

Peter Kiewit Sons', Inc.

Critical Illness Protection Plan summary of benefits

Effective date	Jan. 1, 2025
Eligibility	All active full-time employees working a minimum of 30 hours per week. You must be actively at work with your employer on the day you apply for coverage and the date your coverage takes effect.
Base conditions only	
Cancer conditions	Percentage of maximum benefit amount payable per covered person or dependent
Cancer - invasive	100%
Cancer - non-invasive	25%
Vascular conditions	
Heart attack	100%
Coronary artery disease major (coronary artery bypass surgery)	25%
Coronary artery disease major (coronary artery stent or angioplasty)	25%
Sudden cardiac arrest	100%
Stroke	100%
Ruptured aneurysm	100%
Organ failure conditions	
Chronic renal (kidney) failure*	100%
Heart failure*	100%
Major organ failure (liver, lung, pancreas, small bowel)	100%
Bone marrow disease	100%
Functional loss conditions	
Paralysis accident and sickness	100%
Coma accident and sickness	100%
Loss of hearing accident and sickness*	100%
Loss of sight accident and sickness*	100%
Loss of speech accident and sickness*	100%
Neurological disease conditions* (diagnosis only)	
Alzheimer's disease	25%
Huntington's disease	25%
Multiple sclerosis	25%
Parkinson's disease	25%
Amyotrophic Lateral Sclerosis (ALS)	25%
Advanced Neurological Disease Conditions* (loss of ADLs)	
Advanced Alzheimer's disease	100%
Advanced amyotrophic lateral sclerosis (ALS)	100%
Advanced Huntington's disease	100%
Advanced multiple sclerosis	100%
Advanced Parkinson's disease	100%

*Not eligible for the recurrence benefit.

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Additional conditions	
Addison's disease*	25%
Benign brain tumor	100%
Myasthenia gravis*	25%
Systemic lupus erythematosus*	25%
Systemic sclerosis (scleroderma)*	25%
Childhood disease conditions*	
Cerebral palsy	100% of the Dependent Child benefit
Cleft lip/palate	100% of the Dependent Child benefit
Cystic fibrosis	100% of the Dependent Child benefit
Down syndrome	100% of the Dependent Child benefit
Congenital heart disease	100% of the Dependent Child benefit
Childhood diabetes	100% of the Dependent Child benefit
Muscular dystrophy	100% of the Dependent Child benefit
Sickle cell anemia	100% of the Dependent Child benefit
Spina bifida	100% of the Dependent Child benefit
Additional benefits	
Wellness benefit exams	\$75
Wellness benefits covered exams	

- Antibody or serology testing
- At-home screening tests for colon cancer
- Biopsy
- Blood test for cholesterol
- Blood test for triglycerides
- Biometric screenings
- Bone density scans
- Bone marrow testing
- Breast MRI
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Complete blood count
- Doppler screening for abdominal aorta
- Doppler screening for carotids
- Doppler screening for peripheral vascular disease
- Echocardiogram
- Electrocardiogram
- Endoscopy

- Fasting blood glucose test
- Fasting plasma glucose (FPG)
- Flexible sigmoidoscopy
- Hemoccult stool analysis
- Hemoglobin A1C (HbA1c)
- HPV testing
- Lipid panel
- Mammography
- Monoclonal antibody therapy
- Pap smear
- PSA (blood test for prostate cancer)
- Serum cholesterol test to determine level of HDL and LDL
- Serum protein electrophoresis (blood test for myeloma)
- Stress test on a bicycle or treadmill
- Thermography
- ThinPrep® pap test
- Virtual colonoscopy
- Wellness fair screening
- Whole body skin cancer screening

*Not eligible for the recurrence benefit.

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Benefits payable			
Voluntary benefits	Option 1	Option 2	Option 3
Employee guarantee issue benefit	\$5,000	\$10,000	\$20,000
Spouse guarantee issue benefit	\$2,500	\$5,000	\$10,000
Child(ren) guarantee issue benefit	\$1,250	\$2,500	\$5,000
Employee must purchase coverage in order to purchase dependent coverage. Dependent benefits cannot exceed the Employee benefit amount.			
Additional benefits			
Recurrence benefit	100% of maximum benefit amount payable upon the subsequent diagnosis of a covered condition for which we have paid a benefit. Diagnosis dates must be separated by at least 6 months. No treatment-free requirement.		
Additional occurrence	100% of the benefit amount payable per covered employee or dependent for a different covered condition.		
Cancer recurrence benefit	100% of maximum benefit amount payable upon the subsequent diagnosis of a cancer covered condition for which we have paid a benefit. Diagnosis dates must be separated by at least 6 months.		
Cancer recurrence treatment-free requirement	None		
Portability	Included		
Additional occurrence – separation period	None		
Pre-existing condition exclusion	Waived		
Wellness benefit	\$75 payable upon completion of a covered wellness exam or health screening test. One covered test per calendar year per covered employee, spouse and child.		

Important details

This Summary of Benefits sheet is an overview of the Critical Illness Protection Plan being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

Dependent children are covered to age 26.

The Employee must be enrolled in coverage in order for dependent coverage to be available.

Coverage continues, upon timely payment of premium, unless terminated because the person is no longer actively at work for the group or no longer meets the specific eligibility requirements stated in the policy; or benefits have been fully paid for qualifying conditions or the policy terminates. The policy is renewable at the option of the company. See the policy for terms and periods related to continuation during approved leaves.

Exclusions and limitations

We will not cover a critical illness under the policy if it is due to:

1. An act or accident of war, declared or undeclared, whether civil or international, and any substantial armed conflict between organized forces of a military nature
2. Loss sustained while on active duty as a member of the armed forces of any nation (except during any time period coverage is extended under the Continuation During Leave of Absence provision)
3. Any intentionally self-inflicted injury
4. Active participation in a riot
5. Committing or attempting to commit a felony, or participating or attempting to participate in a felony
6. Use of alcohol or the non-medical use of narcotics, sedatives, stimulants, hallucinogens, or any other such substance, whether or not prescribed by a physician
7. Cosmetic or elective surgery
8. Attempted suicide, while sane or insane

We also will not pay a benefit for a critical illness:

1. For which the covered person's date of diagnosis for any type of critical illness, as defined in the policy, was prior to his effective date of insurance
2. That was diagnosed outside of the United States or Canada, unless the diagnosis was confirmed by a physician practicing within the United States or Canada

Cosmetic or elective surgery exclusion:

We will not cover a critical illness under the policy if it is due to cosmetic surgery or elective surgery. Cosmetic surgery means surgery performed to modify or improve the appearance of a physical feature or defect. For purposes of excluding benefits, cosmetic surgery does not mean reconstructive surgery performed to correct or repair abnormal structures of the body caused by:

1. Congenital defects
2. Developmental abnormalities
3. Trauma
4. Infection
5. Tumors
6. Disease (when intended to either improve function or create a normal appearance to the extent possible)

Reconstructive surgery includes:

1. Dental or orthodontic services that are an integral part of reconstructive surgery for cleft palate procedures
2. Surgery and prosthetic devices to restore and achieve symmetry incident to a mastectomy

Elective surgery means:

1. Cosmetic surgery
2. Any other surgery that is:
 - a. Not for the purpose of correcting or repairing abnormal structures of the body
 - b. Not for the purpose of improving function
 - c. If intended to improve appearance or create a normal appearance, is not caused by a condition listed in 1-6 above

For purposes of excluding benefits, elective surgery does not include:

1. Caesarean section
2. Any surgery related to complications of pregnancy
3. Bariatric surgery performed in conjunction with a diagnosis of morbid obesity

Current monthly cost* table

Critical Illness Protection Plan			
Benefit Options	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 coverage in order to purchase on spouse and/or child(ren)
 **Employee may choose from lower coverage options for spouse and child(ren)

Monthly rate Employee per \$1,000		
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 Spouse per \$1,000		
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

Monthly rate Child(ren) per \$1,000
\$0.16

*The costs shown on this table are based on the employee and spouse ages being the same. Any applicable age-related benefit reductions are included.