

2023 Benefit Summary

Kinkaid Civil Construction

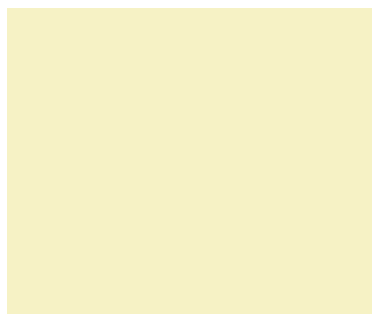




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This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Benefits Overview

Kinkaid Civil Construction is proud to offer a comprehensive benefits package to eligible, employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. Further information may be found on the Kinkaid benefit website at www.kinkaid.flywheelsites.com/employee-dashboard.

You share the costs of some benefits (medical, dental and vision), and **Kinkaid Civil Construction** provides other benefits at no cost to you (life, accidental death & dismemberment and teladoc). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefits Offered

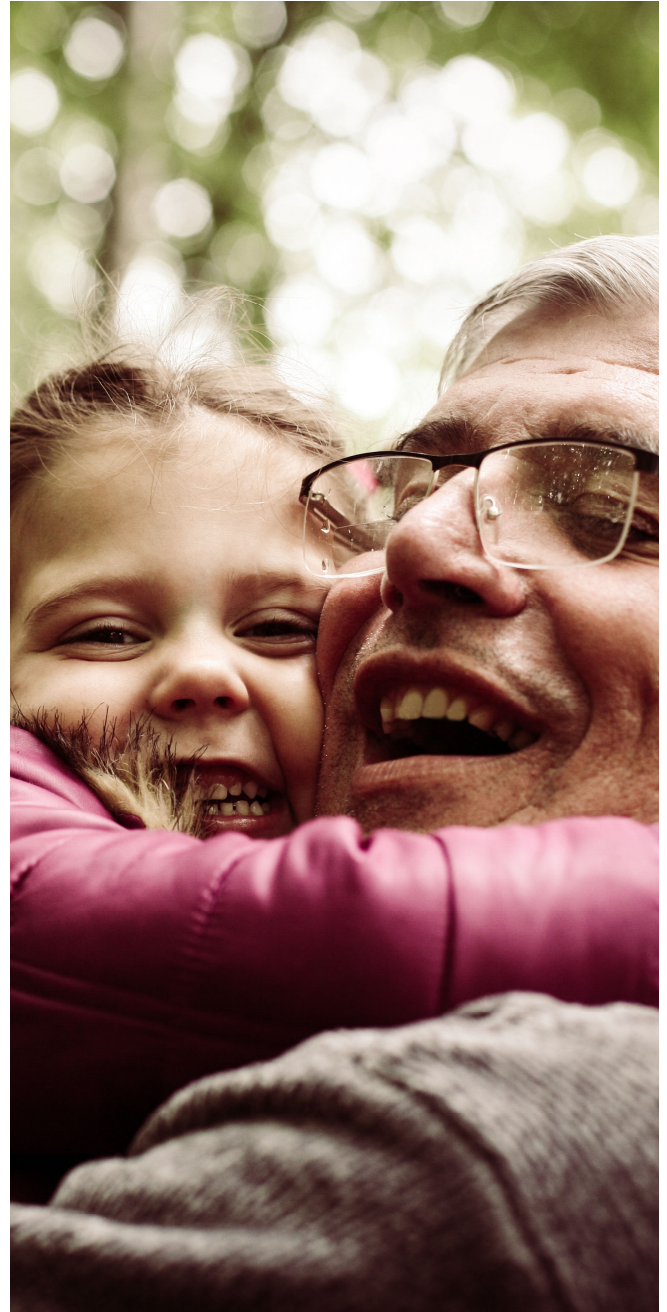
- Medical
- Teladoc Telemedicine
- Dental
- Vision
- Employee Assistance Program
- Basic Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Voluntary Short Term Disability
- Voluntary Long Term Disability
- Critical Illness
- Accident
- Hospital Indemnity

Eligibility

You and your dependents are eligible for Kinkaid Civil Construction benefits on the first of the month following date of hire.

Eligible dependents are your spouse, domestic partner, children under age 26, disabled dependents of any age, or **Kinkaid Civil Construction** eligible dependents.

Elections made as a new hire will remain in effect until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must



Making Changes to your Benefits

Each year, you have the opportunity to make changes to your benefits during open enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

You have 30 days from the date of the qualifying event to make benefit changes. Keep in mind, the changes must be directly related to the event.

Where can I get help or find further information regarding my benefits?

Please contact Human Resources Department at 480-646-4438 with questions.

Medical Summary of Benefits and Coverage (SBC), Benefit Summaries and details on all benefits in this guide may be found

One on One Benefit Assistance

Kinkaid employees have access to a benefit advocate through Gallagher, the Kinkaid Benefit Consulting firm, to assist you and your dependents with benefit questions.

The Gallagher Benefit Advocate Center is ready to help you get the most from your benefit program by providing support and advocate for you at no cost to you. Get assistance with the following:

Explanation of benefits

Is it unclear to you what the insurance covered on a particular claim and what is your responsibility?

Prescription challenges

Is the pharmacy telling you that your medication is not covered or charging you full price? Do you need help with an authorization for a medication?

Benefits questions

Are you unsure if the insurance company will pay for a certain procedure?

Claim issues

Did you receive a bill from a doctor and don't know why?

Difficult situations

Are you having difficulty getting a referral? Has the insurance carrier denied a procedure and you want an appeal?

Connect with the Benefit Advocate Center

8am - 6pm CST
Toll Free: 833-649-3747

Benefit Terms to Know

- **Copay** - A set dollar amount you pay for a covered health care service, usually when you receive the service.
- **Deductible** - What you pay out of pocket for health care services before the plan begins to pay its portion.
- **Coinsurance** - Your share of the costs of covered health care services after you reach the deductible. You pay the percentage noted in the table on the following page, and the medical plan pays the rest.
- **Out-of-pocket Maximum** - What you have to pay before the plan pays 100% of your covered costs.
- **Network** - The facilities and providers the medical plan has contracted with to provide health care services. In-network providers typically provide services at a lower negotiated rate.

Medical Benefits

Administered by Cigna

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Kinkaid Civil Construction.

Kinkaid Civil Construction offers you a choice of two (2) Open Access Plus (OAP) and (1) NEW High Deductible Health Plan (HDHP) with Health Savings Account. With the OAP plans, Copays DO NOT apply toward your deductible, so you will pay copays until you reach your annual out-of-pocket maximum.

Kinkaid Civil Construction plans cover 100% of the cost for preventive care services like annual physicals and routine

	Base Plan OAP \$3,000	High Deductible Health Plan w/ H.S.A.	Choice Plan OAP \$1,000
	In-Network	In-Network	In-Network
Lifetime Benefit Maximum	Unlimited	Unlimited	Unlimited
Annual Deductible	\$3,000 single / \$6,000 family	\$2,500 single / \$5,000 family	\$1,000 single / \$2,000 family
Annual Out-of-Pocket Maximum (includes deductible)	\$7,350 single / \$14,700 family	\$2,500 single / \$5,000 family	\$4,000 single / \$8,000 family
Coinsurance	0%	0%	0%
	Out-of-Network	Out-of-Network	Out-of-Network
Annual Deductible	\$6,000 single / \$12,000 family	\$5,000 single / \$10,000 family	\$2,000 single / \$4,000 family
Annual Out-of-Pocket Maximum (includes deductible)	\$20,000 single / \$40,000 family	\$5,000 single / \$10,000 family	\$8,000 single / \$16,000 family
Coinsurance	50%	20%	30%
Pharmacy (Out of Network)	Not covered	Not covered	Not covered
Doctor's Office			
Primary Care Office Visit	\$40 copay per visit	0% after deductible	\$25 copay per visit
Specialist Office Visit	\$80 copay per visit	0% after deductible	\$50 copay per visit
Preventive Care (immunizations and screening)	0%	0% after deductible	0%
Diagnostic Test (X-ray, Blood Work)	0%	0% after deductible	0%
Imaging (CT/PET scans, MRIs)	0% after deductible	0% after deductible	0% after deductible
Prescription Drugs			
Retail—Generic Drugs (30-day supply / 90-day supply)	\$20 copay per prescription / \$60 copay per prescription	0% after deductible	\$15 copay per prescription / \$45 copay per prescription
Retail—Preferred Brand Drugs (30-day supply / 90-day supply)	\$50 copay per prescription / \$150 copay per prescription	0% after deductible	\$35 copay per prescription / \$105 copay per prescription
Retail—Non-Preferred Brand Drugs (30-day supply / 90-day supply)	\$80 copay per prescription / \$240 copay per prescription	0% after deductible	\$65 copay per prescription / \$195 copay per prescription
Mail Order—Generic/Preferred/Non-Preferred (90-day supply)	\$60/ \$150/ \$240 copay per prescription	0% after deductible	\$45/ \$105/ \$195 copay per prescription

Medical Benefits (Continued)

Administered by Cigna

	Base Plan OAP \$3,000	High Deductible Health Plan w/ H.S.A.	Choice Plan OAP \$1,000
	In-Network	In-Network	In-Network
Hospital Services			
Emergency Room (copay waived if admitted)	\$500 copay per visit	0% after deductible	\$250 copay per visit
Inpatient	0% after deductible	0% after deductible	0% after deductible
Outpatient Surgery	0% after deductible	0% after deductible	0% after deductible
Ambulance Service	0% after deductible	0% after deductible	0% after deductible
Mental Health Services			
Inpatient Services	0% after deductible	0% after deductible	0% after deductible
Outpatient Services	Office visit: \$80 copay; All other services: 0% after deductible	0% after deductible	Office visit: \$50 copay; All other services: 0% after deductible
Substance Abuse Services			
Inpatient Services	0% after deductible per admission	0% after deductible	0% after deductible per admission
Outpatient Services	Office visit: \$80 copay; All other services: 0% after deductible	0% after deductible	Office visit: \$50 copay; All other services: 0% after deductible
Other Services			
Maternity Services	0% after deductible	0% after deductible	0% after deductible
All other maternity hospital/ physician services	0% after deductible	0% after deductible	0% after deductible
Muscle Manipulation Services (20 visits annual max)	\$80 copay per visit	0% after deductible	\$50 copay per visit
Physical, Occupational and Speech Therapy Services (60 visits annual max)	\$80 copay per visit	0% after deductible	\$50 copay per visit
Skilled Nursing (60-day calendar year maximum)	0% after deductible	0% after deductible	0% after deductible

How the Plans Work

All plans use the [Cigna network](#) and cover 100% of the cost for preventive care services like annual physicals and routine immunizations. The way you pay for care is different with each plan.

The [OAP plans](#) has set copays for some services and a deductible and coinsurance for others. Copays do not apply toward your deductible, so you will pay copays until you reach your annual out-of-pocket maximum. [The High Deductible Health plan](#) requires you

	Base Plan OAP \$3,000	High Deductible Health Plan w/ H.S.A.	Choice Plan OAP \$1,000
Per-paycheck Cost for Coverage	\$	\$\$	\$\$\$
Annual Deductible	\$\$	\$\$	\$
Annual Out-of-pocket Maximum	\$\$\$	\$	\$\$
Using the Plan	Pay least with each paycheck. Copays begin first day of coverage. Copays continue until meet out of pocket maximum.	The carrier will share in the cost of claims once you meet the deductible. After deductible is met, the insurance carrier pays 100% of all claims until the next renewal	Pay most with each paycheck. Copays begin first day of coverage. Copays continue until meet out of pocket maximum.
Spending Account Options	None	Health Savings Account (HSA)	None

Paying For Health Care

What medical plan can I choose?	High Deductible Health Plan (HDHP) w/ Health Savings Account (HSA)
What expenses are eligible?	Medical, prescription, dental & vision care (See IRS publication 502 for a full list)
When can I use the funds?	Funds are available as you contribute to the account
Can I roll over funds each year?	Yes, funds roll over from year-to-year and are yours to keep (even if you change jobs)
How do I pay for eligible expenses?	With your HSA Bank debit card. You can also submit claims for reimbursement online. Details may be found on the Kinkaid Benefit Website.
How much can I contribute in 2023?	\$3,850 for individual coverage \$7,750 for family coverage Plus an additional \$1000 if you are over age 55.
Can I change my contributions throughout the year?	Yes, you can change your HSA contributions at any time
Is there any additional eligibility requirements?	Cannot be covered by any other health plan (such as a spouse's plan) that is not a qualified HDHP plan. Cannot be enrolled in Medicare or TRICARE Cannot be claimed as a dependent on someone else's tax return Cannot have received VA or Indian Health benefits within the past three months Cannot also be simultaneously covered by a health care flexible spending account (FSA) except in the case of a limited purpose FSA

Virtual Care Telemedicine

Kinkaid Civil Construction employees have access to telemedicine services for non-emergency care. Teladoc is a national network of board certified, state licensed doctors offering **virtual medical consultations 24 hours a day, 7 days a week**.

Teladoc doctors diagnose acute non-emergent medical conditions and prescribe medications when clinically appropriate. You can speak to a doctor within minutes from anywhere – home, work or while traveling.



WHEN TO USE TELEMEDICINE

- Acid reflux
- Allergies
- Asthma
- Bladder infection
- Bronchitis
- Cold
- Flu
- Infections
- Nausea
- Rashes
- Sinus conditions
- Sore throat
- Pink eye
- Urinary tract infections
- And more...



ACTIVATE YOUR TELADOC ACCOUNT

- 1) Access Teladoc with the mobile app, online or by phone
- 2) Use your member ID to create a username and password *If you do not have a member ID, call (800) 835-2362 Teladoc for assistance
- 3) Complete your medical record online. This will allow Teladoc physicians to be aware of your medical history prior to your consultation



COST AND PRESCRIPTION POLICY

- Members have no copay to use Teladoc.
- If medically necessary a prescription will be called in to your pharmacy of choice. You are responsible for the cost of the prescription if one is provided.
- Teladoc physicians do not prescribe DEA (Schedule I-IV) controlled substances or lifestyle drugs.



Teladoc Telemedicine Service

Telephone (800) 835-2362

Online Portal: www.teladoc.com

Download the Teladoc app through Google Play or the App Store

Dental Benefits

Administered by Cigna

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the **Kinkaid Civil Construction** dental benefit plan.

Services	In-Network PPO	Out-of-Network PPO
Annual Deductible	\$50 per person; \$150 family limit	\$50 per person; \$150 family limit
Annual Benefit Maximum	\$2,000	\$2,000
Preventive Dental Services (oral exams, routine x-rays, cleanings)	100%	100%
Basic Dental Services (fillings, perio, endo, oral surgery, anesthetics)	100% after deductible	80% after deductible
Major Dental Services (crowns, dentures, bridges)	60% after deductible	50% after deductible
Orthodontia Services (covered to age 26)	50% to \$1,000 lifetime maximum	50% to \$1,000 lifetime maximum



How to locate an In-network Dentist

Please visit <https://hcpdirectory.cigna.com/> or call 1 (800) 853-2713.

Consider signing up for **My.Cigna.com** to find care and costs, view claims, access digital ID Cards and more.

Vision Benefits

Administered by Cigna

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

Service	In-Network (Cigna Vision provider)	Out-of-Network Reimbursement (any qualified non-network provider of your choice)
Eye Exam — once every 12 months	\$10 copay	N/A
Lenses — once every 12 months		
Single Vision Lenses	\$25 copay	up to \$40
Bifocal Lenses	\$25 copay	up to \$65
Trifocal Lenses	\$25 copay	up to \$75
Frames — once every 24 months	\$130 allowance plus 20% off balance	Up to \$71
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames		
Frames & lenses	\$130 Allowance	Up to \$105
Medically Necessary	Covered (copay waived)	up to \$210

How to locate an In-network Vision Provider

There are three ways to find a quality eye doctor in your area:

1. **Log into myCigna.com**, "Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision Directory.
2. Don't have access to myCigna.com? **Go to Cigna.com**, top of the page select "Find A Doctor, Dentist or Facility", click on Cigna Vision Directory, under Additional Resources.
3. **Prefer the phone?** Call 866.494.2111.



Employee Assistance Program

Kinkaid Civil Construction employees enrolled in the Cigna medical plan have access to Employee Assistance services.

Sometimes it's hard to know if what you are experiencing is depression or sadness, worry or anxiety. When these feelings become excessive, are ongoing or interfere with your daily life, it's time to seek the help you need. Cigna's broad support includes coverage for your emotional health, as well as tools and programs to support your general health and well-being. All of this is available to Cigna enrolled health plan customers. Cigna help you take control of your health – body and mind – whenever you need it, 24/7.

Network and Programs to Manage Life Events

- ⇒ National network of clinicians – counselors, psychologists and psychiatrists
- ⇒ Guaranteed first-time appointments in five business days and a callback within one business day
- ⇒ Online therapy with a licensed therapist through Talkspace, via private messaging or live video session
- ⇒ Three free face-to-face visits with a licensed behavioral health provider in our employee assistance program (EAP) network
- ⇒ Live chat with an employee assistance program advocate
- ⇒ Unlimited telephone support and access to work-life resources
- ⇒ Access to legal services
- ⇒ Access to financial services



To access iPrevail and Happify, log in to myCigna.com and scroll down for direct links.

Already registered on myCigna?

1. Log in to myCigna.
2. Go to "Coverage."
3. Click on "Employee Assistance Program" (EAP).
4. Find all your resources on the EAP page. To find a licensed therapist, go to the "Find Care & Costs tab." Search for the doctor by type.

Not yet registered on myCigna?⁶

Follow these simple instructions to create your myCigna® account.

1. Type **myCigna.com** into your browser.
2. You'll see "Customer Login" at the top and the register button. Click "Register."
3. Enter your personal details: First name, last name, date of birth, email address, name of city and state, and ZIP code.
4. Click "Next" to confirm your ID.
5. Create a username and password to use for this account.
6. After completing the form, review your information, and then click "Submit."

Access these resources

- › Call 24/7 live assistance at **877.231.1492** or the number on your ID card
- › Visit **myCigna.com**

Basic Life & Accidental Death and Dismemberment (AD&D) Insurance

Administered by Equitable Life

Kinkaid Civil Construction provides eligible employees an employer paid Basic Life/AD&D policy valued at \$15,000. Basic Life beneficiaries will receive a lump sum payment if you die while employed by Kinkaid Civil Construction. Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident.

Voluntary Life and AD&D Insurance

Administered by Equitable Life

You may purchase Voluntary Life and AD&D insurance in addition to the company-provided coverage. You may also purchase life and AD&D insurance for your dependents, if you purchase coverage for yourself.

You are guaranteed coverage up to \$150,000 for yourself and \$25,000 for your spouse without answering medical questions if you enroll when you are first eligible.

Employee — Up to increments of \$10,000; \$250,000 maximum amount. For future annual enrollments coverage can be increased during the annual enrollment period by 2 increments without EOI; EOI is required for any increases above this amount, for any amounts above the GI amount, and for all late entrants

Spouse — Up to increments of \$5,000; \$150,000 maximum amount, not to exceed 50% of employees supplemental life amount

Children — Life birth to 14 days \$500, 15 days to age 26 \$1,000 to \$10,000 in \$1,000 increments.

Portability and Conversion are included.

Age Reduction: 35% of original life amount at age 65, 50% of original life amount at age 70.

Voluntary Disability Insurance

Administered by Equitable Life

Kinkaid Civil Construction also provides disability insurance through Equitable Life. This benefit is often referred to as paycheck insurance as it replaces a portion of your income if you are unable to work as a result of a non-job illness or injury. Kinkaid Civil Construction provides access to Short Term Disability and Long Term Disability for purchase.

	How it Works	Who Pays for the Benefit
Short Term Disability	<p>You receive 60% of your income Up to \$1,500 per week</p> <p>Benefits begin after 1 calendar day for Injury and 8 calendar days for Illness absence from work</p> <p>Benefits continue for up to 13 weeks 3/12 Pre-Existing Condition Limitation</p>	Employee
Long Term Disability	<p>You receive 60% of your income up to \$6,000 per month</p> <p>Benefits begin after 90 calendar days of absence from work</p> <p>Benefits continue until you reach the ADEA1 w/ SSNRA. 3/12 Pre-Existing Condition Limitation</p>	Employee

Accident

Administered by Equitable Life

Kinkaid Civil Construction is pleased to offer eligible employees Voluntary Accident coverage with Equitable Life.

When serious illness or accidents strike, the financial problems are not always limited to appropriate medical care. Sometimes it can leave you and your family in need of assistance covering your basic expenses. Critical Illness insurance can help with expenses that other insurance may not cover, including; copays, deductibles, mortgage or rent payments, utilities, medical/travel expenses, child care, groceries, etc.

For every covered accident, benefit is paid based on the injury sustained and treatment received, regardless of what is covered by medical insurance. Payments are made directly to you and can be used for any purpose.

How it works

Equitable Life Accident Coverage pays you cash benefits that correspond with hospital and intensive care confinement. Your plan may also include coverage for a variety of occurrences, such as dismemberment, dislocation, fracture, ambulance services, physical therapy and more. The cash benefits can be used to help pay for deductibles, treatment, rent and more.

Meeting Your Needs

- Guaranteed issue coverage, subject to exclusions and limitations
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage is also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details
- **Wellness benefit of \$50 per insured for completion of wellness screening.**

Benefits subject to maximums, please refer to the plan summary posted on the Kinkaid Civil Construction benefit website.

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY
Cost per Month	\$12.71	\$22.36	\$24.51	\$34.16
Cost per Pay Period	\$2.93	\$5.16	\$5.66	\$7.88

Critical Illness

Administered by Equitable Life

Kinkaid Civil Construction is pleased to offer eligible employees Voluntary Critical Illness coverage with Equitable Life.

When you, your spouse or child is diagnosed with a covered condition, you can receive a cash benefit to help pay unexpected costs not covered by your health plan. You can use your benefit to help with expenses like lost income, child care, travel to and from treatment, deductibles and copays.

How it works

Equitable Life Critical Illness insurance can be used however you want and it pays in addition to other coverage you may already have.

Meeting Your Needs

- Guaranteed issue coverage of \$20,000, subject to exclusions and limitations
- Benefits are paid directly to you unless otherwise assigned
- Pays in addition to other insurance coverage
- Coverage is also available for your dependents
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details

Benefits are subject to pre-existing limitation of 6/12.

Please refer to the plan summary posted on the **Kinkaid Civil Construction** benefit website.

BENEFIT	<39	40-49	50-59	60+
Per \$1,000	\$0.43	\$1.33	\$2.91	\$5.60
\$5,000	\$2.17	\$6.63	\$14.54	\$28.01
\$10,000	\$2.93	\$13.26	\$29.07	\$56.02
\$15,000	\$6.51	\$19.89	\$43.61	\$84.03
\$20,000	\$8.68	\$26.52	\$58.14	\$112.04

Monthly Employee premiums based on employee's age at effective date

BENEFIT	<39	40-49	50-59	60+
Per \$1,000	\$0.43	\$1.33	\$2.91	\$5.60
\$2,500	\$1.08	\$3.32	\$7.27	\$14.00
\$5,000	\$2.17	\$6.63	\$14.54	\$28.01
\$7,500	\$3.26	\$9.94	\$21.80	\$42.02
\$10,000	\$4.34	\$13.26	\$29.07	\$56.02

Hospital Indemnity

Administered by Equitable Life

Kinkaid Civil Construction is pleased to offer eligible employees Voluntary Hospital Indemnity coverage with Equitable Life.

When you, your spouse or child are facing a hospital stay, you can receive a benefit to help pay unexpected costs not covered by your health plan. You can use your benefit to help with expenses like lost income, child care, travel to and from treatment, deductibles and copays.

Benefits

Benefits are payable for hospital stays due to:

- Sickness
- Accidents
- Routine pregnancy (9 month waiting period)
- Complications of pregnancy
- Newborn complications
- Mental and nervous disorders
- Substance abuse
- Premiums are affordable and can be conveniently payroll deducted
- Coverage may be continued; refer to your certificate for details
- **Wellness benefit of \$50 per insured for completion of wellness screening.**

INCLUDED BENEFITS	BENEFIT AMOUNT
First Day Hospital Confinement	\$500, once per year
First Day Intensive Care Unit (ICU) Confinement	\$1,000 once per year
Daily Hospital Confinement	\$100, up to 365 days per year
Daily ICU Confinement	\$200, up to 60 days per year
Daily Rehabilitation Unit Confinement	\$50, up to 60 days per year
Annual Wellness Screening	\$ 50 once per year for each insured

	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	FAMILY
Cost per Month	\$13.01	\$27.18	\$21.66	\$35.83
Cost per Pay Period	\$3.00	\$6.27	\$5.00	\$8.27

Employee Contributions for Medical, Dental and Vision

Kinkaid Civil Construction is pleased to offer Tenured rates beginning with the March 2023 renewal. Your medical rates are dependent on your years of employment with Kinkaid. If your work anniversary date occurs mid-year and you earn a rate reduction, your rates will be adjusted the same month as your work anniversary date.

Medical Benefit Plan	1-2 Years Tenure Per Pay Period	3-4 Years Tenure Per Pay Period	5+ Years Tenure Per Pay Period
Base Plan - OAP \$3,000			
Employee	\$ 36.39	\$ 23.02	\$ -
Employee + Spouse	\$ 158.13	\$ 144.76	\$ 121.74
Employee + Child(ren)	\$ 135.98	\$ 122.61	\$ 99.59
Family	\$ 257.73	\$ 244.36	\$ 221.34
High Deductible Health Plan with Health Savings Account			
Employee	\$ 37.80	\$ 24.43	\$ 1.41
Employee + Spouse	\$ 161.08	\$ 147.71	\$ 124.69
Employee + Child(ren)	\$ 138.66	\$ 125.29	\$ 102.27
Family	\$ 261.96	\$ 248.59	\$ 225.57
Choice Plan – OAP \$1,000			
Employee	\$ 60.17	\$ 46.80	\$ 23.78
Employee + Spouse	\$ 207.79	\$ 194.42	\$ 171.40
Employee + Child(ren)	\$ 180.90	\$ 167.53	\$ 144.51
Family	\$ 328.67	\$ 315.30	\$ 292.28

Dental Benefit Plan	Per Pay Period
Employee	\$ 8.06
Employee + Spouse	\$ 16.36
Employee + Child(ren)	\$ 21.01
Family	\$ 31.29

Vision Benefit Plan	Per-Pay Period
Employee	\$ 2.04
Employee + Spouse	\$ 3.42
Employee + Child(ren)	\$ 3.50
Family	\$ 5.53

Monthly Cost for Voluntary Life and AD&D Insurance (per \$1,000 of coverage)

Employee Age	< 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59
Employee	\$0.081	\$0.081	\$0.091	\$0.124	\$0.185	\$0.288	\$0.444	\$0.692
Spouse	\$0.081	\$0.081	\$0.091	\$0.124	\$0.185	\$0.288	\$0.444	\$0.692
Child(ren)	\$0.128							

Employee Age	60 - 64	65 - 69	70 - 74	75 - 79	80 - 84	85 - 89	90 - 94	95 - 99
Employee	\$0.974	\$1.552	\$2.958	\$6.328	\$14.071	\$14.071	\$14.071	\$14.071
Spouse	\$0.974	\$1.552	\$2.958	\$6.328	\$14.071	\$14.071	\$14.071	\$14.071
Child(ren)	\$0.128							

Note: AD&D Rates add \$0.036 per \$1,000 to above rates for employee and \$0.029 for Spouse and \$ 0.127 for children.

Your life and AD&D benefits will reduce by 35% at Age 65, 50% at Age.

Monthly Cost for Voluntary Short Term Disability (per \$10 of coverage) Max \$1,500

Employee Age	< 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 +
Rate	\$0.221	\$0.213	\$0.244	\$0.262	\$0.297	\$0.386	\$0.502	\$0.662	\$0.804	\$0.879	\$0.879	\$0.879

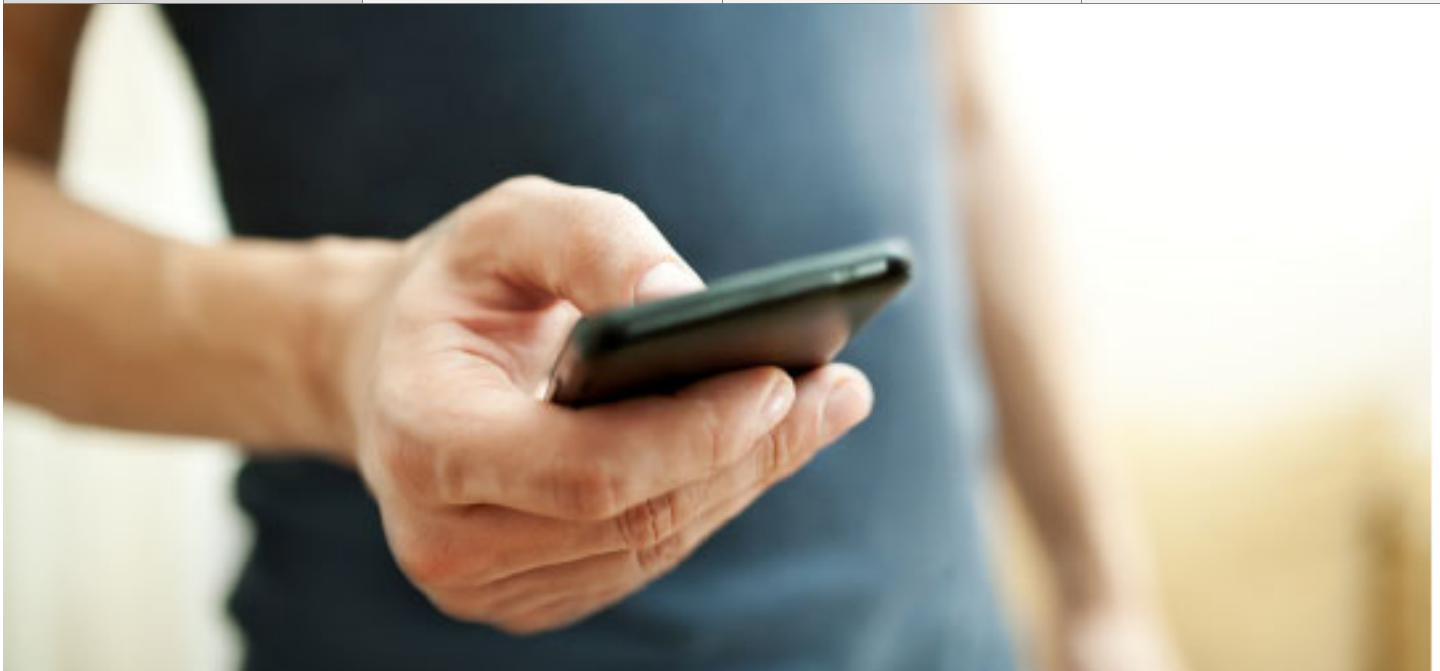
Monthly Cost for Voluntary Long Term Disability (per \$100 of coverage) Max \$6,000

Employee Age	< 24	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 +
Rate	\$0.176	\$0.208	\$0.358	\$0.691	\$1.007	\$1.390	\$1.932	\$2.116	\$1.89	\$1.60	\$1.60	\$1.60

Contact Information

If you have specific questions about a benefit plan, please contact the administrator listed below, or Human Resources Department.

Benefit	Administrator	Phone	Website/Email
Medical	Cigna	866.494.2111	www.mycigna.com
Dental	Cigna	866.494.2111	www.mycigna.com
Vision	Cigna	866.494.2111	www.mycigna.com
Telemedicine	Teladoc	800.835.2362	www.teladoc.com
Employee Assistance Program	Cigna	877.231.1492	www.mycigna.com
Life and AD&D	Equitable Life	866.274.9887	www.equitable.com/employeebenefits
Voluntary Life and AD&D	Equitable Life	866.274.9887	www.equitable.com/employeebenefits
Voluntary Short Term Disability	Equitable Life	866.274.9887	www.equitable.com/employeebenefits
Voluntary Long Term Disability	Equitable Life	866.274.9887	www.equitable.com/employeebenefits
Critical Illness & Accident	Equitable Life	866.274.9887	www.equitable.com/employeebenefits
Hospital Indemnity	Equitable Life	866.274.9887	www.equitable.com/employeebenefits
Benefit Advocate Center (BAC)	Gallagher	833.649.3747	bac.kinkaidcivil@ajg.com



Legal Notices

Patient Protections Disclosure

The Kinkaid Civil Construction Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, Cigna designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Cigna at 866.494.2111 or www.mycigna.com.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Cigna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Cigna at 866.494.2111 or www.mycigna.com.

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: Base Plan - OAP \$3,000 100/50 (Individual: 0% coinsurance and \$3,000 deductible; Family: 0% coinsurance and \$6,000 deductible)

Plan 2: Choice Plan – OAP \$1,000 100/50 (Individual: 0% coinsurance and \$1,000 deductible; Family: 0% coinsurance and \$2,000 deductible)

Plan 3: High Deductible Health Plan with HSA 100/50 (Individual: 0% coinsurance and \$2,500 deductible; Family: 0% coinsurance and \$5,000 deductible)

If you would like more information on WHCRA benefits, please call your Human Resources.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal Law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal Law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal Law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584

<p>IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
<p>KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p>MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=enUS Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfc.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>NORTH DAKOTA – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>

OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565



Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137 .

OMB Control Number 1210-0137 (expires 1/31/2026)

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

Kinkaid Civil Construction is committed to the privacy of your health information. The administrators of the Kinkaid Civil Construction Health Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Venus Camargo - HR/PR Manager at 480.714.5218 or venus@kinkaidcivil.com.

HIPAA Special Enrollment Rights

Kinkaid Civil Construction Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Kinkaid Civil Construction Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within “30 days” (or a longer time period, if applicable under carrier rules after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children’s Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days (or a longer time period, if applicable under carrier rules after the marriage, birth, adoption, or placement for adoption).

Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan’s special enrollment provisions, contact Human Resources Department.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children’s health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan’s annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan.

Notice of Creditable Coverage

Important Notice from Kinkaid Civil Construction About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Kinkaid Civil Construction and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Kinkaid Civil Construction has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Kinkaid Civil Construction coverage may be affected.

If you do decide to join a Medicare drug plan and drop your current Kinkaid Civil Construction coverage, be aware that you and your dependents may be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Kinkaid Civil Construction and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through KinKaid Civil Construction changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

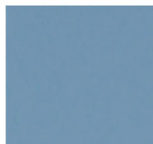
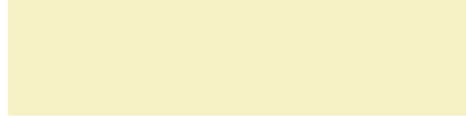
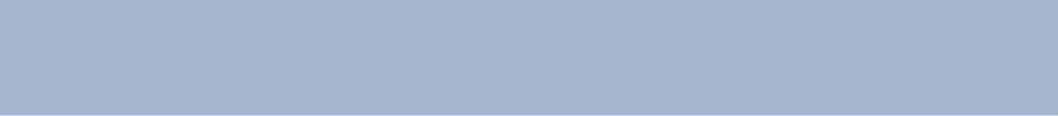
For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

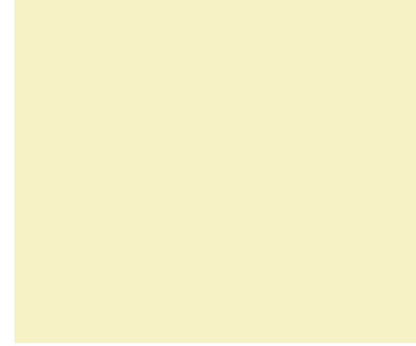
If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: March 01, 2023
Name of Entity/Sender: Kinkaid Civil Construction
Contact—Position/Office: Human Resources Department
Office Address: 4505 E Virginia St
Mesa, Arizona - 85215-9100
United States
Phone Number: 480.646.4438



Note



This benefit summary prepared by



Insurance | Risk Management | Consulting

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.