

2021

Employee Benefits

KIER Construction

The information contained in this Benefits Guide is designed to assist you in understanding your employee benefits and in completing enrollment. In the event of a discrepancy between the benefit information herein and the plan documents held by the insurers, the plan documents govern. Please refer to the carrier issued plan descriptions or policy booklets for information regarding coverage, limitations, and exclusions.



EXPERIENCE THE DIFFERENCE



CONTACT INFORMATION

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The Standard – Life and AD&D

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Tall Tree Administrators – Medical, Dental, Vision

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Coba Health

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401(k) Advisors Intermountain – 401(k)

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The Standard – STD & LTD

(800) 368-2859 STD
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BENEFITS OVERVIEW

KIER Construction has designed a comprehensive benefit plan for all eligible employees. These benefits make up an important part of your compensation package.

Benefits Offered	KIER Construction Contribution	Employee Contribution
Medical insurance for you (single coverage)	90%	10%
Medical insurance for you and your eligible dependents	70%	30%
Dental insurance for you (single coverage)	90%	10%
Dental insurance for you and your eligible dependents	70%	30%
Vision insurance for you (single coverage)	90%	10%
Vision insurance for you and your eligible dependents	70%	30%
Life and AD&D insurance for you	90%	10%
Life and AD&D insurance for you and your eligible dependents	70%	30%
Short-term disability insurance for you	100%	0%
Long-term disability insurance for you	100%	0%
<i>The following benefits are optional:</i>		
Supplemental life insurance for you and your eligible dependents; and AFLAC or Colonial Life Supplemental Benefits	0%	100%

Additional benefits offered to you as an employee:

- Flexible spending plan
- 401(k) with company match
- Eight paid holidays for all employees
- Paid sick leave and vacation for salaried employees

This Guide provides a summary of the benefits offered by KIER Construction. Please contact Human Resources for more information, including governing plan documents and benefit contracts.

This information should not be considered a contract for purposes of employment or payment of benefits. KIER Construction reserves the right to change, amend, modify, or terminate the benefit plans we sponsor at any time and for any reason.

ELIGIBILITY REQUIREMENTS

You must be an active employee regularly scheduled and working at least 30 hours per week and have completed sixty (60) days of continuous employment. The following dependents will also be eligible:

- o Your legal spouse
- o Your children up to age 26

ENROLLMENT PERIOD

You can enroll in all benefits during your initial eligibility as well as during open enrollment each year.

- o Initial enrollment – 30-day period after you are eligible for benefits
- o 2021 Open enrollment – period from 12/01/2020 – 12/10/2020 for effective date 1/1/2021.

Benefit coverage begins on the first day of the month following sixty (60) days of continuous employment.

If you fail to enroll during these periods, you will not be eligible for KIER Construction’s benefits until the next open enrollment period unless you experience a qualifying event as defined in Changes to Coverage below.

CHANGES TO COVERAGE

Changes to your benefits can only be made during the open enrollment period or if you experience one of the following qualifying events:

- o You get married, legally separated, or divorced
- o You add a dependent child through birth, adoption, or change in custody
- o You remove a dependent child through adoption or change in custody
- o Your spouse or child dies
- o Your work schedule changes, i.e. a reduction or an increase in hours which affects eligibility
- o You or your spouse loses coverage through his/her employer
- o You and/or your spouse and dependents gain or lose Medicare or Medicaid coverage
- o You receive a Qualified Medical Child Support Order (dependent children will be added in accordance with a qualified support order)
- o There is a change in cost for insurance premiums

You must notify Human Resources and enroll in KIER Construction’s benefits within thirty (30) days of the qualifying event in order to be eligible for the change in coverage.

END COVERAGE

Your medical, dental and vision coverage ends on the last day of the month when:

- o Your employment with KIER Construction ends
- o The group policy ends
- o Your spouse has a qualifying event
- o You no longer meet eligibility requirements for coverage
- o You retire
- o You enter the armed forces of any country on a full-time basis
- o You are deceased

Long-term disability, short-term disability, your group term life and AD&D insurance, and optional supplemental life insurance coverage end on your last day of employment. You may have the right to supplemental life insurance conversion or portability upon termination of employment if you continue paying the premiums. Contact Human Resources for more information regarding continuation of coverage.

WAIVING COVERAGE

You may waive KIER Construction’s benefits by completing the appropriate enrollment forms indicating that you are waiving coverage. You will be eligible to enroll during the next open enrollment or if you experience a qualifying event.

MEDICAL

The following is a condensed summary of benefits offered for the Tall Tree Administrators Plan. For more detailed information, please refer to the Schedule of Benefits, the Summary Plan Document, or contact Human Resources.

SUMMARY OF BENEFITS		
Benefit Highlights	In-Network Contracting Provider YOUR RESPONSIBILITY	Out-of-Network Non-Contracting Provider* YOUR RESPONSIBILITY
Individual Deductible You do NOT pay the full deductible amount	\$2,500**	
Family Deductible You do NOT pay the full deductible amount	\$5,000**	
Deductible Reimbursement See 105 Plan for more information	Kier Construction will reimburse deductible expenses up to \$1,750 per person or \$3,500 per family. The employee is responsible for the first \$750 per person or \$1,500 per family	
Lifetime Maximum	Unlimited	
Out-of-Pocket Maximum Includes medical deductible, co-pays, co-insurance, & prescriptions You do NOT pay the full out-of-pocket amount See 105 Plan for more information	\$6,250 individual** \$12,500 family**	\$6,500 individual** \$17,000 family**
Office Visits Primary Care Physician Specialist	\$25 co-pay \$30 co-pay	20% after deductible 20% after deductible
Wellness and Preventive Care	Covered 100%	20% after deductible
Therapy (Physical, Occupational, Speech)	\$25 co-pay	20% after deductible
Urgent Care	\$25 co-pay	20% after deductible
Chiropractic	\$25 co-pay	\$25 copay
Emergency Room	\$250 co-pay	
Inpatient Services	20% after deductible	40% after deductible
Outpatient Services	20% after deductible	40% after deductible
Diagnostic X-ray and Lab (Diagnostic services related to office visit and performed in a physician's office, independent laboratory, free standing ambulatory center)	Covered 100%	40% after deductible
Major Diagnostic Lab and X-ray (any diagnostic services performed at a hospital facility)	20% after deductible	40% after deductible
MRI/PET/CAT, Nuclear Medicine at Hospital	20% after deductible	40% after deductible
Maternity Services-Office Visits Prenatal	Covered 100%	20% after deductible
Maternity Services-Facility & Hospital	20% after deductible	40% after deductible
Birth Control - IUD	Covered 100%	20% after deductible
Medical Supplies	20% after deductible	40% after deductible
COBA Health - Functional Medical Options		
Complementary/Functional Medicine/Holistic and Integrative Health (Includes Bio Meridian Assessments, Holistic Evaluations, Muscle Activation, Desensitization, Ozone, Craniosacral, Structural & Visceral Therapy, Massage, and Other Therapeutic Therapies)	\$25 co-pay	No Benefit
Remedies for Functional Medical Treatment	\$15 co-pay	No Benefit
Prolozone and Prolotherapy	\$35 co-pay	No Benefit
Platelet Rich Plasma (PRP)	\$50 co-pay	No Benefit
Stem Cell and Regenerative Therapy	\$50 co-pay	No Benefit
Chronic Illness	\$25 co-pay	No Benefit
Coba Health Case Pre-Negotiated Rates for Elective Surgical Procedures	Covered 100%	No Benefit

DNA Testing for Pharmaceutical & Medical Interventions	Covered 90%	No Benefit
IV Therapy	\$15 co-pay	No Benefit
Bio-Identical Hormone Pellet Implantation	\$15 co-pay	No Benefit
Acupuncture	\$25 co-pay	No Benefit

Prescription Drug Coverage		
Prescription Drugs (30-day supply – RxEDO Bin: 610220) Tier 1 (Generic) Tier 2 (Brand Name) Tier 3 (Non-formulary)	\$10 co-pay 20% 35%	No Benefit
Maintenance Drugs (90-day supply – Kroger Postal Prescription Services) (800) 552-6694 Tier 1 (Generic) Tier 2 (Brand Name) Tier 3 (Non-formulary)	\$20 co-pay 20% 35%	No Benefit

* With non-contracting providers (out-of-network), you are responsible for paying the balance of billed charges in excess of amount allowed under a network provider, and will not apply to your out-of-pocket maximum.

** Eligible for 105 Plan reimbursement

IN-NETWORK VERSUS OUT-OF-NETWORK

You will save money if you use in-network providers and hospitals when possible. Utah employees will access the WISE Provider Network. Employees outside of Utah will access the First Health Network. **It is your responsibility to verify that your provider(s) and hospital are in-network.** Visit www.talltreehealth.com to locate network providers. KIER Construction's 105 Plan will reimburse deductibles either in-network or out-of-network, or a combination of both.

MAXIMUM OUT-OF-POCKET

The maximum out-of-pocket amount includes co-payments, deductibles, prescriptions, and your 20% portion of the 80/20 split after you have met your deductible(s).

GENERIC DRUG PROGRAM

Save money by taking advantage of generic drug programs at Walmart, Target, Sam's Club, Costco, etc. Most of these programs offer a 30-day supply of generic medications for less than the \$10 co-pay! You do not need insurance to take advantage of these generic drug programs.

ONLINE SERVICES

Log on to manage your health and benefits at www.talltreehealth.com. This enables you to:

- View personal information, update your profile, and request change of address/phone information
- Find providers
- Request, display or print a temporary ID card
- View claims activity

105 DEDUCTIBLE REIMBURSEMENT PLAN

KIER Construction's 105 Plan reimburses you for up to \$1,750 for an individual deductible or up to \$3,500 for the combined family deductible. To receive deductible reimbursement, submit the 105 Plan claim form along with the Tall Tree explanation of benefits to Wasatch Employee Benefit Service. Contact Human Resources for claim forms or more information.

You must submit your request for reimbursement of your 2021 deductible by March 31, 2022 in order to be eligible. If you do not submit for reimbursement by March 31st, your request will be disqualified.

Caution: A provider may offer you a "discount" on services if you pay in full at the time of services. Be cautious of this. Often, the provider will accept your payment as payment in full and not bill the insurance carrier. This may lead to you paying more overall for your services. It may also affect reimbursement from the 105 Plan. Contact Human Resources for more information.

SECTION 105 HRA (DEDUCTIBLE REIMBURSEMENT) EXAMPLE

The following example is based on an individual deductible:

Deductible

Employee portion	\$ 750	(you pay the first \$750)
Kier Construction 105 Plan	+ \$1,750	(you must submit for reimbursement)
Plan deductible	= \$2,500	

Out-of-Pocket Maximum

Plan out-of-pocket maximum limit	\$6,250	
Employee portion for deductible	- \$ 750	(based on deductible above)
Kier Construction 105 Plan for deductible	- \$1,750	(based on deductible above)
Employee remaining out-of-pocket	= \$3,750	(max out of pocket as defined above)

Because of the 105 Plan, the most you would pay out of pocket is \$4,500 for an individual or \$9,000 for a family. This includes copays, the employee portion of deductible, prescriptions, and the 20% portion of the 80/20 split.

DENTAL

The following is a summary of dental benefits provided by Tall Tree Health Administrators. For detailed information, please refer to the Schedule of Benefits, the Summary Plan Document, or contact Human Resources.

SUMMARY OF BENEFITS	
Coverage Summary	Coverage Benefit
Class I – Preventive & Diagnostic <ul style="list-style-type: none"> Cleanings (Limit two times per year) Oral examinations (Limit two times per year) Other maintenance type procedures X-rays (Limit two times per year) 	100% of Usual and Customary Charges
Class II – Basic Restorative <ul style="list-style-type: none"> Fillings Other standard dental procedures 	Deductible, then 90% of Usual and Customary Charges
Class III – Major Restorative <ul style="list-style-type: none"> Bridges Dentures Crowns and Implants Other complex procedures 	Deductible, then 80% of Usual and Customary Fee
Class IV – Orthodontia (dependent children to age 26)	50% of Usual and Customary Fee
Deductible	
Individual	\$ 50
Family	\$150
Annual Maximum Benefit	
Per person	\$1,500
Orthodontia Lifetime Benefit	
Per child to age 26	\$1,500

Usual and Customary charge is based on the lowest of 1) the dentist's actual charge, 2) the dentist's actual charge for the same or similar service, or 3) the charge of most dentists in the same geographic area for the same or similar services as determined by Tall Tree Administrators. A 12 Month waiting period applies to Class III & IV Services without proof of credible coverage.

VISION

The following is a summary of vision benefits provided by Tall Tree Health Administrators. For detailed information, please refer to the Schedule of Benefits, the Summary Plan Document, or contact Human Resources.

SUMMARY OF BENEFITS		
Coverage Summary	Coverage Benefit	Benefit Limits Per Calendar Year
Exam (Optometrists Only)	\$15 co-pay, then Plan pays 100%	One Routine Vision Exam per Calendar Year
Frames	\$15 co-pay, then Plan pays 100%	One Frame per Calendar Year up to \$120.00
Contact Lenses - Medically necessary	Plan pays 100%	One set per Calendar Year up to \$120.00
Contact Lenses - Elective	Plan pays 100%	One set per Calendar Year up to \$120.00 (Disposable Contacts payable up to the Maximum)
Lenses	Plan pays 100%	One Set per Calendar Year
Lenses – Polycarbonate	Plan pay 100%	One Set per Calendar Year for Dependent Children Only
Scratch Resistant, Anti-Reflective Coatings, & Progressives	Plan pays 20%	Once per Calendar Year (Allowed with Eligible Lenses)

FLEX SPENDING ACCOUNT (FSA)

The Flex Spending Account allows you to set aside pre-tax dollars each paycheck for eligible expenses. Depending on your tax bracket, this may save you 20%-30% in out-of-pocket expenses. You may use the flex spending plan for eligible medical, dental, dependent care, copayments, your portion of the deductible (\$750/\$1,500), or to assist you with your out-of-pocket maximum. Flex money can be used toward expenses incurred for anyone you claim as a legal dependent.

Wasatch Employee Benefit Service manages your flex account for you. You may pay for your expenses with your *mySourceCard* flex debit card. If you do not use the *mySourceCard* flex debit card for an eligible expense, simply submit a claim form to Wasatch Employee Benefit Service for reimbursement from your account. Claim forms can be found at www.myRSC.com or by contacting Human Resources.

MEDICAL AND DENTAL

You can elect as little as \$2.00 bi-weekly (\$52.00 per year) or as much as \$105.76 bi-weekly (\$2,750 per year) to be used for eligible expenses. Your weekly contribution remains in effect for the entire year unless you have a qualifying event.

If you have ever been hesitant to participate in the FSA because of the “use it or lose it” rule, you can now carry over up to \$550 into the following plan year. Anything over that amount will be forfeited unless it is spent by December 31, 2021 and submitted for reimbursement no later than March 31, 2022.

Only eligible expenses that occurred during the plan year and while you are a participant are eligible for reimbursement. If you terminate employment, you can request reimbursement for expenses incurred only through your last day of employment.

DEPENDENT CARE

Dependent care flex money can be used to pay for child care expenses for children under 13 years of age while you are at work or seeking employment. In certain cases, it may also be used to help care for an elderly parent or disabled dependent.

Contribution limits:

- If you are single, you can contribute up to \$5,000/year
- If you are married filing jointly, you can contribute a combined total of \$5,000/year
- If you are married filing separately, you can contribute up to \$2,500/year

***mySourceCard* DEBIT CARD**

The *mySourceCard* debit card is pre-loaded at the first of the plan year with the amount you elected for flex spending. You can use the card for copayments, your portion of the medical deductible, out-of-pocket medical/dental/vision expenses, and at local retailers for eligible expenses listed on the charts in this section. You do not need to submit for reimbursement from your flex account, but you must save your receipts to prove expense eligibility if this is requested at a later date. You must also have a valid email address to receive email notifications.

Your *mySourceCard* debit card works like a credit card with the following limitations.

- Limited to specific merchants and eligible expenses
- Cannot be used at an ATM or for cash back when making purchases
- There is no PIN, so you must choose credit not debit when making purchases

When paying deductible expenses, do not use your *mySourceCard* debit card to pay more than your \$750 individual/\$1,500 family portion of the deductible. If you do, any amount you pay above your portion of the deductible will not be reimbursed from KIER Construction's 105 HRA Plan.

TAX CONSIDERATIONS

Participating in the Flex Spending Plan may affect your future Social Security retirement benefits if your taxable pay after contributions is below the Social Security Taxable Wage Base.

You cannot claim the same expenses on your tax return that were paid through the Flex Spending Plan.

FLEX SPENDING CONTRIBUTION WORKSHEET

The following worksheet is provided in order to assist you in calculating your estimate of expenses.

MEDICAL / DENTAL / VISION ANNUAL EXPENSE WORKSHEET				
Cost for:	You	Spouse	Children	Total
Medical Deductibles	\$	\$	\$	\$
Medical Co-payments	\$	\$	\$	\$
Medical Expenses	\$	\$	\$	\$
Dental Deductibles	\$	\$	\$	\$
Dental Expenses	\$	\$	\$	\$
Vision Plan Co-payments	\$	\$	\$	\$
Vision Expenses	\$	\$	\$	\$
Hearing Expenses	\$	\$	\$	\$
Prescription Co-pays	\$	\$	\$	\$
Medically Required Equipment	\$	\$	\$	\$
Health Services / Supplies	\$	\$	\$	\$
Other Eligible Expenses	\$	\$	\$	\$
Estimated Medical / Dental / Vision Flex Spending Contribution				
This is the estimated annual amount you may want to contribute to your Flex Spending Plan This amount cannot exceed \$2,750				\$

DEPENDENT CARE EXPENSE WORKSHEET			
Cost for:	Weekly Expenses	Times # of Weeks	Total Cost
Dependent Care Expenses	\$		\$
Estimated Dependent Care Contribution			
This is the estimated annual amount you may want to contribute for Dependent Care This amount cannot exceed a total of \$5,000/year			\$

FLEX SPENDING - SAMPLE EXPENSES

SAMPLE ELIGIBLE MEDICAL EXPENSES (This list is not all-inclusive. Contact Wasatch Employee Benefit Service for more information.)		
• Acupuncture	• Drugs (Prescription)	• Osteopaths
• Alcoholism Treatment	• Eye Examinations and Eyeglasses	• Oxygen / Oxygen Equipment
• Allergy Shots and Testing	• Home Health Care	• Physical Exams (except for employment related physicals)
• Ambulance (ground or air)	• Hospice Care	• Physical Therapy
• Artificial Limbs	• Hospital Services	• Psychiatric Care, psychologists, psychotherapists, counselors
• Blind Services and Equipment	• Insulin	• Radial Kerotomy
• Car Controls for Handicapped*	• Laboratory Fees	• Schools (special, relief, or handicapped)
• Chiropractor Services	• LASIK/LASEK Eye Surgery	• Sexual Dysfunction Treatment
• Co-insurance and Deductibles	• Medical Alert Bracelets & Necklace	• Smoking Cessation Programs
• Contact Lenses	• Medical Monitoring & Testing Devices*	• Surgical Fees
• Crutches, Wheelchairs & Walkers	• Nursing Services	• Television or Telephone for the Hearing Impaired
• Deaf Services – hearing aid/batteries, hearing aid animal & care, lip reading expenses, modified telephone, etc.	• Obstetrical Expenses	• Therapy Treatments*
• Dental Treatment	• Occlusal Guards	• Transportation (essentially and primarily for medical care - limits apply)
• Dentures	• Operations and Surgeries (legal)	• Vaccinations
• Diagnostic Tests	• Optometrists	• Vitamins*
• Doctor's Fees	• Orthodontia	• Weight Loss Programs*
• Drug Addiction Treatment & Facilities	• Orthopedic Services	• X-rays
*If prescribed for a particular ailment or medical condition; provider letter required.		
SAMPLE NON-ELIGIBLE MEDICAL EXPENSES (This list is not all-inclusive. Contact Wasatch Employee Benefit Service for more information.)		
• Advance payment for services to be rendered	• Electrolysis	• Medical Savings Account
• Automobile insurance premiums allocable to medical coverage	• Fees written off by a Provider	• Premiums for life insurance, income protection, disability, loss of limbs, sight or similar benefits
• Boarding school fees	• Food Supplements	• Personal items
• Body piercing	• Funeral, Cremation, or Burial Expenses	• Preferred Provider Discounts
• Bottled water	• Hair Transplant	• Social Activities
• Chauffeur Services	• Herbs and Herbal Supplements	• Special food and beverages
• Controlled Substances	• Household & Domestic Help	• Swimming Lessons
• Cosmetic Surgery and Procedures	• Health Programs, Health Clubs, & Gyms	• Tattoos / Tattoo Removal
• Cosmetic Dental Procedures	• Illegal Operations and Treatments	• Teeth Whitening
• Dancing Lessons	• Illegally Procured Drugs	• Transportation expenses to and from work
• Diapers for Infants	• Insurance Premiums (not reimbursable under Health FSA, only PRA)	• Travel for general health improvement
• Diaper Service	• Long Term Care Services	• Uniforms
• Ear Piercing	• Maternity Clothes	• Vitamins & Supplements without Prescription

FLEX SPENDING – OVER THE COUNTER (OTC) PRODUCTS

OTC medications require a doctor's prescription to be eligible for reimbursement. For that reason, OTC medications cannot be purchased using the *mySourceCard* debit card unless dispensed by a pharmacy the same as a standard prescription (with an Rx number). If a manual claim is submitted for purchase of an OTC medication, both a copy of the prescription and the purchase receipt must be included in order to receive reimbursement.

Examples of OTC Items That Cannot Be Purchased With *mySourceCard*

FSA ELIGIBLE OTC MEDICATIONS AND PRODUCTS (Requires Both Prescription and Detailed Receipt for Reimbursement)	
Acne medications and treatments	Eczema & psoriasis remedies
Allergy & sinus, cold, flu, & cough remedies (antihistamines, decongestants, cough syrups, cough drops, nasal sprays, medicated rubs, etc.)	Eye drops, ear drops, nasal sprays
Antacids & acid controllers (tablets, liquids, capsules)	First Aid Kits
Antibiotics & antiseptic sprays, creams, & ointments	Hemorrhoid Preparations
Anti-diarrheal medications	Hydrogen peroxide, rubbing alcohol
Anti-fungal medications	Laxatives
Anti-gas & stomach remedies	Medicated Band-Aids & Dressings
Anti-itch & insect bite remedies	Motion sickness remedies
Anti-parasitic medications	Nicotine patches and medications (smoking cessation aids)
Digestive aids	Pain relievers (aspirin, ibuprofen, acetaminophen, naproxen, etc.)
Baby care (diaper rash ointments, teething gel, rehydration fluids, etc.)	Sleep aids & sedatives
Contraceptives (condoms, gels, foams, suppositories, etc.)	Wart removal remedies, corn patches

Non-medicated OTC products (diabetes test strips, saline solution, bandages, etc.) do not require a prescription. You can use either the *mySourceCard* card to purchase these items or submit the purchase receipt for reimbursement.

Examples of OTC Items That Can Be Purchased With *mySourceCard*

FSA ELIGIBLE OTC MEDICATIONS AND PRODUCTS (Requires Detailed Receipt Only for Reimbursement)	
Breast pumps for nursing mothers	Diabetic testing supplies / equipment
Braces & supports	Durable medical equipment (power chairs, walkers, wheelchairs, etc.)
Contact lens solution	Home diagnostic (pregnancy tests, ovulation kits, thermometers, blood pressure monitors, etc.)
CPAP equipment & supplies	Non-medicated Band-Aids, rolled bandages & dressings
OTC varieties of Insulin	Reading glasses

ONLINE ACCESS

Check your flex spending balance, claims and payments online at www.myrsc.com. If you use the *mySourceCard* debit card, you must set up an account online at www.myrsc.com.

INSTRUCTIONS

1. Go to www.myrsc.com
2. Click **Register** in the *First Time Logging In?* section on the right
3. Click the **myRSC Temporary Login ID and Employer Code** link in red
4. Enter your social security number (no dashes or spaces) in the **Login ID** field and click **Continue**
5. Enter **23283324** in the **Employer Code** field and click **Continue**
6. Enter a **Login ID** of your choice that is at least 6 but not more than 100 characters in length
Note: for security reasons, your login ID cannot be 9 characters in length
7. Select an existing e-mail address or enter a new one to be used to e-mail forgotten passwords
8. Enter a secret question or use a predefined secret question to prompt your memory if you forget your password
9. Enter the answer to the secret question
10. Click **Submit**
11. Enter a new password in the **New Password** field
12. Re-enter the password in the **Confirm New Password** field
13. Click **Confirm Password**
14. You are now logged in to myRSC

LIFE INSURANCE

When you become benefits eligible, you are automatically enrolled in a group life and accidental death and dismemberment (AD&D) plan through The Standard. This benefit ceases upon termination, however you may have the right to life insurance conversion. Contact Human Resources for more information.

Benefits reduce to 65% at age 65 and 50% at age 70.

Benefit	Coverage
Life Insurance – Employee	\$25,000
Accidental Death & Dismemberment (AD&D) – Employee	\$50,000
Life Insurance – Owners, Officers, and Managers	\$50,000
Accidental Death & Dismemberment (AD&D) – Owners, Officers, and Managers	\$100,000
Life Insurance – Spouse	\$2,500
Life Insurance – Child(ren) - > <i>Birth to 26 years</i>	\$1,000

Be sure to complete a beneficiary form and update it as necessary.

ADDITIONAL LIFE INSURANCE – 100% EMPLOYEE PAID

You can purchase additional life insurance through The Standard at your own expense. This is a group term-life policy that you can take with you if you leave KIER Construction. As long as you pay the premiums, the policy is yours and you will continue to receive group rates.

Benefits reduce to 65% at age 65 and 50% at age 70.

New Hire – enroll within 31 days of initial eligibility		
Life Insurance Guaranteed Issue (GI) Amount <ul style="list-style-type: none"> No questions asked Available only during initial enrollment 	Employee	\$100,000
	Spouse	\$25,000
	Child(ren)	\$10,000
Life Insurance Additional Amount <ul style="list-style-type: none"> Subject to underwriting 	Employee	Combined Basic Life and Additional Life amounts may not exceed the lesser of 6 times your annual earnings or \$300,000 (must be in increments of \$10,000).
	Spouse	Additional Life up to a maximum of \$100,000. Must be in increments of \$5,000, and may not exceed 100% of the employee's enrolled benefit for Additional Life.
	Child(ren)	\$10,000
Additional Services Employee Assistance eapbda.com login ID: standard password: eap4u	Employee	<ul style="list-style-type: none"> Legal Financial, Fraud, & Theft Relationships, Parenting, & Aging Addiction & Recovery; Grief & Loss Healthy Living; Travel & Leisure Career Development International Issues
	Spouse	
	Child(ren)	

SHORT-TERM DISABILITY – 100% COMPANY PAID

When you become benefits eligible, you will automatically be enrolled in a short-term disability plan through The Standard. This insurance replaces a portion of your income if you become disabled (by plan definition) and cannot work due to a non-occupational injury or illness that is not covered by worker's compensation insurance. This benefit ceases upon termination of employment.

Benefit	
Weekly benefit	66 2/3% of salary
Maximum weekly benefit	\$2,000
Elimination period	7 days
Duration of benefits	73 days
Definition of disability	Own or any occupation

LONG-TERM DISABILITY – 100% COMPANY PAID

When you become benefits eligible, you are automatically enrolled in a long-term disability plan through The Standard. This insurance replaces a portion of your income if you become disabled (by plan definition) and cannot work due to a non-occupational injury or illness that is not covered by worker's compensation insurance. This benefit ceases upon termination of employment.

Benefit	
Monthly benefit	66 2/3% of salary
Maximum monthly benefit	\$10,000
Elimination period	90 days
Duration of benefits	To SSNRA
Definition of disability	24 months own occupation

401(k) RETIREMENT PLAN

You are eligible to enroll in the 401(k) plan on the first day of the month following sixty days of employment. Choose between a traditional 401(k) for pre-tax contributions or Roth 401(k) for after-tax contributions or you may participate in both. The plan is administered by The Standard.

TRADITIONAL 401(k)

Your contributions are deducted before you pay income taxes; therefore, you will receive the tax advantage now. Your account will grow tax-free until retirement. You will be responsible for paying taxes on all funds upon withdrawal.

ROTH 401(k)

Your contributions are deducted after you pay income taxes. Any growth in your account that occurs from the time of contribution until retirement, will be tax-free upon withdrawal.

CONTRIBUTIONS & MATCH

The contribution limit for 2021 is \$19,500. If you are age 50 or over, you can contribute an additional \$6,500 for a total of \$26,000 for the year.

For 2021, KIER Construction will match 50% of your contribution up to 6% and it is placed in the Traditional 401(k). You can invest your contribution along with the company match in a variety of available investments according to your choice.

You can make changes to your 401(k)-contribution amount at the first of any month by contacting Human Resources. Manage your 401(k) investment options at www.standard.com.

HIPAA PRIVACY NOTICE:

The Health Insurance Portability and Accountability ACT (HIPAA) requires employers to adhere to strict privacy guidelines and establishes employees' rights with regard to their personal health information. If you have any questions regarding this federal regulation, please contact Human Resources.

2021 PREMIUMS

The following premiums have been established for the KIER Construction 2021 plan year.

Coverage Level	Your Bi-Weekly Deduction	Your Weekly Deduction
Employee Only	\$ 40.98	\$ 20.49
Two Party	\$255.37	\$127.68
Family	\$377.30	\$188.65