



Employee Benefits

2023



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Working together is what makes Superior Construction Services a success, and this teamwork extends to your benefits. We provide options to support your family's overall well-being. This guide offers details on your 2023 benefits. Contact the Human Resources department with any questions.

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See page 29 for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to Superior Commercial Concrete LLC. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Welcome

Dear Superior Construction Services employee,

You matter to us. So, the things that are important to you matter to us, too. That's why we offer comprehensive benefits options for you and your family, including medical, dental, vision, life and disability, and additional benefits coverage. We are committed to excellence in our work and in our offerings for 2023.

This guide includes:

- An overview of your 2023 benefits options
- Explanations of each offering to help you make the best decisions for you and your family
- Contact information for all benefits vendors
- Costs associated with your benefits

What's changing this year?

- The PPO Medical/Rx BCYE and BCZX plans will no longer be offered as of January 1, 2023, as only the Medical/Rx BMCW and BMCX high deductible health plans will be offered. There will be no carrier, benefits, or premium changes to the high deductible health plans, dental plans, vision plans, and life insurance plans.

Why have costs changed?

Healthcare costs grow steadily each year in the U.S. due to an aging population, increased demand for care (resulting in higher prices for premiums and prescription drugs), and an increase in chronic illness. Superior Construction Services cares about your health, so we do all we can to keep your healthcare costs reasonable. Use this guide to discuss your options and make the best choices for you and your family. Taking advantage of preventive care, focusing on wellness, and budgeting your costs can prepare you for the year ahead.

Any questions?

We're here to help. Contact Human Resources at 888-230-2240.



Eligibility and Enrollment

Superior Construction Services' benefits are designed to support your unique needs.

Eligibility

If you are a full-time employee of Superior Construction Services who is regularly scheduled to work at least 30 hours per week, you are eligible to participate in medical, dental, vision, life and disability plans, and additional benefits.

Coverage Dates

Your elections are effective the first of the month following 60 days of employment. Benefits cannot be changed until the next enrollment period unless you experience a qualifying life event.

Note

Open Enrollment is your annual chance to choose your benefits, unless you have a qualifying life event, such as marriage or the birth/adoption of a child.

Dependents

Dependents eligible for coverage include:

- Your legal spouse (or common-law spouse where recognized).
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- Dependent children 26 or more years old, married or unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility may be required upon enrollment.



Now's the Time to Enroll!

What are Qualifying Life Events?

You can update your benefits when you start a new job or during Open Enrollment. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.

When a Qualifying Life Event occurs, you have 31 days to request changes to your coverage. Your change in coverage must be consistent with your change in status.

Common qualifying events include:

- A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)
- A change in a spouse's employment status (resulting in a loss or gain of coverage)
- A change in your legal marital status (marriage, divorce, or legal separation)
- A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility
- Eligibility for coverage through the Marketplace
- Changes in address or location that may affect coverage
- Entitlement to Medicare or Medicaid

Some lesser-known qualifying events are:

- Turning 26 and losing coverage through a parent's plan
- Death in the family (leading to change in dependents or loss of coverage)
- Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Reach out to Superior Construction Services' Human Resources with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!



Ready for Open Enrollment?

Superior Construction Services covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the higher your portion.

Open Enrollment Action Items



Update your personal information.

If you've experienced any life changes since the last Open Enrollment period — such as the birth of a child or a move — you may need to change your elections or update your pertinent details.



Double-check covered medications.

If you make any changes to your plan, consider how it affects your prescriptions.



Consider your HSA.

An HSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding this account to your benefits can help with your long-term financial goals.



Check your networks.

Going in-network often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best bet.



Check your Retirement account.

Once eligible, you can start, stop, or change your retirement election plan contributions at any time of the year, but annual enrollment is a great time to check in on your savings goals and make sure you're where you want to be. Visit myretirement.americanfunds.com to manage your account and review your beneficiary information.

Mental Health

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

Mental Health and Your Medical Plan

When your covered EAP services run out, the medical plan covers behavioral and mental health services. Coverage includes virtual therapy from United Healthcare. Via video or telephone, you can receive confidential 1-on-1 counseling from the privacy and convenience of your home. Your licensed virtual therapist may provide a diagnosis, treatment, and medication if needed. You can see the same therapist with each appointment and establish an ongoing relationship. See plan documents for specifics on coverage for inpatient and outpatient services.

An important aspect of your overall well-being is emotional wellness — the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.

The Big Five of Emotional Wellness

1

Practice mindfulness.

Practice deep breathing, enjoy a stroll, and stay present in each moment.

2

Strengthen social connections.

Reach out to a friend or family member daily — even if it's just a video call or text.

3

Get quality sleep.

Keep a consistent sleep schedule and limit electronic use before bed.

4

Improve your outlook.

Treat people with kindness, including yourself.

5

Deal with your stress.

Think positively, exercise regularly, and set priorities.





Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.



988 Suicide & Crisis Lifeline

Dial 988 to be connected with 24/7/365 emotional support

The Lifeline is a free, confidential crisis hotline that connects callers to the nearest crisis center in the Lifeline national network. These centers provide crisis counseling and mental health referrals.



Crisis Text Line

Text "HELLO" to 741741

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.



War Vet Call Center

Veterans and their families call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.

Note

According to the [American Psychological Association](#), 61% of adults say they could have used more emotional support in 2020.

Medical Benefits

Medical benefits are provided through United Healthcare. Consider the physician networks, premiums, and out-of-pocket costs for each plan when choosing for you and your family. Keep in mind your choice is effective for the entire 2023 plan year unless you have a qualifying life event.

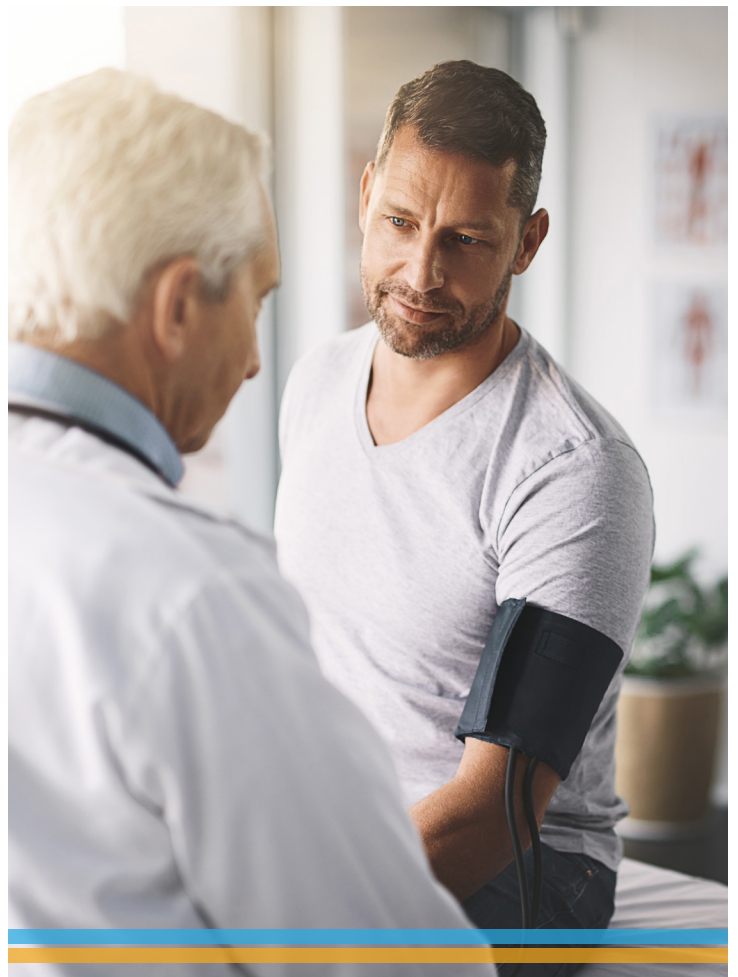
Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your weekly contributions.

	PLAN 1 – BMCW	PLAN 2 – BMCX
WEEKLY CONTRIBUTIONS		
EMPLOYEE ONLY	\$17.16	\$11.19
EMPLOYEE + SPOUSE	\$132.46	\$118.74
EMPLOYEE + CHILD(REN)	\$88.11	\$77.37
EMPLOYEE + FAMILY	\$203.42	\$184.93

How to Find a Provider

Visit www.myuhc.com or call Customer Care at 866-873-3903 for a list of United Healthcare network providers.



Note

Preventive care offered by an in-network physician, like well-woman exams or annual physicals, is often covered at 100%.

Medical Plan Summary

This chart summarizes the 2023 medical coverage provided by United Healthcare. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	PLAN 1 – BMCW		PLAN 2 – BMCX
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
CALENDAR YEAR DEDUCTIBLE			
INDIVIDUAL	\$4,000	\$5,000	\$4,000
FAMILY	\$8,000	\$10,000	\$8,000
COINSURANCE (PLAN PAYS)	100%*	70%*	100%*
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)			
INDIVIDUAL	\$5,000	\$10,000	\$5,000
FAMILY	\$10,000	\$20,000	\$10,000
COPAYS/COINSURANCE (WHAT YOU PAY)			
PREVENTIVE CARE	0%	30%*	0%
VIRTUAL CARE	\$49; 100% covered once deductible is met	Not covered	\$49; 100% covered once deductible is met
PRIMARY CARE	100%*	30%*	100%*
SPECIALIST (DESIGNATED PROVIDER)	100%*	30%*	100%*
SPECIALIST (NON-DESIGNATED PROVIDER)	100%*	30%*	100%*
DIAGNOSTIC CARE	100%*	30%*	100%*
URGENT CARE	100%*	30%*	100%*
EMERGENCY ROOM	100%*	100%*	100%*

*After deductible

The individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a “per individual” deductible amount will also be applied toward the “per family” deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the “per family” deductible amount. The same typically applies for the out-of-pocket maximum. Each covered individual is not required to meet the individual deductible.

Healthcare Cost Transparency

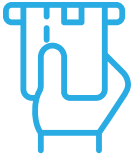
There are so many different providers and varying costs for healthcare services — how do you choose? Online services called healthcare cost transparency tools can help. Available through most health insurance carriers, these tools allow you to compare costs for services, from prescriptions to major surgeries, to make your choices simpler. Visit www.myuhc.com to learn more.

Note

The cost of an MRI can vary between \$500 and \$4,000 — even within your area.

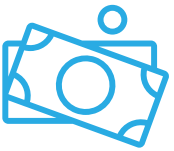
Out-of-Pocket Costs

These are the types of payments you're responsible for:



Copay

The fixed amount you pay for healthcare services at the time you receive them.



Deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.



Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.



Coinsurance

Your percentage of the cost of a covered service. If you're enrolled in one of the HDHPs and your office visit is \$100 and your coinsurance is 0% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$0.

How to Pick a Plan

What plan is right for you? Consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take.

How does a HDHP (High Deductible Health Plan) work?

- You'll pay less in premiums. (Think less money from your paycheck.)
- You'll pay for the full cost of non-preventive medical services until you reach your deductible.
- You can also use a Health Savings Account in conjunction, which provides a safety net for unexpected medical costs and tax advantages.
- If you expect to mostly use preventive care (which is covered), this plan could be for you.

How does an In-Network Only plan work?

- Coverage is limited to a select network of healthcare providers, facilities and pharmacies.
- Out-of-pocket costs are lower when you stay in the network.
- If you choose an out-of-network provider, facility or pharmacy, services will not be covered under the plan. You will be responsible for paying 100% of the cost of your out-of-network care.



Preventive Care

Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance.

Keep up to date with your primary care physician to stay on top of your overall health. Under the U.S. Patient Protection and Affordable Care Act (PPACA), some common covered services include:

Wellness visits, physicals, and standard immunizations



Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes

Pediatric screenings for hearing, vision, obesity, and developmental disorders



Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women

Iron supplements (for children ages 6 to 12 months at risk for anemia)



Don't miss out on these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

What about the COVID-19 and Flu vaccines?

The COVID-19 and Flu vaccines are considered preventive and will be at no cost to you.

Where to Go for Care

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.



Virtual Care

When to Use

You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).

Types of Care*

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Sinus problems

Costs and Time Considerations**

- Usually a first-time consultation fee and a flat fee or copay for any visit thereafter
- Usually immediate access to care
- Prescriptions through virtual care not allowed in all states



Primary Care Center

When to Use

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

Types of Care*

- Routine checkups
- Immunizations
- Preventive services
- Manage your general health

Costs and Time Considerations**

- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Usually little wait time with scheduled appointment



Urgent Care Center



Emergency Room

Do Your Homework

What may seem like an urgent care center could actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.

When to Use

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Types of Care*

- Strains, sprains
- Minor infections
- Minor broken bones (e.g., finger)
- Minor burns
- X-rays

Costs and Time Considerations**

- Often requires a copay and/or coinsurance usually higher than an office visit
- Walk-in patients welcome, but waiting periods may be longer (urgency decides order)

When to Use

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

Types of Care*

- Heavy bleeding
- Spinal injuries
- Chest pain
- Severe head injury
- Major burns
- Broken bones

Costs and Time Considerations**

- Often requires a much higher copay and/or coinsurance
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- Ambulance charges, if applicable, will be separate and may not be in-network

*This is a sample list of services and may not be all inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Virtual Care

When you're under the weather, there's no place like home. And when you're constantly on the go, scheduling a doctor's appointment can easily move down your priority list. Virtual care is a convenient and easy way to connect with a doctor on your time.

We provide a virtual care benefit through United Healthcare for you and your dependents. United Healthcare offers on-demand access to board-certified doctors through online video, telephone, or secure email. General health issues can be addressed at home for a copay or a coinsurance/deductible per consultation, depending on which Medical plan you're enrolled into. Virtual care is useful for after-hours non-emergency care, when your primary care doctor is unavailable, if you need prescriptions or refills or if you're traveling. Virtual care isn't good for conditions requiring exams or tests, complex or chronic problems, or emergencies like sprains or broken bones.

United Healthcare doctors can share information with your primary care physician with your consent. Please note that some states do not allow physicians to prescribe medications via virtual care. For more information, visit www.myuhc.com.

United Healthcare doctors can treat many medical conditions, including:

- Cold & flu
- Allergies
- Bronchitis
- Bladder infection/urinary tract infection
- Respiratory infection
- Pink eye
- Sore throat
- Stomachache
- Sinus problems

Access Virtual Care

Visit www.myuhc.com to request virtual care. After you register and request an appointment, you'll pay your portion of the service costs and enter a virtual waiting room. During your visit, you can talk to a doctor about your health concerns, symptoms, and treatment options.



Note

Use virtual care or Facetime directly with your primary care physician (vs. United Healthcare) might also be an option — and typically costs the same as an office visit.

Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through United Healthcare. That means you will only have one ID card for both medical care and prescriptions. Information on your benefits coverage and a list of network pharmacies is available online at www.myuhc.com or by calling the Customer Care number on your ID Card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred, or Specialty Drugs.

	PLAN 1 – BMCW		PLAN 2 – BMCX
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK ONLY
RETAIL RX (30-DAY SUPPLY) — ALL CVS PHARMACIES ARE EXCLUDED**			
GENERIC	\$10*	\$10*	\$10*
PREFERRED	\$35*	\$35*	\$35*
NON-PREFERRED	\$70*	\$70*	\$70*
SPECIALTY DRUGS	\$10 – \$500*	\$10 – \$500*	\$10 – \$500*
MAIL ORDER RX (90-DAY SUPPLY) — ALL CVS PHARMACIES ARE EXCLUDED**			
GENERIC	\$25*	Not covered	\$25*
PREFERRED	\$87.50*	Not covered	\$87.50*
NON-PREFERRED	\$175*	Not covered	\$175*
SPECIALTY DRUGS	\$25 – \$1,250*	Not covered	\$25 – \$1,250*

*After deductible

**Effective January 1, 2022, all CVS pharmacies will be excluded from UHC's network and you will be responsible for 100% of the cost.

Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they undergo the same rigid FDA standards. **But generic versions cost 80% to 85% less on average than the brand-name equivalent.** To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

Note: Apps like GoodRx and RxSaver let you compare prices of prescription drugs and find possible discounts. Make sure to check the price against the cost through your insurance to get the best deal. Note that these discounts can't be combined with your benefit plan's coverage. So if you choose to use a discount card from an app such as GoodRx or RxSaver, the amount you pay will not count toward your deductible or out-of-pocket maximum under the benefit plan.

Note

Take advantage of mail-order options for your prescriptions. You can get your meds delivered conveniently and often at a lower price.

Health Savings Account

Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax free. You must be enrolled in a HDHP to participate.

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in a HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

HSA Bank will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified health expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse's non-HDHP.
- Your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)



Tax-free Interest



Employer Contributions
(pre-tax)



Voluntary Contributions

HSA



Tax-free Payments
(for qualified health expenses)

Note

Not sure how much to contribute? Think about how much you may need in order to cover any anticipated or emergency medical services this year. Consider contributing the amount of your plan's in-network deductible so you know you're covered.

You Own Your HSA

Your HSA is a personal bank account that you own and administer. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements or forfeiture provisions.

How to Enroll

To enroll in Superior Construction Services' HSA, you must elect the HDHP with Superior Construction Services. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. Superior Construction Services will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with HSA Bank. The money in your HSA (including interest and investment earnings) grows tax free. When the funds are used for qualified health expenses, they are spent tax free.

Per IRS regulations, if HSA funds are used for purposes other than qualified health expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2023, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	\$3,850
FAMILY	\$7,750
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

Superior Construction Services provides an HSA employer contribution that will be deposited on a weekly basis.

EMPLOYER HSA CONTRIBUTION	
EMPLOYEE & FAMILY	\$2 for every \$1 you contribute to a maximum of \$2,000 per year

HSA contributions over the IRS annual contribution limits (\$3,850 for individual coverage and \$7,750 for family coverage for 2023) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed.
- Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year consider contributing less than the annual limit to your HSA.

The Superior Construction Services HSA is established with HSA Bank. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources or visit www.hsabank.com.

Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Superior Construction Services offers affordable plan options from United Healthcare for routine care and beyond.

Stay In-Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit United Healthcare at www.myuhc.com.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your weekly premium.

Dental Plan Summary

This chart summarizes the dental coverage provided by United Healthcare for 2023. Please review your plan document(s) for further details.

DENTAL PPO	
WEEKLY CONTRIBUTIONS	
EMPLOYEE ONLY	\$8.00
EMPLOYEE + SPOUSE	\$15.99
EMPLOYEE + CHILD(REN)	\$21.40
EMPLOYEE + FAMILY	\$31.18
IN-NETWORK	
CALENDAR YEAR DEDUCTIBLE	
INDIVIDUAL	\$50
FAMILY	\$150
CALENDAR YEAR MAXIMUM	
PER PERSON	\$1,500
COVERED SERVICES	
PREVENTIVE SERVICES	100%
BASIC SERVICES	80%*
MAJOR SERVICES	50%*
ORTHODONTICS Children only up to age 19	50%
ORTHODONTIC LIFETIME MAXIMUM	\$1,500

*After deductible

Note

Oral health is linked to your overall health — keeping your mouth healthy can protect you from cardiovascular disease, pregnancy complications, and pneumonia.

Vision Benefits

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through United Healthcare.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your weekly premium.

Vision Plan Summary

This chart summarizes the vision coverage provided by United Healthcare for 2023. Please review your plan document(s) for further details.

VISION PPO PLAN

WEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY			\$2.32
EMPLOYEE + SPOUSE			\$4.41
EMPLOYEE + CHILD(REN)			\$5.17
EMPLOYEE + FAMILY			\$7.28
		IN-NETWORK	OUT-OF-NETWORK
			FREQUENCY
EXAMS			
	COPAY	\$10	Reimbursed up to \$40
			Every 12 months
LENSES			
	SINGLE VISION	\$25	Reimbursed up to \$40
	BIFOCAL	\$25	Reimbursed up to \$60
	TRIFOCAL	\$25	Reimbursed up to \$80
			Every 12 months
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
	ELECTIVE	Up to \$150 allowance	Reimbursed up to \$125
	MEDICALLY NECESSARY	Covered in Full	Reimbursed up to \$210
			Every 12 months
FRAMES			
	ALLOWANCE	Retail allowance: \$150 30% Discount over Allowance	Reimbursed up to \$45
			Every 12 months

Note

Early detection of vision conditions like [diabetic retinopathy](#) leads to more effective treatment and cost savings.

Survivor Benefits

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

Superior Construction Services provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through OneAmerica, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is \$50,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life/AD&D. You receive the benefit payment for a dependent's death under the OneAmerica insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Human Resources or your own legal counsel with any questions.



Life and AD&D Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

BASIC EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	\$50,000
WHO PAYS	Superior Construction Services
MAXIMUM BENEFIT	\$50,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No
VOLUNTARY EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	Increments of \$10,000
WHO PAYS	Employee
MAXIMUM BENEFIT	The lesser of 5x the employee's annual base salary or \$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Yes, amounts over \$100,000
VOLUNTARY SPOUSE LIFE/AD&D	
COVERAGE AMOUNT	Increments of \$5,000
WHO PAYS	Employee
MAXIMUM BENEFIT	The lesser of 50% of the employee's Voluntary Life amount or \$250,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Yes, amounts over \$25,000
VOLUNTARY CHILD LIFE/AD&D	
COVERAGE AMOUNT	Birth to 6 months: \$1,000; 6 months to age 25: \$10,000
WHO PAYS	Employee
MAXIMUM BENEFIT	\$10,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	No

Note: Benefits reduced by 50% at age 70.

VOLUNTARY LIFE/AD&D INSURANCE			
RATES/\$1,000 (WEEKLY)			
AGE (AS OF JANUARY 1, 2023)	EMPLOYEE	AGE (AS OF JANUARY 1, 2023)	SPOUSE
<24	\$0.033	<24	\$0.033
25-29	\$0.033	25-29	\$0.033
30-34	\$0.035	30-34	\$0.035
35-39	\$0.042	35-39	\$0.042
40-44	\$0.062	40-44	\$0.062
45-49	\$0.090	45-49	\$0.090
50-54	\$0.141	50-54	\$0.141
55-59	\$0.208	55-59	\$0.208
60-64	\$0.246	60-64	\$0.246
65-69	\$0.380	65-69	\$0.380
70+*	\$0.840	70+*	\$0.840

*Benefits subject to age reduction schedule
 Note: Spouse Voluntary/AD&D rate is based on employee's age.

VOLUNTARY CHILD LIFE AND AD&D INSURANCE	
PREMIUM RATES/\$10,000 (WEEKLY)	
Child Life/AD&D	\$0.046

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:			
\$	÷ 1,000 =	\$	x Age Based Rate =
Benefit Elected			Premium

Disability Salary Continuation

Disability Salary Continuation Benefit Policy

The disability salary continuation benefit provided by Superior Construction Services is an employer-funded plan providing income replacement for employees unable to work due to illness, pregnancy or injury.

Eligibility

A full-time, salaried exempt employee who has completed six months of continuous employment and who is unable to work due to illness, pregnancy or injury is eligible. An employee receiving workers' compensation or disability pay under any state or federal plan is ineligible for this benefit. To be eligible for continued disability benefits, the employee must not engage in outside employment and is expected to avoid activities that may delay recovery and return to work.

Medical Certification

The employee must provide medical certification of the disability that includes the start and expected end date of the disability. This certification must be submitted to Human Resources, who will review the certification and make a determination on benefit qualification.

Benefit Payment

Coverage is provided for any qualified illness, pregnancy or injury lasting more than seven calendar days. Once approved, payment of benefits will be retroactive back to the first day of the qualified disability. The salary continuation benefit payment is 100 percent of the employee's base weekly wages at the time of disability. The benefit may be paid for a maximum of 12 weeks per calendar year. Payments are made on regularly scheduled paydays. The benefit is taxable income.

Return to Work

The employee must return to work as soon as permitted by his or her health care provider. The employee must submit a fitness-for-duty clearance to Human Resources Manager. An employee whose absence has been designated as Family and Medical Leave Act (FMLA) leave is eligible for reinstatement as provided by the FMLA.

Employees with questions regarding this policy should contact Human Resources.



Retirement – 401k Enrollment

Retirement Planning

It's never too early — or too late — to start planning for your retirement. Making contributions to a 401(k) account is the first step toward achieving financial security later in life. The Superior Commercial Concrete 401(k) Profit Sharing Plan provides you with the tools and flexibility you need to retire comfortably and securely.

Eligibility

You may start making pre-tax and post-tax contributions into the plan on the first day of the month following the completion of 1,000 hours of service, as long as you have made an election with Human Resources.

Contributing to the Plan

The deferred contribution limit, which is set annually by the IRS, is \$22,500 for 2023.

What's in it for you?

- Contributing can help lower your current taxes. You don't pay federal income tax on the amount that you defer on a pre-tax basis (Roth) into a 401(k) account.
- Contributing may help with planning to have income to last the rest of your life.
- When you contribute, you get free money with Superior's employer match.
- Social Security won't be enough. Even the Social Security Administration recommends that you don't rely only on these benefits alone for your retirement.

Catch-up Contributions

If you are or will be age 50 or older during this calendar year and you already contribute the maximum allowed to your 401(k) account, you may also make a "catch-up contribution." This additional deposit of funds accelerates your progress toward your retirement goals. The maximum catch-up contribution is \$7,500 for 2023 — for a combined total contribution allowance of \$30,000. See your plan administrator for more details.





Match and Vesting

Tier 1: Superior will match 100% of each dollar you contribute on the first 6% of your eligible compensation (subject to IRS compensation limits). You will be immediately vested in 100% of the employer matching.

Tier 2: Superior will match 87.75% of each dollar you contribute on the first 6% of your eligible compensation (subject to IRS compensation limits). The second tier employer matching contribution vests gradually over six years.

Tier 3: An additional matching contribution of a discretionary percentage may be determined by Superior. The third tier employer matching contribution vests gradually over six years.

VESTING SCHEDULE FOR TIER 2 & TIER 3	
COMPLETED YEARS OF SERVICE (1,000 HOURS)	TOTAL VESTED PERCENTAGE OF EMPLOYER MATCH
< 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Note

The average American starts saving for retirement at age 27. But it's never too late! (Source: Annuity.org)

Changing or Stopping Your Contributions

You may change the amount of your contributions any time by contacting Human Resources. All changes will become effective as soon as administratively feasible and will remain in effect until you modify them. You may also discontinue your contributions any time. If you stop making contributions, you may start again at any time.

Investing in the Plan

You decide how to invest the assets in your account. The Superior Commercial Concrete 401(k) Profit Sharing Plan offers a selection of investment options for you to choose from including target date funds and individual funds. You may change your investment choices any time. For more details, refer to your 401(k) Enrollment Guide.

Did You Know?

Interactive tools can help you get a picture of your finances. Log in at myretirement.americanfunds.com to see your projected retirement income and access other features to help you make the most of your plan.

- Retirement Lifestyle Calculator
- Pretax vs Roth Analyzer
- Educational content to help optimize your savings plan
- See how estimated health care costs could impact your retirement income

Administrative and record-keeping services for this plan are provided by Capital Group, home of American Funds.

Glossary

Balance Billing – When you are billed by a provider for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you’ve paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer’s decision.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer’s tax-free dollars to pay for qualified medical expenses. You must be enrolled in a HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.

Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan’s members at discounted costs.

- **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn’t cover. Check with your carrier to confirm what applies to the maximum.





Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs** – Brand-name drugs on your provider's approved list (available online).
- **Non-Preferred Drugs** – Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs** – Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy** – The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Required Notices

Important Notice from Superior Commercial Concrete LLC About Your Prescription Drug Coverage and Medicare under the UHC PPO, UHC EPO, UHC HDHP Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Superior Commercial Concrete LLC 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. Superior Commercial Concrete LLC has determined that the prescription drug coverage offered by the UHC PPO, UHC EPO, UHC HDHP plan(s) 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 Superior Commercial Concrete LLC coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not 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 Superior Commercial Concrete LLC 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 at the end of these notices 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 Superior Commercial Concrete LLC 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 Medicare Part D 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:	January 1, 2023
Name of Entity/Sender:	Superior Commercial Concrete LLC
Contact—Position/Office:	Human Resources
Address:	P.O. Box 2595 Waxahachie, TX 75168
Phone Number:	888-230-2240

Women's Health and 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 this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 888-230-2240.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 888-230-2240.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later 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 towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 31 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, 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 dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 888-230-2240.

Important Contacts

Medical and Pharmacy

United Healthcare
866-873-3903
www.myuhc.com
Policy #: 01X5643

Virtual Care

United Healthcare
855-615-8335
www.myuhc.com

Dental

United Healthcare
877-816-3596
www.myuhc.com
Policy #: 01X5643

Vision

United Healthcare
800-638-3120
www.myuhcvision.com
Policy #: 01X5643

Health Savings Account

HSA Bank
800-357-6246
www.hsabank.com

Life and AD&D

OneAmerica
800-553-5318
www.oneamerica.com
Policy #: 619569-000-000

Retirement

American Funds
800-204-3731
myretirement.americanfunds.com
Policy #: 1354751-01

Employee Assistance Program

United Healthcare
888-887-4114

Superior Construction Services Human Resources

P.O. Box 2595
Waxahachie, TX 75168
888-230-2240



