



2025 International Benefits Summary – UHC Global

Kiewit is proud to offer comprehensive benefits that support the diverse physical, emotional, and financial health needs of our employees and their families.

Full-time salaried staff 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) provide comprehensive medical insurance for you and your eligible family while you are in Canada. You will receive a Welcome Package from Cowan with a Pay-Direct Card, health claim form, direct deposit form, and website access details.

Employees working in Puerto Rico only

MAPFRE is the network UHC leases in Puerto Rico that allows you to receive services from MAPFRE network providers.

Want more details?

The Affordable Care Act requires companies offering health insurance to provide a Summary of Benefits and Coverage (SBC) and glossary. The SBC provides key details about each plan in a standard format for easy comparison, while the glossary explains common health insurance terms.

These documents are available at myjobbenefits.com (password: kiewithealthy) under the Resources and Forms tab, along with annual legal notices under the Notices section.

Get personalized benefits guidance with ALEX

ALEX is an interactive virtual tool that helps you choose the best benefits for your needs at the best price. Go to myjobbenefits.com (password: kiewithealthy) and click on the ALEX logo or scan the QR code to begin.

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%	Plan pays 100%	Plan pays 60%
Office/specialist/urgent care visit	Plan pays 100% (no deductible)	Plan pays 80% (after deductible)	Plan pays 60% (after deductible)
Hospital stay			
Maternity			
Emergency Care	100%	80%	80%
Mental & nervous disorders	Outpatient: Plan pays 100% (same as any other sickness) Inpatient: Plan pays 100% (same as any other sickness)	Outpatient: Plan pays 80% after deductible (same as any other sickness) Inpatient: Plan pays 80% after deductible (same as any other sickness)	Outpatient: Plan pays 60% 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) Inpatient: Plan pays 100% (same as any other sickness) Pre-authorization and approval may be necessary	Outpatient: Plan pays 80% (same as any other sickness) Inpatient: Plan pays 80% (same as any other sickness) Pre-authorization and approval may be necessary	Outpatient: Plan pays 60% (same as any other sickness) Inpatient: Plan pays 60% (same as any other sickness) 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 for the most current version.

Premiums (includes medical, dental, vision and pharmacy)

UnitedHealthcare Global Solutions	
Coverage level	Employee Weekly Premium
Employee Only	\$35.72
Employee + Spouse	\$94.15
Employee + Child(ren)	\$82.87
Employee + Family	\$134.83

Who else can go on your insurance?

To maintain insurance for yourself and your dependents, you must be an active, regular, full-time staff employee of our company and you must receive compensation from our company for services rendered. *Note: An active, regular, full-time staff 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:

- 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.

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

- Marriage, registration of domestic partnership/common law 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/Spanish) > Benefits > Family Status Change. Use the links to make changes if you are eligible. You must have access to the company network.

Flexible spending accounts (FSAs)

The FSA administrator is Fidelity.

There are two types of flexible spending accounts (FSAs) that allow you to set aside pretax money from your paycheck. The health care FSA covers eligible medical, pharmacy, dental and vision expenses. A dependent care FSA reimburses you for qualified dependent care expenses for children under 13 years old, such as child care services while you or your spouse are at work or attending school full time. You can also use the account to pay for care for a physically or mentally disabled parent, child or other relative you claim as a tax dependent.

- 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.
- Review your dependent care expenses. A dependent care FSA helps reimburse you for the work-related cost of care for a qualifying dependent.
- Also look ahead for any family changes that might have an impact on your expenses (e.g., birth of a child, child moving from day care to school).

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 care contributions can only be used as the money becomes available in the account.

Please note: FSA contributions are “use-it-or-lose-it.” 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 is the calendar year through Dec. 31. **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.**

Access to your Flexible Spending Account is easy. Fidelity provides a few options:

- NetBenefits Access Card — use your Visa debit card to pay for eligible health care expenses.
 - Note: Itemized receipts should be saved for all FSA purchases made with the NetBenefits Access Card. You may be asked to submit receipts to verify that your expenses comply with IRS guidelines.
- File a Claim — Log into your account on NetBenefits and click on “file a claim.”

Coverage ends on your separation date. You have until March 31 of the following year to request reimbursement for qualified expenses incurred prior to your separation date. For frequently asked questions, answers and the FSA Summary Plan Description, visit myjobbenefits.com.

You can manage your FSA online at netbenefits.com.

Flexible Spending Accounts			
FSA	Annual Contribution Limits	Key Dates	Expenses Eligible For Reimbursement
Health Care FSA	Minimum: \$72 Maximum: \$3,200	Time period to incur expenses: You can have expenses from your eligibility date until Dec. 31. Deadline to submit expenses: All 2025 claims must be submitted for reimbursement by March 31, 2026.	Out-of-pocket qualified health care expenses (medical, prescription, dental and vision)
Dependent Care FSA	Minimum: \$72 Maximum: \$5,000	Time period to incur expenses: You can have expenses from your eligibility date until Dec. 31. Deadline to submit expenses: All 2025 claims must be submitted for reimbursement by March 31, 2026.	Eligible child care or dependent care expenses

Resources

See Page 11 of this guide for additional contact information.

Employee Assistance Program (EAP)

As part of your UHC Global medical plan, Kiewit provides an Employee Assistance Program (EAP) that provides resources to support everyday challenges like stress, anxiety, grief and depression, relationship issues, debt or even legal concerns.

There are three ways to access the EAP:

1. Call and talk to a specialist: 1-877-510-9664 (U.S. access) or 44-1865-397-074 (International access).
2. Go online: [livewell.optum.com](https://www.livewell.optum.com) (access code: uhcglobal), select your country from the menu and scroll down to the "Contact us" section.
3. Download the My Wellbeing app. Once registered, click "Contact your EAP".

Under the Hat*

In addition to the EAP, employees and their families can also access Under the Hat, a website that serves as a one-stop-shop for a variety of tools, including employee stories, wellness webinars, printable materials and information about what is available through the EAP. Visit [underthehat.com](https://www.underthehat.com) to learn more about the tools and services available to you.

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.

UnitedHealthcare Virtual Care

Virtual Care connects you to doctors and specialists through secure video, chat or email for a wide range of treatments and therapies. Virtual care revolves around you — helping you find support when you need it, in a way that works best for you. Request a visit and get care sooner, as early as same-day for some providers. Virtual visits are covered like any other medical expense. Sign in to [myuhc.com](https://www.myuhc.com) or use the UHC Global app to find and connect with a doctor.

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.

Retirement plans*

The company offers a generous retirement savings match and guidance on creating a savings strategy with Fidelity's specially trained Workplace Financial Consultants (no fees apply). Get started by calling 800-603-4015.

Kiewit Student Loan Matching Program*

The Kiewit Student Loan Matching Program, administered by Fidelity, allows Kiewit to make a year-end company match to its 401(k) plan for employees eligible for the company match who can't contribute enough due to student loan debt repayment. Employees must enroll and maintain good standing with their student loans to participate. Visit [netbenefits.com](https://www.netbenefits.com) to learn more.

*Enrollment in Kiewit's medical plan is not required to access this benefit.

More resources

See Page 11 of this guide for additional contact information.

Rally wellness program*

Through its partnership with UnitedHealthcare (UHC), Kiewit offers you (and your spouse, if applicable) an easy and fun digital health and wellness program, Rally. It shows you how to set goals and understand your overall health. Eligibility for medical benefits is required to join the Rally program. Enrollment in a medical plan is not required for employees.

Register here: bit.ly/register_rally.

UHC Global mobile app

The UHC Global app is designed for expatriates, giving you the mobile access you need to your health information, including claims, area providers and coverage. With the UHC Global app, 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 from anywhere, and once downloaded, it works around the world. Use the same credentials you use to log into myuhc.com.

Use the app to:

- View coverage details for you and your family in one place
- Find and locate a global health care provider or facility using the "Find Care" feature
- Easily and quickly view your member ID card
- Submit medical, dental and vision claims quickly within or outside of the U.S., view submitted claims, and review claims payment status
- Access destination security and health care intelligence reports to help you stay informed and prepared
- Get one-click access to customer service

Care.com*

Finding the right care for your family can be hard, especially when you're balancing the demands of work and life. Care.com makes it easier with unlimited access to the world's leading network of caregivers — for kids, adults, pets, home and more. Get started at [care.com/yourbenefits](https://www.care.com/yourbenefits).

*Enrollment in Kiewit's medical plan is not required to access this benefit.

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.

Life Insurance and AD&D have a Benefit Reduction Schedule. Coverage is reduced to 65% starting at age 65, 45% at age 70, 30% at age 75 and 20% at age 80.

Basic life insurance

You are automatically 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 automatic coverage of \$10,000 for your eligible spouse and \$5,000 for each eligible dependent child. For information, go to myjobbenefits.com.

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 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 are 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

Basic 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 accrued time off during the elimination period, accessing grandfathered sick time prior to PTO. If there is no accrued time off, 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. This is a taxable benefit.

Basic long-term disability 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. This is a taxable benefit.

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. This is a non-taxable benefit.

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, go to irs.gov to review annual limits.

Note: Keep the IRS annual contribution limit in mind when choosing a weekly deferral percentage and consider spreading contributions throughout the year to avoid losing employer matching, which stops once the IRS limit is reached.

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. After-tax contributions are not eligible for Company Match. 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)
Flexible spending account (FSA)	Fidelity	800-835-5095	netbenefits.com
Disability coverage	Leave Administration Team	855-527-8255	leaveadministration@kiewit.com
Life/AD&D coverage	Lori Sweeney	402-271-2838	benefits@kiewit.com 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	livewell.optum.com (access code: uhcglobal)
Rally wellness program	Optum	877-818-5826	bit.ly/register_rally
401(k) Retirement savings plan	Fidelity	800-835-5095	netbenefits.com
Care navigation	Care.com	855-781-1303	care.com/yourbenefits
General benefits questions	Benefits Helpline (Toll-free)	855-329-7907	benefits@kiewit.com myjobbenefits.com (password: kiewithealthy)

Get personalized benefits guidance with ALEX

ALEX is a friendly, interactive tool that helps you choose the best benefits for your needs. It’s like chatting with a knowledgeable friend who knows all about your company’s plans. By asking you a few questions about your health, finances and preferences, ALEX can suggest plans that offer the right coverage at the best price. You and your family can use ALEX anytime, on any device and your information is kept private.

Go to myjobbenefits.com (password: kiewithealthy) and click on the ALEX logo or scan the QR code below to begin.



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
- **ENROLL** in benefit programs if you are newly hired or have become eligible for benefits
- **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.

To ensure you receive all future benefits communications, confirm your mailing address is correct in your ESS Personal Profile.

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

This communication constitutes a Summary of Material Modifications (SMM) [or, if there is a material reduction: Summary of Material Reductions (SMR)] to the Peter Kiewit Sons', Inc. summary plan description (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.