



Kiewit

2025

Benefits Summary and Enrollment Guide (Kiewit non-union craft employees)

This guide can help you choose the best coverage for you and your family.

You are eligible for health benefits the first day of the month following 60 days of continuous employment (note: If you are a mining craft employee, you are eligible for health benefits your first day of employment). If you are rehired within one year of your last termination date and met the original benefit waiting period during that time, you are eligible for health benefits on the first day of the month from your rehire date.

► Find information online at myjobbenefits.com (password: kiewitbenefits)

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.]

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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, and the glossary includes terms commonly used in health insurance.

The 2025 SBC and glossary are available on myjobbenefits.com (password: kiewitbenefits). You can also request a free paper copy by calling the Benefits Helpline at 855-329-7907.

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: kiewitbenefits) and click on the ALEX logo or scan the QR code to the right to begin.



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.

Benefits highlights

Newly-hired employees will be placed in the company health and dental plans on the first day of the month following 60 days of continuous employment (or first day of employment if you are a mining craft employee). 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 day of the month from your rehire date (or first day of employment if you are a mining craft employee). 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 day of the month following 60 days of continuous employment (or first day of employment if you are a mining craft employee).

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

Your benefits at a glance		
Benefit	Description	Who pays
Health insurance (includes prescription drug coverage through Optum RX)	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 – Delta Dental of Nebraska	Insurance for preventive, basic and major dental care	You and Kiewit
Vision insurance – Vision Service Plan (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 <i>*Refer to the VSP safety glasses brochure on myjobbenefits.com.</i>	You and Kiewit
Craft wellness program – Rally	<ul style="list-style-type: none"> Programs and resources to help you lead a healthy lifestyle Participate to earn chances to win prizes 	Kiewit
Flexible spending accounts (FSAs) – Fidelity	Set aside pretax dollars to pay for qualified health care and/or dependent care expenses	You
Life and accidental death & dismemberment (AD&D) insurance – New York Life Insurance Company	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 – The 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 – For your deductible, coinsurance, prescription drug, dental and vision expenses.
- Dependent care FSA – For eligible dependent care expenses for children under 13 or elderly dependents.

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 dependents 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. They manage the provider networks, negotiate discounts and pay your claims.

Plan document

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

Premium

The amount you pay from each paycheck for insurance.

Health insurance plan

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

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 during your new hire and annual enrollment periods (see definition of eligible dependents on Page 11).

See the table below for details on coverage for in-network and out-of-network services. Visit myuhc.com for more information or to find a provider.

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 80% after deductible	Plan pays 50% 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 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 80% after deductible	Plan pays 50% after deductible
Hospital stay		
Emergency room visit		
Maternity		
Mental health treatment	Plan pays 80% after deductible	Plan pays 50% after deductible
Alcohol and drug abuse	Plan pays 80% after deductible	Plan pays 50% after deductible
Hearing aids	Plan pays 80% after deductible (1 set per year)	Plan pays 50% after deductible (1 set per year)
Fertility treatment	Plan pays 80% after deductible (\$25,000 lifetime maximum)	Plan pays 50% after deductible (\$25,000 lifetime maximum)

Employee premiums

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

Medical Craft Plan Premiums	
Coverage Level	Employee Weekly Premiums
Employee Only	\$22.94
Employee + Spouse	\$57.26
Employee + Child(ren)	\$54.33
Employee + Family	\$87.71

How the plan works

The craft plan offers 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. 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 uhc.com/health-and-wellness/preventive-care.

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 9 of this guide.

Prescription drug coverage

The pharmacy insurance provider is Optum RX.

Craft Plan					
Channel	Tier	In-network			Out-of-network
		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 for the most current version.

Fertility treatment will cover up to the \$10,000 lifetime maximum in prescription drug coverage for employees and covered spouses.

Dental insurance

The dental insurance provider is Delta Dental of Nebraska.

Under the dental plan, you have access to:

- **The Delta Dental Premier network:** a broad network of dental providers who offer a range of discounted fees.
- **The Delta Dental PPO network:** an exclusive subset of dentists that gives you access to the lowest prices available for care.

Visit deltadentalne.org/kiewit for more information or to find a provider.

	In-network <i>Premier or PPO network</i>	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%
Annual deductible Applies to basic, major and orthodontic services	\$50 individual \$100 family	\$50 individual \$100 family
Basic services Fillings, simple extractions, root canals	Plan pays 90% of discounted services	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 \$2,500 lifetime maximum	Plan pays 50% of a dentist's billed charges, up to \$2,500 lifetime maximum
Annual benefit maximum Basic and major services only	\$2,000	\$2,000

Dental Plan Premiums			
	Weekly		Weekly
Employee Only	\$3.32	Employee + Child(ren)	\$6.73
Employee + Spouse	\$7.48	Employee + Family	\$10.47

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 that 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 for drug prices. 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%.

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.

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 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 13 and 14 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, and 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 plan's in-network benefits. Visit vsp.com for more information or to find 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/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.

Eligibility: who else can go on your insurance?

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

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 at 855-329-7907 or send an email to benefits@kiewit.com to complete a change form and provide proof of the qualifying event.

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, prescription, 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

Resources

See Page 19 of this guide for additional contact information.

Rally Engage 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 3 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. 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. 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.

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.

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.

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

More resources

See Page 19 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 more serious problems, anytime and anywhere. You, your eligible dependents and any household members can get up to 12 coaching or therapy sessions, per person, per calendar year, at no cost. Get started by calling 877-422-5532 or visit 1884.lyrahealth.com.

Under the Hat*

In addition to the EAP, 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.

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.

Talkspace

Talkspace is online therapy where you can communicate with a therapist from your phone or desktop. There is no appointment necessary and Talkspace providers are a part of your behavioral care under your medical plan. Visits are treated like any other outpatient behavioral visit, subject to deductible and coinsurance. 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 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). When you register on Kaia Health's online platform and download their app, you can find digital programs, certified health coaches and affordable, effective therapy when and where you need it. Visit startkaia.com/uhc or download the Kaia app for more information.

Financial wellness*

Fidelity's Financial Wellness Program can help you build confidence in your financial decisions and take control of your finances. Access educational and design planning tools, calculators and a personalized action plan. Get started by calling 800-835-5095.

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

Income protection plans

Don't forget to name your beneficiaries for life and AD&D benefits. 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.

Life insurance

Basic life insurance

You are automatically provided with a protection policy in the amount of \$50,000. Kiewit also provides automatic coverage of \$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 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 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

Disability insurance

Short-term disability

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. This is a taxable benefit.

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. This is a non-taxable benefit.

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 day 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 day 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 pre-tax 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 weekly eligible base pay you defer 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** – Roth contributions are taken from your paycheck after taxes are withheld, but the amount is based on your weekly base pay before taxes. The key thing to remember: The percentage you choose is always taken from your weekly base pay, not your take-home amount.
- **Catch-up contributions** – If you'll be age 50 or older this year, you can contribute extra money to your 401(k) — these are called catch-up contributions. You can make them as pretax (taken out before taxes) or Roth (taken out after taxes). Just like regular contributions, the percentage you choose is based on weekly base pay before taxes, not your take-home amount. Visit irs.gov to see this year's contribution limits.

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. After-tax contributions are not eligible for the company match.
- **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.

How do I enroll?

Complete the 2025 Kiewit Craft Enrollment & Change Form included in the folder and return it in the enclosed return envelope. You may also download a form from myjobbenefits.com, request a form by calling the Benefits Helpline at 855-329-7907, or sending an email to benefits@kiewit.com.

To ensure you receive all future benefits communications, confirm your mailing address is correct in our system. If your address has changed, contact Benefits via the contact information above to make updates.

Get personalized benefits guidance with ALEX

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

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



Contact information

QUESTIONS REGARDING	COMPANY OR CONTACT PERSON	PHONE	WEBSITE OR EMAIL
General benefits questions	Benefits Helpline	855-329-7907	benefits@kiewit.com myjobbenefits.com (password: kiewitbenefits)
Medical coverage	UnitedHealthcare	866-679-0948	myuhc.com
Prescription plan	Optum RX	866-679-0948	myuhc.com
Virtual Care	UnitedHealthcare	866-679-0948	myuhc.com/virtualcare
Substance Use Treatment Helpline	Optum Behavioral Health	855-780-5955	liveandworkwell.com/recovery
Fertility Solutions Program	UnitedHealthcare	866-774-4626, TTY 711	myuhc.phs.com/fertility
UHC Health & Wellness Resources: Advocate4Me Bariatric Surgery Centers of Excellence	UnitedHealthcare	866-679-0948	myuhc.com
2nd.MD	UnitedHealthcare	866-269-3534	2nd.md/kiewit
Rally wellness program	Optum	877-818-5826	rallyengage.com/landing/client/kiewit
Diabetes and Chronic Condition Management	Teladoc	800-835-2362	teladochealth.com/go/kiewit (registration code: KIEWIT)
Maternity & High Risk Support Menopause & Ongoing Support	Maven	n/a	mavenclinic.com/join/uhc-join
Dental coverage	Delta Dental of Nebraska	866-827-3319	deltadentalne.org/Kiewit
Vision coverage	Vision Service Plan (VSP)	800-877-7195	vsp.com
Flexible spending accounts (FSAs)	Fidelity	800-835-5095	netbenefits.com
Disability coverage	Leave Administration Team	855-527-8255	leaveadministration@kiewit.com
Life/AD&D coverage	Lori Sweeney	402-271-2838	lori.sweeney@kiewit.com
Employee Assistance Program (EAP)	Lyra Health	877-422-5532	1884.lyrahealth.com
Care navigation	Care.com	855-781-1303	care.com/yourbenefits
401(k) Retirement Savings Plan and Financial Wellness Program	Fidelity	800-835-5095	netbenefits.com
Employee discounts	PerkSpot	n/a	kiewit.perkspot.com cs@perkspot.com



Kiewit

myjobbenefits.com

[password: kiewitbenefits]