</i>				
	In-network				Out-of-network
Channel	Tier	Coinsurance % or Copay	Minimum Copay	Maximum Copay	
Retail (up to 31-day supply)	Tier 1	\$10			No coverage out-of-network
	Tier 2	25%	\$40	\$100	
	Tier 3	30%	\$50	\$150	
Mail (up to 100-day supply)	Tier 1	\$20			
	Tier 2	30%	\$100	\$250	
	Tier 3	30%	\$125	\$375	

For a full list of formulary and approved preventive prescriptions, please visit [myjobbenefits.com](http://myjobbenefits.com).

# 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.*

## Dependent Eligibility

To be eligible for Kiewit benefits, a dependent must meet one of the criteria outlined below. A dependent does not include anyone who is also enrolled as an employee. No one can be a dependent of more than one employee.

- 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 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 26, 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 26 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](mailto:benefits@kiewit.com) to request a change form or complete 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.

## Dental insurance (UnitedHealthcare — Group Number 204558)

Under the dental plan, you can seek treatment by any dental provider, whether in or out of network. By using a network provider, the discounts are passed on to you.

Dental Services	
<b>Preventive</b>	Plan pays 100% for up to two routine visits per calendar year with no deductible
<b>Deductible</b> (applies to basic, major and orthodontic services)	\$50 individual \$100 family
<b>Basic services</b>	Plan pays 90% of covered services
<b>Major services</b>	Plan pays 50% of covered services
<b>Orthodontia care</b>	Plan pays 50% of covered services up to \$3,000 lifetime for covered individual (employee or dependent)
<b>Annual benefit maximum</b>	\$2,000 (basic and major services only)

Dental Premiums	
Coverage Level	Weekly
Employee Only	\$3.84
Employee + Spouse	\$8.77
Employee + Child(ren)	\$7.24
Employee + Family	\$12.32

## Flexible Spending Accounts (UnitedHealthcare — Group Number 702562)

A Flexible Spending Account (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 funds 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.**

If you are enrolled in a Kiewit medical, dental or vision plan, you will automatically be enrolled in the Auto Claims Submission Process for health care FSA. All eligible medical, prescription, vision and dental out-of-pocket expenses will be automatically processed through your account. If you do not want this feature, you must go to [myuhc.com](http://myuhc.com) to turn it off. To have your FSA reimbursement deposited directly into your bank account and/or obtain/submit a FSA reimbursement form, go to [myuhc.com](http://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. Please go to [myjobbenefits.com](http://myjobbenefits.com) (password: kiewithealthy) to view the frequently asked questions and answers and the FSA Summary Plan Description.

# Health Savings Accounts

A Health Savings Account (HSA) allows individuals to pay for current health care expenses and save for future qualified health care expenses on a pretax basis. Funds deposited into a HSA earn interest, can be invested and you can take them with you if you retire or leave Kiewit. The funds are not taxed, the account balance grows tax free and can be used tax-free to pay health care costs. When you enroll in a High Deductible Health Plan (HDHP), you are eligible to open a Health Savings Account (HSA) with Optum Bank. For more information on HSAs, see the HSA Quick Facts on [myjobbenefits.com](http://myjobbenefits.com).

	Health Savings Plan		Traditional Plan	Both Plans
	Health Savings Account (HSA)	Limited Purpose Health Care FSA	Health Care FSA	Dependent Day Care FSA
<b>What is it?</b>	An account funded by Kiewit and the employee with pretax contributions to pay for covered medical, pharmacy, vision and dental expenses	An account funded by the employee with pretax contributions to pay for vision, dental (including orthodontia) and post-deductible medical and RX expenses	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
<b>Who is eligible?</b>	Employees covered under the Health Savings Plan are eligible for a Health Savings Account provided they: <ul style="list-style-type: none"> <li>• Are not covered by any other non-HSA-eligible health plan (dental, vision are permissible).</li> <li>• Are not enrolled in Medicare, TRICARE.</li> <li>• Are not eligible to be claimed as a dependent on someone else's tax return.</li> <li>• Are not covered by a health care FSA for the tax year in which they claim their HSA deposits as tax deductions.</li> </ul>		Employees enrolled in the traditional medical, dental and/or vision plans	All employees regardless of plan election
<b>Who can contribute to this account?</b>	Kiewit and employee under age 65	Employee Only		
<b>How much can I contribute to this account each year?</b>	The IRS allows you to contribute a maximum of \$3,600 for single coverage or up to \$7,200 for employee + dependent coverage. You can also make an extra catch-up deposit of \$1,000 if you are 55 or older.  Please Note: Kiewit will make weekly HSA contributions of \$9.61 for single coverage and \$19.23 for employee plus dependent coverage. These employer contributions do count toward the IRS maximum contribution allowed.	Up to \$2,750		Up to \$5,000
<b>When can I make or change my contributions?</b>	At any time during the year	During open enrollment or after a qualified status change		During open enrollment or after a qualified status change
<b>Can I roll over unused amounts to the next year?</b>	Yes – unused amounts can roll over to help cover future expenses	No		No
<b>When can I be reimbursed for medical expenses?</b>	You can only access funds that are available in your account.	You can use the annual amount you elected at the start of the plan year.		You can only access funds that are available in your account.

# Vision insurance

The vision insurance provider is Vision Service Plan (VSP).

Employees are not automatically enrolled in the vision plan. You must elect coverage if you want vision insurance.

VSP has a program for dependent children (through age 19) called the VSP KidsCare Plan. Visit [vsp.com](http://vsp.com) for more information, to print an ID card or locate a provider. VSP also offers benefits for safety glasses.

Coverage with a VSP Provider			
Benefit	Description	Copay	Frequency
Well Vision Exam	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every calendar year
<b>Prescription Glasses</b>		<b>\$25</b>	
Frame	<ul style="list-style-type: none"> <li>\$200 allowance for a wide selection of frames</li> <li>\$220 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$110 frame allowance at Costco, Walmart and Sam's Club</li> </ul>	Included in Prescription Glasses	Every calendar year
Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, lined trifocal</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average 20-25% savings on other lens enhancements</li> </ul>	\$0 \$95-\$105 \$150-\$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> <li>\$200 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>15% savings on a contact lens exam (fitting and evaluation)</li> </ul>	\$0	Every calendar year
<b>KIDSCARE (Child coverage through the end of the month in which they turn 19)</b>			
Exam	<ul style="list-style-type: none"> <li>Children have two, fully-covered WellVision exams, if needed.</li> </ul>	\$10	Every calendar year
Frame	<ul style="list-style-type: none"> <li>\$200 allowance for a wide selection of frames</li> <li>\$220 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>\$110 Walmart/Sam's Club/Costco frame allowance</li> </ul>	\$25 Included in Prescription Glasses	Every calendar year
Lenses	<ul style="list-style-type: none"> <li>Impact-resistant lenses</li> <li>Additional lenses for children are fully covered when needed. Minimum prescription change required.</li> </ul>		
<b>Repair/Replacement (Child coverage through the end of the month in which they turn 19)</b>			
Frame	<ul style="list-style-type: none"> <li>Repair or replacement of a damaged or broken frame. A frame will only be replaced if the cost of repairing the frame exceeds the cost of a replacement. A replacement frame is covered up to your frame allowance.</li> </ul>	\$0	Every calendar year
Lenses	<ul style="list-style-type: none"> <li>Repair or replacement of standard lenses if they are damaged or broken.</li> </ul>		
<b>Extra Savings</b>			
<p><b>Routine retinal screening</b> — No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision exam</p> <p><b>Laser vision correction</b> — Average 15% off the regular price or 5% off the promotional price (discounts only available from contracted facilities)</p>			
<b>Vision Plan Premiums</b>			
	<b>Weekly</b>		<b>Weekly</b>
Employee Only	\$0.50	Employee + Child(ren)	\$1.12
Employee + Spouse	\$1.05	Employee + Family	\$1.80

Coverage information is subject to change. Visit [vsp.com](http://vsp.com) for more information, to print an ID card or locate a provider. Call Member Services for out-of-network plan details.



# 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](http://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](http://happy.livongo.com/kiewit) or call 800-945-4355.

## Healthy pregnancy program

This free program, offered through UnitedHealthcare, will help identify your special needs or risks during your pregnancy. To enroll in this program, contact UnitedHealthcare at 866-679-0948. You will receive a \$200 gift card at the completion of the program, which is issued quarterly. If you are a covered employee or a covered dependent spouse of an employee and you are pregnant, it is highly recommended that you enroll in this program.

## Bariatric surgery centers of excellence for those covered by UnitedHealthcare

To help you manage costs of this type of surgery, you must enroll in the Bariatric Surgery Program and use the Centers of Excellence to receive benefits under the plan. These centers are managed by UnitedHealthcare and have the top-performing quality outcomes for this type of procedure. Contact care management at 866-679-0948 for more details.

## Substance use treatment helpline

Get connected with a substance use treatment advocate who can help explain your treatment options and arrange a face-to-face evaluation with a licensed provider who can create a personalized treatment strategy to get you the help you need. Call 866-679-0948.

## Financial Wellness

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

# More health and wellness resources

## UnitedHealthcare Virtual Visits

Virtual Visits is a program that connects you to a doctor via phone call or video conference. For \$50 or less, you can access a doctor from your home, work site or hotel. Providers are available 24/7 and expected to deliver care in 20 minutes or less. Register for the Virtual Visits program at [myuhc.com/virtualvisits](https://myuhc.com/virtualvisits) or by downloading the UnitedHealthcare app. The app is available in the Apple Store or Google Play. To register and complete your virtual visit, have your health plan ID card, credit card and pharmacy location ready. The cost of virtual visits applies to your medical plan deductible and, once you meet your deductible, the coinsurance portion will apply to your out-of-pocket maximum.

## Advocate4Me

Kiewit employees and their families have access to Advocate4Me, an advanced level of support from UnitedHealthcare. Whether connecting with an advocate or nurse over the phone or digitally, Advocate4Me will help you make informed decisions about your care that could save you money and lead to better health outcomes. This free service can help you find a doctor, resolve claims issues, navigate the system and deal with complex medical needs, easing the burden on you and your family. Call 866-679-0948 when you need help.

## NurseLine

Call 866-679-0948 at any time to speak to a registered nurse when you are uncertain about what to do or where to go for medical care. Nurseline nurses will assess symptoms and triage based on the information you provide. They may advise self-care, a call to your doctor or an emergency room visit. Remember, trips to the ER for non-life-threatening emergencies are not covered by the health plan, so call NurseLine if you're in doubt about what to do.

## 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 eight 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 [liveandworkwell.com](https://liveandworkwell.com) (access code 12484) or call toll-free anytime at 866-248-4094.

## Talkspace

Talkspace is a digital platform that offers an effective alternative to in-person therapy through in-app chat, voice and video messaging. You can start therapy within hours of selecting your therapist using the online matching tool. There is no appointment necessary; providers respond five days a week. Employees and their families can use Talkspace just like they use the EAP; it's free up to eight times per issue per year. Download Talkspace from the App Store or GooglePlay.

## Sanvello

Sanvello is an app that offers clinical techniques to help you deal with stress, anxiety and depression, including coping tools, guided journeys to help you feel more in control, personalized goal setting and tracking, daily mood tracking and a community that provides support anonymously, anytime. Download the app from the App Store or GooglePlay. To upgrade to the premium version, you'll need your member ID and policy group numbers (available on your medical card) or the EAP access code: 12484.

# Be a good consumer of health

## Use UnitedHealthcare Virtual Visits

UnitedHealthcare Virtual Visits provides 24/7 access to U.S. board-certified doctors and pediatricians via phone or online video consults to resolve many of your medical issues. In 20 minutes or less, you can have a conversation with a doctor who can diagnose you, recommend treatment and prescribe medication. Register for the Virtual Visits program at [myuhc.com/virtualvisits](https://myuhc.com/virtualvisits) or by downloading the UnitedHealthcare app.

## Stay in the network and consider an urgent care center

Using a health care professional who is part of your network will save you money. Confirm with your provider if they are in-network before receiving any services. For non-life-threatening issues, consider an urgent care center instead of an emergency room (ER). It could save you hundreds of dollars.

## Shop around

Use the myHealthcare Cost Estimator tool available on [myuhc.com](https://myuhc.com) or the UnitedHealthcare app to estimate the cost of a treatment, procedure, or search drug pricing. Instead of a hospital outpatient setting, procedures like colonoscopies can be performed at free-standing outpatient surgery centers, or CT scans and MRIs can be done by independent radiology centers, which are usually less expensive than hospitals.

## Get preventive care

Take care of yourself with checkups, immunizations and screenings that can help detect or prevent serious problems. Eligible preventive care services are covered at 100%.

## Go generic and use mail order

Generic drugs typically cost less and can be equally effective for most people. Save money with lower out-of-pocket costs using mail order. Find drug information coverage, pharmacy pricing and lower-cost options on [myuhc.com](https://myuhc.com).

## Pay attention to your bills

Make sure you are charged correctly for the services you receive. Use UnitedHealthcare to understand your bills. You can manage your claims and view Explanation of Benefits (EOB) documents online at [myuhc.com](https://myuhc.com).

## Participate in wellness programs

Take advantage of the tools offered through Rally to get and stay healthy. If you or your spouse is pregnant, participate in the Healthy Pregnancy Program through UHC.

## Participate in the Condition Management Program

This program is designed for those dealing with diagnoses such as Alzheimer's, heart failure, cancer, COPD and hundreds more. Through the program, you can work with a nurse to discuss your goals and values, create and execute a plan to help achieve better overall health. Contact UnitedHealthcare at 866-679-0948 for more information.

# Voluntary income protection plans

Kiewit offers three voluntary protection plans to help cover costs and expenses related to an accident, critical illness or hospital stay. All are offered through UnitedHealthcare. Enrollment is voluntary but must be made within 31 days of hire or qualified family status change, otherwise your next opportunity to enroll will be during the next annual open enrollment period. If you are covered by a UnitedHealthcare medical plan, you have the Benefit Assist Program. That means if you receive services or are diagnosed with an illness that is eligible for reimbursement from a protection plan, Benefit Assist will let you know you may have a potential benefit and get your claim paid sooner. If you're not covered by UnitedHealthcare, you can submit your claims via phone.

There is also a wellness benefit rider with the plans. If you and your covered spouse complete health screenings or other tests, you get \$50 (\$150 if you have all three plans and complete three different screenings).

## Voluntary accident protection plan

This plan will pay you if an accident results in a covered injury and treatment. Covered injuries include fractures, dislocations, lacerations and more. The amount you receive is based on the covered expense, which may include emergency room services, surgeries, recovery care and more.

Once your claim is processed and approved, the plan will send the benefit payment directly to you. You can use the money to help pay your health plan deductible and other out-of-pocket costs, or you can use it to make up for lost wages, help pay your mortgage or rent, and more. Any payment you receive is in addition to the benefits you would receive from your health plan.

If disability occurs as a result, waiver of premium may apply. You also have the option to take the plan with you if you leave the company. For more information, see the plan summary.

Voluntary Accident Premiums	
Coverage Level	Monthly
Employee Only	\$9.73
Employee + Spouse	\$15.54
Employee + Child(ren)	\$12.42
Employee + Family	\$18.23

## Hospital indemnity protection plan

The hospital indemnity plan provides extra coverage to help pay for out-of-pocket hospital costs and provide a financial cushion in the event of a hospital confinement. You can use the money how you wish – for out-of-pocket expenses like deductible and coinsurance costs or things like the mortgage, child care and other living expenses. Once your claim is processed and approved, the plan will send the benefit payment directly to you.

You also have the option to take the plan with you if you leave the company.

Hospital Indemnity Premiums	
Coverage Level	Monthly
Employee Only	\$16.42
Employee + Spouse	\$42.72
Employee + Child(ren)	\$33.89
Employee + Family	\$64.15

For more information, see the summary plan descriptions under the Resources and Forms tab on [myjobbenefits.com](https://myjobbenefits.com) (password: kiewithealthy).

# Voluntary income protection plans

## Voluntary critical illness protection plan

We all know the financial impact critical illnesses can have on a family. If you are diagnosed with a covered critical illness, this plan can provide the financial protection needed to continue to pay your rent or mortgage and other daily living expenses. Covered illnesses include heart attack, cancer, coma, benign brain tumor and many more.

With the critical illness protection plan, a lump-sum payment is made directly to you soon after the diagnosis of a covered critical illness. You also have the option to take the plan with you if you leave the company.

Critical Illness Benefit Options			
Coverage Level	Option 1	Option 2	Option 3
Employee	\$5,000	\$10,000	\$20,000
Spouse*	\$2,500	\$5,000	\$10,000
Child(ren)*	\$1,250	\$2,500	\$5,000

\*Employee must purchase individual coverage in order to purchase coverage for spouse and/or child(ren). Employee may choose from lower coverage options for spouse and child(ren).

Monthly Rate per \$1,000 of Coverage (Employee)		
Age Range	Non-Tobacco	Tobacco
Under 25	\$0.22	\$0.25
25-29	\$0.31	\$0.34
30-34	\$0.39	\$0.46
35-39	\$0.52	\$0.68
40-44	\$0.72	\$1.06
45-49	\$1.20	\$2.24
50-54	\$1.83	\$3.24
55-59	\$2.63	\$4.80
60-64	\$4.08	\$7.99
65-69	\$5.67	\$10.99
70-74	\$8.26	\$16.99
75+	\$10.50	\$19.63

Monthly Rate per \$1,000 of Coverage (Spouse)		
Age Range	Non-Tobacco	Tobacco
Under 25	\$0.21	\$0.22
25-29	\$0.29	\$0.32
30-34	\$0.38	\$0.43
35-39	\$0.53	\$0.63
40-44	\$0.79	\$1.02
45-49	\$1.17	\$1.69
50-54	\$1.60	\$2.54
55-59	\$2.14	\$3.70
60-64	\$3.04	\$5.63
65-69	\$4.36	\$8.46
70-74	\$6.01	\$11.19
75+	\$8.33	\$14.20

The monthly rate for children is \$0.16 per \$1,000 of coverage.

For more information, see the summary plan descriptions under the Resources and Forms tab on [myjobbenefits.com](http://myjobbenefits.com) (password: kiewithealthy).

# Income protection plans

Don't forget to name your 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.

*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. To apply after the 31-day period or to apply for more than the maximum amount, you will be required to show 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 (AD&D)

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. AD&D is a benefit paid in the event of disbursement or as an addition to your life insurance if death results from an accident.

## 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 Fidelity at 800-835-5095 or by registering at [netbenefits.com](http://netbenefits.com) as a first-time user. 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 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](http://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 your 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](http://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
24/7 access to a doctor	UnitedHealthcare	866-679-0948	<a href="https://myuhc.com/virtualvisits">myuhc.com/virtualvisits</a>
Substance use treatment help line	Optum Behavioral Health	866-679-0948	<a href="https://liveandworkwell.com/recovery">liveandworkwell.com/recovery</a>
Medical coverage	UnitedHealthcare	866-679-0948	<a href="https://myuhc.com">myuhc.com</a>
Help with coordination of care and claims issues	Advocate4Me with UnitedHealthcare	866-679-0948	<a href="https://myuhc.com">myuhc.com</a>
Vision coverage	Vision Service Plan (VSP)	800-877-7195	<a href="https://vsp.com">vsp.com</a>
Dental coverage	UnitedHealthcare	877-816-3596	<a href="https://myuhc.com">myuhc.com</a>
Prescription coverage	OptumRx	866-679-0948	<a href="https://myuhc.com">myuhc.com</a>
Non-emergency referrals	NurseLine (UnitedHealthcare)	866-679-0948	<a href="https://myuhc.com">myuhc.com</a>
Health savings account (HSA)	OptumBank	800-791-9361	<a href="https://myuhc.com">myuhc.com</a> or <a href="https://Optumbank.com">Optumbank.com</a>
Flexible spending account (FSA)	UnitedHealthcare	866-679-0948	<a href="https://myuhc.com">myuhc.com</a>
Voluntary protection plans	UnitedHealthcare	800-444-5854 (service)	
Disability coverage	Leave Administration Team	844-502-8125 (option 2)	<a href="mailto:leaveadministration@kiewit.com">leaveadministration@kiewit.com</a>
Life/AD&D coverage	Lori Sweeney	402-271-2838	<a href="mailto:Lori.Sweeney@kiewit.com">Lori.Sweeney@kiewit.com</a>
Employee Assistance Program (EAP)	Optum Behavioral Health	866-248-4094	<a href="https://liveandworkwell.com">liveandworkwell.com</a> (access code: 12484)
Rally wellness program	Optum Kim Bergantzel	877-818-5826 402-271-2986	<a href="https://myuhc.com">myuhc.com</a> <a href="mailto:kim.bergantzel@kiewit.com">kim.bergantzel@kiewit.com</a>
Diabetes management & prevention	Livongo	800-945-4355	<a href="https://happy.livongo.com/kiewit">happy.livongo.com/kiewit</a>
Retirement savings plan - 401(k)	Fidelity	800-835-5095	<a href="https://netbenefits.com">netbenefits.com</a>
General benefits questions	<b>BENEFITS HELP LINE</b> (Toll-free)	855-329-7907	<a href="mailto:benefits@kiewit.com">benefits@kiewit.com</a> <a href="https://myjobbenefits.com">myjobbenefits.com</a> (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](http://myjobbenefits.com) (password: kiewithealthy) under the Resources and Forms tab > ESS Instructions.

