



2025 Staff Benefits Summary

Kiewit is proud to provide comprehensive benefits coverage that supports the diverse needs of our employees and their families. Our benefits empower employees with support for their physical, emotional and financial health.

Full-time salaried staff and non-manual, hourly-paid employees are eligible for coverage on the first full day of work. Staff employees will be defaulted into the staff traditional medical and dental plan with employee-only 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 Health Savings Plan have the option to save for future medical expenses through the health savings account. The company also makes weekly contributions to the health savings account.

Want more details?

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. Scan the QR code to the right to access ALEX, a tool that helps you choose the right plan for your benefit needs.

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.



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.

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
Deductible	\$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>	
Coinsurance	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible
Out-of-pocket max	\$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.	
Weekly Kiewit contribution to your HSA	N/A		Kiewit will contribute money to your HSA on a weekly basis. Employer contributions count toward IRS limit.	
Covered Services				
Preventive care	Plan pays 100%		Plan pays 100%	
Office/specialist/urgent care visit	Plan pays 80% after deductible	Plan pays 50% after deductible	Plan pays 80% after deductible	Plan pays 50% after deductible
Hospital stay				
Emergency room visit				
Maternity				
Mental and nervous disorders	Outpatient: Plan pays 80% after deductible Inpatient: Plan pays 80% after deductible	Plan pays 50% after deductible	Outpatient: Plan pays 80% after deductible Inpatient: Plan pays 80% after deductible	Plan pays 50% after deductible
Alcohol and drug abuse	Outpatient: Plan pays 80% after deductible Inpatient: Plan pays 80% after deductible (Two allowed per lifetime. Residential treatment allowed only with approval from Optum Behavioral Health.	Plan pays 50% after deductible	Outpatient: Plan pays 80% after deductible Inpatient: Plan pays 80% after deductible (Two allowed per lifetime. Residential treatment allowed only with approval from Optum Behavioral Health.)	Plan pays 50% after deductible
Hearing aids	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)
Infertility treatment	Plan pays 80% after deductible (\$25,000 lifetime maximum)	Plan pays 50% after deductible (\$25,000 lifetime maximum)	Plan pays 80% after deductible (\$25,000 lifetime maximum)	Plan pays 50% after deductible (\$25,000 lifetime maximum)

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

Medical plan premiums

Your premiums will depend on the plan and the level of coverage you elect.

UnitedHealthcare		
	Coverage level	Employee Weekly Premium
Traditional Plan	Employee Only	\$30.53
	Employee + Spouse	\$70.67
	Employee + Child(ren)	\$63.60
	Employee + Family	\$98.94
Health Savings Plan	Employee Only	\$18.93
	Employee + Spouse	\$51.06
	Employee + Child(ren)	\$45.99
	Employee + Family	\$71.36

How the plans work

Both of the medical plans offer the same comprehensive medical coverage, a wide network of health care providers and free preventive care.

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 uhc.com/health-and-wellness/preventive-care, or read the Preventive Health Guidelines on myjobbenefits.com under the Health Care tab > Medical.

For non-preventive services, your costs count toward 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 through coinsurance. 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.

For more information on how to be a good consumer of health care services, see page 12 of this summary.

Get personalized benefits guidance with ALEX

ALEX is a friendly, interactive virtual 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 to the right to begin.

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.



Prescription drug coverage

The pharmacy insurance provider is Optum RX.

The prescription drug program 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 Optum RX 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.

Infertility treatment

The prescription drug plan will cover up to the \$10,000 lifetime maximum in prescription drug coverage for employees and eligible spouses.

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. The prescription drug/formulary list may change every six months. Visit myjobbenefits.com for the most current version.

	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 do not 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 Approved preventive medications				
	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	

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

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, 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 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/Spanish) > Benefits > Family Status Change. Use the links to make changes if you are eligible. You must have access to the company network.

Dental insurance

The dental insurance provider is Delta Dental of Nebraska.

	In-network Premier or PPO network	Out-of-network
Preventive services Up to 2 visits per calendar year (deductible does not apply), plus 2 additional visits for periodontal disease	100%	100%
Deductible Applies to basic, major and orthodontic services	\$50 employee \$100 family	\$50 employee \$100 family
Basic services Fillings, simple extractions, root canals	Plan pays 90% of discounted fees	Plan pays 80% of a dentist's billed charges
Major services Dentures, crowns, bridges	Plan pays 50% of discounted fees	Plan pays 50% of a dentist's billed charges
Orthodontia Ages 8 - 99	Plan pays 50% of discounted fees, up to \$3,000 lifetime maximum	Plan pays 50% of a dentist's billed charges, up to \$3,000 lifetime maximum
Annual benefit maximum Basic and major services only	\$2,000	\$2,000

Dental Plan Premiums			
Coverage Level	Weekly	Coverage Level	Weekly
Employee Only	\$3.91	Employee + Child(ren)	\$7.39
Employee + Spouse	\$8.94	Employee + Family	\$12.57

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 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"> Focuses on your eyes and overall wellness 	\$10	Every calendar year
Prescription Glasses		\$25	
Frame	<ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$220 allowance for featured frame brands 20% savings on the amount over your allowance \$110 frame allowance at Costco, Walmart and Sam's Club 	Included in Prescription Glasses	Every calendar year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, lined trifocal Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 20-25% savings on other lens enhancements 	\$0 \$95-\$105 \$150-\$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$200 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every calendar year
KidsCare (Child coverage through the end of the month in which they turn 19)			
Exam	<ul style="list-style-type: none"> Children have two, fully-covered WellVision exams, if needed. 	\$10	Every calendar year
Frame	<ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$220 allowance for featured frame brands 20% savings on the amount over your allowance \$110 Walmart/Sam's Club/Costco frame allowance 	\$25 Included in Prescription Glasses	Every calendar year
Lenses	<ul style="list-style-type: none"> Impact-resistant lenses Additional lenses for children are fully covered when needed. Minimum prescription change required. 		
Repair/Replacement (Child coverage through the end of the month in which they turn 19)			
Frame	<ul style="list-style-type: none"> 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. 	\$0	Every calendar year
Lenses	<ul style="list-style-type: none"> Repair or replacement of standard lenses if they are damaged or broken. 		
Extra Savings			
<p>Routine retinal screening — \$0 copay on routine retinal screening as an enhancement to a WellVision exam</p> <p>Laser vision correction — Average 15% off the regular price or 5% off the promotional price (discounts only available from contracted facilities)</p>			
Vision Plan Premiums			
	Weekly		Weekly
Employee Only	\$0.50	Employee + Child(ren)	\$1.12
Employee + Spouse	\$1.05	Employee + Family	\$1.80

Coverage information is subject to change. VSP is a paperless company and does not issue ID cards. Visit vsp.com for more information, to print an ID card or locate a provider. Call Member Services for out-of-network plan details.

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	<p>Time period to incur expenses: You can have expenses from your eligibility date until Dec. 31.</p> <p>Deadline to submit expenses: All 2025 claims must be submitted for reimbursement by March 31, 2026.</p>	Out-of-pocket qualified health care expenses (medical, prescription, dental and vision)
Dependent Care FSA	Minimum: \$72 Maximum: \$5,000	<p>Time period to incur expenses: You can have expenses from your eligibility date until Dec. 31.</p> <p>Deadline to submit expenses: All 2025 claims must be submitted for reimbursement by March 31, 2026.</p>	Eligible child care or dependent care expenses

Health Savings Accounts

A Health Savings Account (HSA) lets you to pay for current and future health care expenses on a pretax basis. To receive company contributions and payroll deductions for your HSA, your HSA must be open and ready for funding with Fidelity.

Manage your HSA account at netbenefits.com. Visit myjobbenefits.com for HSA Quick Facts on the Spending Accounts page under the Health Care tab.

	Health Savings Plan		Traditional Plan	Both Plans
	Health Savings Account (HSA)	Limited Purpose Health Care FSA	Health Care FSA	Dependent Care FSA
What is it?	An account funded by the company and you with pretax contributions to pay for covered medical, pharmacy, vision and dental expenses	An account funded with your pretax contributions to pay for vision, dental and post-deductible medical and RX expenses	An account funded with your pretax contributions to pay for covered, eligible medical, RX, dental and vision expenses	An account funded with your pretax contributions to pay for covered dependent day care expenses for children under age 13
Who is eligible?	Employees covered under the Health Savings Plan as long as they: <ul style="list-style-type: none"> • Are enrolled in the Health Savings Medical plan and are not covered by another health insurance plan that is not a qualified HDHP. • Are not enrolled in Medicare, TRICARE. • Cannot be claimed as a dependent on someone else's tax return. • Are not covered by a health care FSA for the tax year in which they claim their HSA deposits as tax deductions. 		Employees enrolled in the traditional medical, dental and/or vision plans	All employees regardless of plan election
Who can contribute to this account?	The company and employee under age 65	Employee Only		
How much can I contribute to this account each year?	The IRS allows you to contribute a maximum of \$4,300 for single coverage or up to \$8,550 for any other coverage levels. You can make catch-up deposit of \$1,000 if you are 55 or older. Please note: The company will contribute money to your HSA on a weekly basis once your account is open and ready for funding. For single coverage, \$9.61 per week. For all other coverage levels, \$19.23 per week.	Minimum: \$72 Maximum: \$3,200		Minimum: \$72 Maximum: \$5,000
When can I make or change my contributions?	At any time during the year through Employee Self Service > Benefits > Anytime Plan Changes	During open enrollment or after a qualified status change		During open enrollment or after a qualified status change
Can I roll over unused amounts to the next year?	Yes – unused amounts can roll over to help cover future expenses	No		No
When can I be reimbursed?	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. Incur expenses from your eligibility date until Dec. 31. All claims must be submitted for reimbursement by March 31 of the following year.		You can only access funds that are available in your account. Incur expenses from your eligibility date until Dec. 31. All claims must be submitted for reimbursement by March 31 of the following year.

Resources

See Page 18 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. Visit rallyengage.com/landing/client/kiewit to learn more.

Fitness reimbursements*

Employees (and their covered spouses) can earn \$25 for each month they go to the gym at least six times, up to \$300 annually. Once you have registered for Rally, download the Rally Engage App and sign in. Then, each time you go to the gym, click the benefits tab in the app and then click on “Gym Check In.” To redeem wellness incentives, log in to your Rally account and follow the instructions. **Rewards are considered taxable income.** Visit myuhc.com (click “My Rewards”) to learn more.

Diabetes and Chronic Condition Management through Teladoc

Get special support for diabetes and prediabetes, hypertension, weight management and mental health through Teladoc’s Chronic Condition Management Plus Programs. These programs offer live coaching from experts, digital courses, personalized tools and daily activity tracking to help you develop healthy habits. If eligible, you’ll receive an enrollment kit with tools tailored to your program. Visit teladochealth.com/go/kiewit to learn more.

Bariatric surgery centers of excellence

For this type of surgery, you must enroll in the Bariatric Surgery Program and use the Centers of Excellence. To receive these benefits, your company medical plan only covers these services if they are coordinated through the Bariatric Surgery Program. Call 866-679-0948 to learn more.

UnitedHealthcare Fertility Solutions Program

Get guidance and care as you explore options for expanding your family with Fertility Solutions through UHC. You can schedule calls with a fertility nurse, search for fertility specialists and explore helpful fertility resources. Visit myuhc.phs.com/fertility to learn more.

Maven maternity and high-risk support

Maven’s digital platform provides personalized support throughout your maternal health journey. From pregnancy to three months postpartum, you’ll receive tailored care, including support for your partner. Whether you experience a smooth pregnancy, loss or other challenges, Maven is there for you with specialized resources and guidance, including a smooth transition back to work. **Beginning Jan. 1, 2025**, visit mavenclinic.com/join/uhc-join or download the Maven Clinic app.

Maven menopause & ongoing support

Maven’s menopause and ongoing care program offers personalized support throughout the perimenopausal and menopausal journey. By addressing each individual’s unique needs and symptoms, the program empowers employees to take control of their midlife health. This leads to improved well-being, increased productivity and long-term career success. **Beginning Jan. 1, 2025**, visit mavenclinic.com/join/uhc-join or download the Maven Clinic app.

2nd.MD

2nd.MD through UnitedHealthcare offers free second opinion live consultations by video or phone ensuring accurate diagnoses and treatment plans. This service helps with any medical condition, especially new diagnoses, surgery, treatment changes or chronic illnesses. Visit 2nd.md/kiewit to learn more.

Wellthy*

Whether you are caring for aging parents, a child with a chronic condition, a spouse with a new diagnosis, or your own health needs, Wellthy can help. They assist with tasks related to medical, financial, housing, in-home, legal, social/emotional and childcare/teen support. Get started at wellthy.com/member/kiewit.

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.

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

More resources

See Page 18 of this guide for additional contact information.

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. Request a visit and get care as early as same-day for some providers. Virtual visits are covered like any other medical expense. Go to myuhc.com/virtualcare to find the right care for you.

Advocate4Me

Advocate4Me gives you an advanced level of support from UnitedHealthcare. Their advocates and nurses help you make informed decisions that could save you money and lead to better health outcomes. Call Advocate4Me (866-679-0948) for help finding a doctor, resolving claims issues, dealing with complex medical needs and easing your health care burden.

Employee Assistance Program (EAP)*

Lyra Health offers free, confidential support for everyday challenges or serious issues. You, your eligible dependents and household members can each receive up to 12 free coaching or therapy sessions per year. Medication Management is not included in the 12 free sessions. Get started by calling 877-422-5532 or visit 1884.lyrahealth.com.

Under the Hat*

Employees and their families can access Under the Hat, a website that serves as a one-stop-shop to a variety of tools, including employee stories, wellness webinars, printable materials and information about what is available through the EAP. Visit underthehat.com to learn more about the tools and services available to you.

Calm Health app

Calm Health provides digital mental health programs designed by licensed experts. With this app, you'll have 24/7 access to tools for managing sleep, stress, anxiety, depression and other lifestyle issues. The app is integrated with your behavioral health benefits, so you can access it at no additional cost. Register at myuhc.com, then download the app.

Milk Stork*

Milk Stork helps mothers ship breast milk during business travel until their child turns two. The service includes pre-labeled refrigerated or frozen kits, expedited shipping, real-time tracking and options for shipping during employee relocation. Get started at milkstork.com.

Talkspace

Connect with licensed therapists who are part of your behavioral care plan via phone or desktop. Visits are subject to the same deductible and coinsurance as traditional outpatient therapy. Go to talkspace.com/connect and enter your medical plan information to begin.

Substance use treatment helpline*

If you or your covered dependent need help with substance use, Kiewit can help. Call 1-855-780-5955 to get help understanding your treatment options and to arrange a face-to-face evaluation with a licensed provider. Or get started online: liveandworkwell.com/recovery.

AbleTo

AbleTo is a Self Care app that offers clinical techniques to help you deal with stress, anxiety and depression. It provides self-care resources such as daily mood tracking, meditation tools and more at no cost to you. Go to ableto.com/begin and enter your medical group number to access.

Kaia Health

Kaia Health is a digital therapy program that offers support to help address musculoskeletal issues (back, hip, knee and other joint pain and injury). Kaia Health's online platform offers digital programs, certified health coaches and affordable, effective therapy. Visit startkaia.com/uhc or download the Kaia app for more information.

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 to learn more.

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.

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

Be a good consumer of health

Use UnitedHealthcare virtual care

Save money on healthcare with UnitedHealthcare virtual care options for urgent care, primary care and specialty care (including women's health, gastroenterology, sleep issues, migraines and speech therapy). Register for virtual care and find a provider at myuhc.com/virtualcare or by downloading the UnitedHealthcare app. The cost, if any, of a virtual visit or telephone call will apply toward your deductible and coinsurance.

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 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 and your family 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.

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.

Participate in wellness programs

Take advantage of the many programs, tools and resources Kiewit offers to help you maintain your overall health and well-being. These benefits are provided to help you get and stay healthy in all aspects of your life. See pages 10 and 11 for more information.

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 call and let you know you may have a potential benefit and get your claim paid sooner. If you're not covered by UnitedHealthcare, or wish to file a claim yourself, you can submit your claims via phone.

There is also a wellness benefit rider with the plans. If you and your eligible spouse are enrolled and complete one covered health screening test, you can get \$50 for each voluntary plan you are enrolled in (\$150 if you have all three plans).

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 with out-of-pocket hospital costs and provides financial support if you're confined to a hospital for at least 20 hours with a full day's room and board charge. 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.

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. If a diagnosis was made prior to effective date, the benefit would not be payable.

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 (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.

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 more 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. 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 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. 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 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 at no cost to the employee. The plan covers pregnancy and other non-work-related short-term surgical or medical leave. It follows all guidelines under the Americans with Disabilities Act (ADA) and the Family Medical Leave Act (FMLA). If approved, there is a seven-calendar-day elimination period — this is a required waiting period before benefit payments start. Employees must use any available paid time off during this time. If no paid time off is available, the employee will go unpaid.

Once the elimination period is satisfied, the employee will be paid 100% of base salary and cost-of-living adjustments (COLA) for the first 11 weeks of disability. The remaining 14 weeks of disability are paid at 70% of base salary and COLA. After the sixth month, employees can apply for long-term disability coverage. If approved, payments from this plan may be reduced by other income benefits the employee receives. 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 tax advantages. Eligible employees can participate the first day of the month following one month of continuous employment. When eligible, Fidelity will mail an enrollment packet, and automatically enroll you with a 6% weekly pre-tax contribution. You can make changes to the automatic enrollment by calling Fidelity at 800-835-5095 or by registering at netbenefits.com.

Contribute 1% to 75% of your eligible weekly base pay, up to a maximum amount set yearly by the IRS. The company will match your contributions dollar-for-dollar up to 6% of your eligible base pay on the following:

- **Pretax contribution** – 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 contribution** – 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 contribution** – 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 the 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 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. 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	myuhc.com/virtualcare
Substance use treatment help line	Optum Behavioral Health	855-780-5955	liveandworkwell.com/recovery
Medical coverage	UnitedHealthcare	866-679-0948	myuhc.com
UHC Health & Wellness Resources: Advocate4Me Bariatric Surgery Centers of Excellence	UnitedHealthcare	866-679-0948	myuhc.com
Maternity & High Risk Support Menopause & Ongoing Support	Maven	n/a	mavenclinic.com/join/uhc-join
Fertility Solutions Program	UnitedHealthcare	866-774-4626, TTY 711	myuhc.phs.com/fertility
Vision coverage	Vision Service Plan (VSP)	800-877-7195	vsp.com
Dental coverage	Delta Dental of Nebraska	866-827-3319	deltadentalne.org/kiewit
Prescription coverage	Optum Rx	866-679-0948	myuhc.com
Health savings account (HSA) Flexible spending account (FSA)	Fidelity	800-835-5095	netbenefits.com
Voluntary protection plans	UnitedHealthcare	800-444-5854 (service)	myuhcftp.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)	Lyra Health	877-422-5532	1884.lyrahealth.com
Rally wellness program	Optum	877-818-5826	rallyengage.com/landing/client/kiewit
2nd.MD	UnitedHealthcare	866-269-3534	2nd.md/kiewit
Diabetes and Chronic Condition Management	Teladoc	800-835-2362	teladochealth.com/go/kiewit (registration code: KIEWIT)
401(k) Retirement savings plan	Fidelity	800-835-5095	netbenefits.com
Wellthy care solution	Wellthy	877-588-3917	wellthy.com/member/kiewit
Care navigation	Care.com	855-781-1303	care.com/yourbenefits
Employee discounts	PerkSpot	n/a	kiewit.perkspot.com
General benefits questions	Benefits Helpline (Toll-free)	855-329-7907	benefits@kiewit.com myjobbenefits.com (password: kiewithealthy)

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.