

You are eligible for benefits the first of the month following 60 days of continuous employment. If you are rehired within 12 months of your last termination date and met the original benefit waiting period during that time, you are eligible for health benefits on the first of the month from your rehire date.

2021

Benefits Summary and Enrollment Guide (Craft Employees)



Kiewit

Choose the benefits that are best for you and your family with the help of this guide.

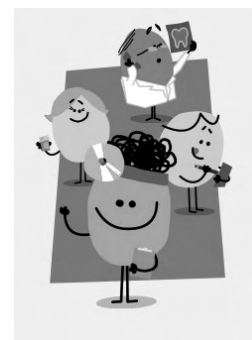
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Want more details?

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.

The 2021 SBC and glossary are available on myjobbenefits.com (password: kiewitbenefits). You can also request a free paper copy by calling the Benefits Help Line at 855-329-7907.



Meet Alex, your online benefits counselor!

Alex is an interactive tool to help you understand and select the benefits that are right for you. Alex will walk you through the benefit plans, help you make decisions and provide an email summary that you can use as a guide to enroll through ESS. To get started, go to myjobbenefits.com (password: kiewitbenefits) and click on the alex logo in the upper right corner of the homepage.

► Find information online

All of the following information can be accessed online by visiting myjobbenefits.com (password: kiewitbenefits)

The coverages and benefits described in this booklet are subject to the terms and conditions of the Plan Document (the Summary Plan Description). In the event of any conflict with the provision outlined in this booklet and those in the Plan Document, the provision of the Plan Document will prevail.

Benefits highlights

Newly-hired employees will be placed in the Kiewit health and dental plans on the first of the month following 60 days of continuous employment. If you are rehired within 12 months of your last termination date and met the original benefit waiting period during that time, you will be placed into the medical and dental plans on the first of the month from your rehire date. If you are rehired more than 12 months after your last termination date, the benefit eligibility date will be the same as a new employee: the first of the month following 60 days of continuous employment.

Benefit	Description	Who pays
Health insurance (includes prescription drug coverage through UnitedHealthcare)	The health plan offers comprehensive medical coverage, choice of in-network health care providers and free preventive care. You can save money when you choose to see providers who participate in the network. These providers have agreed to charge reduced fees.	You and Kiewit
Dental insurance – UnitedHealthcare	Insurance for preventive, basic and major dental care	You and Kiewit
Vision insurance – VSP	<ul style="list-style-type: none"> Insurance for annual eye exam, glasses or contact lenses and prescription safety glasses KidsCare program for dependents up to age 19 	You and Kiewit
Craft wellness program – Rally	<ul style="list-style-type: none"> Programs and resources to help you be healthy Participate to earn chances to win prizes 	Kiewit
Flexible spending accounts (FSAs) – UnitedHealthcare	Set aside pretax dollars to pay for qualified health care and/or dependent day care expenses	You
Life and accidental death & dismemberment (AD&D) insurance – Cigna Insurance	Basic life/AD&D insurance for you (\$50,000) Basic dependent life Spouse (\$5,000) Dependent (\$2,000)	Kiewit
	Supplemental life and AD&D for you and your dependents	You
Disability insurance – Hartford	Short-term disability	Kiewit
	Voluntary long-term disability	You
401(k) retirement savings account – Fidelity	Save money for retirement with the company's help	You and Kiewit

Key terms to know

Benefit waiting period

The period of time before you become eligible to participate in Kiewit benefit plans.

Coinsurance

After reaching your deductible, you and the plan share the cost of covered health expenses. This cost-sharing is called coinsurance.

Deductible

Most of us have a deductible for our car insurance. For health insurance, it's the amount you pay out of your pocket for non-preventive care before the plan begins to pay on your claims each year.

Eligible expenses

Services, as detailed in the plan document, that are covered by the plan.

Flexible spending accounts (FSAs)

These accounts allow employees to set aside a pretax portion of their earnings to pay for qualified expenses. There are two different types of FSAs:

- **Health care FSA** – You can use your Health Care FSA to pay your deductible, coinsurance, prescription drug, dental and vision expenses.
- **Dependent day care FSA** – Used to pay for eligible dependent day care expenses for children under 13.

Health Insurance Exchange

A government-sponsored health insurance program; you may purchase this insurance through a government website. The Affordable Care act no longer requires you to have health insurance in some states; check with your state or tax preparer to find out if there is a fee for not having health coverage.

In-network

You can save money when you choose to see providers who participate in-network. These "in-network" providers have agreed to charge reduced fees.

Medical Eligibility

This is the period of time that you are eligible to be enrolled or decline coverage in the company's medical insurance.

Open Enrollment

The time scheduled each year to allow employees to make changes to their health insurance for the following year. Employees can change their deductible, add dependents, remove dependent(s) or decline coverage.

Out-of-network

Any care received from providers not in the network is considered out-of-network. You will not receive a discounted rate (you will have to pay full price) and your share of the cost (coinsurance and deductible) will be higher in most cases than when you use in-network providers.

Out-of-pocket maximum

The limit to how much you have to pay out of your pocket in a year for covered health expenses. Once you reach this limit, the plan pays 100% of your costs for the rest of the year.

Plan Administrator

Also referred to as an insurance company. This is the company that provides your benefit insurance.

Plan Document

Describes your benefits, as well as your rights and responsibilities, under the plan.

Premium

The amount you pay from each paycheck to receive health insurance.

Health insurance plan

The health care insurance provider is UnitedHealthcare.

You will be automatically enrolled in Kiewit's medical and dental plans with employee-only coverage. You may decline this coverage, or you may add eligible dependents to your plans (see definition of eligible dependents on Page 11).

See the table below for details on coverage for in-network and out-of-network services.

Craft Plan		
	In-network	Out-of-network
Deductible	\$2,500 individual \$5,000 family	\$5,000 individual \$10,000 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. Pharmacy copay applies toward your out-of-pocket costs.	
Coinsurance	Plan pays 70% after deductible	Plan pays 40% after deductible
Out-of-pocket maximum	\$7,000 individual \$14,000 family	\$14,000 individual \$18,000 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 and/or your family.	
Covered Services		
Preventive Care	Plan pays 100%	Plan pays 100%
Office/specialist/urgent care visit	Plan pays 70% after deductible	Plan pays 40% after deductible
Hospital stay		
Emergency room visit (for NurseLine referrals or emergency diagnosis only)		
Maternity		
Mental and nervous disorders	Plan pays 70% after deductible	Plan pays 40% after deductible
Alcohol and drug abuse	Plan pays 70% after deductible	Plan pays 40% after deductible
Hearing aids	Plan pays 70% after deductible (1 set per year)	Plan pays 40% after deductible (1 set per year)

Employee premiums

Your premiums will depend on how long you have been eligible for Kiewit benefits and what level of coverage you elect. There are two premium schedules below that reflect weekly rates. If you fall in the "Less than 12 months of benefits eligibility" column, you will pay higher premiums. Once you reach 12 months of Kiewit benefits eligibility, you will be automatically switched to the lower premiums on the first of the following month.

For craft employees transferring from a union to non-union status and non-union craft employees moving from part-time to full-time, the employee premiums will be determined by the number of months employed. If you have completed 24 months of employment, you will be placed in the "12 months or more" premium schedule. If you have not completed 24 months of employment, you will be placed in the "Less than 12 months" premium schedule. Once you reach 12 months of Kiewit medical eligibility for Kiewit benefits, you will be automatically switched to the lower premiums on the first of the following month.

Employees are eligible to participate in the Rally wellness program when they have met the medical eligibility requirement.

Craft Plan		
Coverage Level	Employee Weekly Premiums	
	Less than 12 months of benefits eligibility	12 months or more of benefits eligibility
Employee Only	\$27.53	\$22.94
Employee + Spouse	\$65.08	\$57.26
Employee + Child(ren)	\$61.76	\$54.33
Employee + Family	\$99.70	\$87.71

How the plan works

The Craft Plan offers comprehensive medical coverage, choice of in-network health care providers and free preventive care.

A big part of living a healthy life is detecting health issues early. Following clinically accepted age and gender preventive care guidelines for screenings and immunizations can help. The great news is that 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 UHC website at <https://www.uhc.com/health-and-wellness/preventive-care>.

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.

For more information on how to be a good consumer of health care services, see Page 9 of this guide.

Dental insurance

The dental insurance provider is UnitedHealthcare.

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

Dental Services	
Preventive services (check-ups and cleanings)	Plan pays 100% for up to two routine visits per calendar year with no deductible
Deductible (applies to basic, major and orthodontic services)	\$50 individual \$100 family
Basic services	Plan pays 90% of covered services
Major services	Plan pays 50% of covered services
Orthodontia (up to age 19)	Plan pays 50% of covered services up to \$1,500 lifetime per covered individual
Annual maximum	\$2,000 (basic and major services only)

Dental Plan Premiums			
	Weekly		Weekly
Employee Only	\$3.61	Employee + Child(ren)	\$7.31
Employee + Spouse	\$8.13	Employee + Family	\$11.38

Prescription drug coverage

Craft Plan					
Channel	In-network				Out-of-network
	Tier	Coinsurance %	Minimum	Maximum	
Retail (up to 31-day supply)	Tier 1	15%	\$15	\$35	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	

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

Be a good consumer of health care

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 or procedure or to 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%.

Use UnitedHealthcare Virtual Visits

You can save money by using Virtual Visits for minor medical issues like colds, allergies and rashes. Register for virtual visits and find a provider at myuhc.com/virtualvisits or by downloading the UnitedHealthcare app. The cost of a virtual visit or telephone call will apply toward your deductible and coinsurance.

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.

Participate in wellness programs

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

Participate in 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.

Vision insurance

The vision insurance provider is VSP.

Employees are not automatically enrolled in the vision plan. You must elect coverage if you want vision insurance. Listed below are the in-network benefits that come with the vision plan. Visit vsp.com for more information or to locate a provider.

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/Cocoto 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			
Routine retinal screening — No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision exam Laser vision correction — Average 15% off the regular price or 5% off the promotional price (discounts only available from contracted facilities)			
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. Visit vsp.com for more information, to print an ID card or locate a provider. Call Member Services for out-of-network plan details.

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. 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. Please read the information below carefully.

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 at 855-329-7907 or send an email to benefits@kiewit.com to complete a change form and provide proof of the qualifying event. From a company computer, you can also make your changes online through Employee Self-Service (ESS). Detailed instructions for ESS are available on myjobbenefits.com (password: kiewitbenefits) under the Resources & Forms tab.

Flexible Spending Accounts (FSAs)

A flexible spending account allows you to set aside pretax 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.
- Review your dependent day care expenses. A dependent day 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 day care contributions can only be used as the money becomes available in the account.

PLEASE NOTE: FSA contributions 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 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.**

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 to turn it off. To have your FSA reimbursement deposited directly into your bank account and/or to obtain or submit a reimbursement form, go to myuhc.com.

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. Please go to myjobbenefits.com (password: kiewitbenefits) to view the frequently asked questions and answers and the FSA Summary Plan Description.

FLEXIBLE SPENDING ACCOUNTS			
FSA	Annual contribution limits	Key dates	Expenses eligible for reimbursement
Health Care FSA	Minimum: \$72 Maximum: \$2,750	Time period to incur expenses: You can have expenses from your eligibility date until Dec. 31. Deadline to submit expenses: All 2021 claims must be submitted for reimbursement by March 31, 2022.	Eligible medical, prescription, dental and vision expenses that are not paid by the plan
Dependent Day 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 2021 claims must be submitted for reimbursement by March 31, 2022.	Eligible child care or dependent day care expenses

More health and wellness resources

Rally wellness program

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

Gym reimbursements

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

Diabetes management and prevention

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

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 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 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.**

Employee assistance program (EAP)

Get confidential support for everyday challenges and for more serious problems. This free and confidential service is available around the clock. You, your eligible dependents and any household members are eligible for up to 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
- Debt counseling
- Budget assistance

Visit 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 number and policy group number (available on your medical card).

Life insurance

Basic life insurance

You are provided with a protection policy in the amount of \$50,000. Kiewit also provides \$5,000 for your eligible spouse and \$2,000 for each eligible dependent child. This plan begins when you have met your benefit waiting period.

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, meaning 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. 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: If you have been approved for coverage, 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.

Child(ren): If you have been approved for coverage, you may also elect child life coverage in amounts from \$2,000 to \$10,000 in increments of \$2,000. One coverage amount will insure all your children.

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	

Accidental death & dismemberment (AD&D) insurance

Basic accidental death and dismemberment (AD&D) insurance

You are provided a protection policy in the amount of \$50,000. This plan begins when you have met your benefit waiting period.

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

Note: 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.

Disability insurance

Short-term disability

Beginning Jan. 1, 2021, employees are eligible for the short-term disability plan at the same time they become eligible for group benefits. 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. If approved, there is a seven-day elimination period. The employee will use accrual time during the elimination period and, if there is no accrual time, 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), up to a \$750 weekly benefit, through the sixth month of an approved disability. 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.

Voluntary long-term disability

You have the option to purchase 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 day LTD becomes effective. You may purchase this coverage through payroll deduction within 31 days of eligibility. You can still enroll after the 31-day enrollment period, but your application will be subject to Evidence of Insurability. This plan requires active enrollment and all premiums paid.

Disability Insurance			
Plan	Elimination period	Benefit Amount	Weekly Premium
Short-term disability	7-day elimination period	100% income replacement for up to 26 weeks; \$750 per week maximum	\$0
Voluntary long-term disability	26-week waiting period	60% income replacement; \$6,000 per month maximum	\$12 - \$15

401(k) retirement savings account

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 60 days of continuous employment. Rehire employees are eligible the first of the month following their rehire date, only if they were rehired within 12 months of their termination date and met the original benefit waiting period during that time. If the rehire date is more than 12 months, the benefit eligibility date will be the same as a new employee: the first of the month following 60 days 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 4% weekly contribution. You can make changes to the automatic enrollment by calling Fidelity at 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. The company will match your contributions dollar-for-dollar up to 4% 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** – Also 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.
- **Gain Share contributions** – Taken directly from your paycheck for a gain sharing payment before taxes are taken out. You can contribute 5% to 90% of your eligible gain share payment, up to a maximum amount set yearly by the IRS. Gain share contributions are not eligible for company match and are applicable only to mining craft employees.

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 8% 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.

Vesting

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

Years of Service*	Percentage Vested
1 year	0%
2 years	50%
3 years	100%

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

To view your account balance or to make changes to your account:

- Call Fidelity at 800-835-5095.
- Visit netbenefits.com. First-time visitors will need their social security number and date of birth to log in.

Enrolling in benefits

Who needs to enroll?

You will need to complete the enrollment process if you are:

- A new hire or rehire electing or declining coverage for the first time within 31 days of benefits eligibility. If you do not complete the enrollment process, you will automatically be enrolled in the Craft Plan for medical and dental coverage with employee-only coverage. You will not be able to make changes to your plan until the next open enrollment period or a qualified life change event occurs.
- Enrolling during the annual open enrollment period and making a change to your existing coverage selection, or you are enrolling in or continuing a flexible spending account for the new plan year.
- Making a change to your coverage selection due to a qualified life change event within 31 days of the event

Employee Self-Service (ESS)

ESS provides easy access to benefits information and administration.

Throughout the year, you can:

- **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 event change, 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.

How do I enroll?

You can complete the enrollment process via a paper enrollment form or online through Employee Self-Service (ESS).

Online

From a company computer, go to the home page of [KiewitNetwork](#). From the Career & Life tab, click on Employee Self-Service (English/French/Spanish) >Benefits. Use the links to view or make changes, if you are eligible. You will need your username and password. You will need your network ID and corresponding password.

Paper

Complete the 2021 Benefit Craft Benefit Enrollment & Change Form included in the folder and return it in the enclosed return envelope. You may also download a form from [myjobbenefits.com](#) (password: kiewitbenefits) or request a form by calling the Benefits Help Line at 855-329-7907 or sending an email to benefits@kiewit.com.

Contact information

QUESTIONS REGARDING	COMPANY OR CONTACT PERSON	PHONE	WEBSITE OR EMAIL
24/7 access to a doctor	UnitedHealthcare	866-679-0948	myuhc.com/virtualvisits
Substance use treatment helpline	Optum Behavioral Health	866-679-0948	liveandworkwell.com/recovery
Medical coverage	UnitedHealthcare	866-679-0948	myuhc.com
Help with coordination of care and claims issues	Advocate4Me with UnitedHealthcare	866-679-0948	myuhc.com
Rally wellness program	Optum Kim Bergantzel	877-818-5826 402-271-2986	myuhc.com kim.bergantzel@kiewit.com
Diabetes management & prevention	Livongo	800-945-4355	happy.livongo.com/kiewit
Non-emergency referrals	Nurseline (UnitedHealthcare)	866-679-0948	myuhc.com
Vision coverage	Vision Service Plan (VSP)	800-877-7195	vsp.com
Dental coverage	UnitedHealthcare	877-816-3596	myuhc.com
Prescription plan	OptumRx	866-679-0948	myuhc.com
Flexible spending account (FSA)	UnitedHealthcare	866-679-0948	myuhc.com
Disability coverage	Leave Administration Team	844-502-8125 (option 2)	leaveadministration@kiewit.com
Life/AD&D coverage	Lori Sweeney	402-271-2838	lori.sweeney@kiewit.com
Employee assistance program (EAP)	Optum Behavioral Health	866-248-4094	liveandworkwell.com (access code: 12484)
Kiewit retirement savings plan – 401(k)	Fidelity	800-835-5095	netbenefits.com
General benefits questions	BENEFITS HELPLINE	855-329-7907	benefits@kiewit.com myjobbenefits.com (password: kiewitbenefits)
	Youvani Hernandez (Bilingual - Spanish)	402-943-5084	
	Kim Bergantzel	402-271-2986	
	Lori Sweeney	402-271-2838	
	Sandi Otto	402-271-2870	

