

EMPLOYEE BENEFIT GUIDE

2023-2024



PETE KING
CONSTRUCTION COMPANY
Painters and Tapers

Welcome to Open Enrollment

Pete King Construction Company is focused on creating sustainable growth through a commitment to quality and the development of people and business.

At **Pete King Construction Company**, we have a rich company history built on the values of commitment, exceeded expectations and supporting our employees. Our employee benefit program is designed to provide you and your family members with a quality comprehensive choice of dental insurance.

Each year, we assess our benefit offerings and evaluate the cost, coverage and alternative options. This helps us make sure we are offering you the best value for your benefits. It also ensures that we can keep our benefits sustainable, so we can continue to support you and your dependents with benefits to maintain and improve your health.

It is always smart to review your benefit choices each year. Annual Open Enrollment is your opportunity to make changes once a year and, if you are new to **Pete King Construction Company** and have met your eligibility waiting period, this is your chance to elect your new benefits!

Please use this guide as a resource and read benefit information carefully. Make sure you understand your choices before completing your selections.

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This guide is intended to describe the eligibility requirements, enrollment procedures, coverage effective dates and guidelines. It is not a legal document and does not imply a guarantee of employment or 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 Description (SPDs) which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used. In the case of any errors or benefits not outlined, the provisions of the policy, plan or program will supersede this guide.

Preparing for Enrollment

Each year all eligible employees are required to complete the enrollment process. Our company does not require that you enroll in benefits, but we do require that you acknowledge you were offered benefits with the opportunity to enroll or waive coverage. You are required to complete your enrollment online or by calling our enrollment center at one of the numbers at the bottom of the page. Completing your enrollment online is both convenient and easy, allowing you to do this from your smart phone or the convenience of your home.

Below are instructions to complete the online enrollment process. New enrollees will need to verify your current address, personal information and add eligible dependent information. During open enrollment, enrollees that are renewing coverage need to verify current address, personal and dependent information listed. Please note: Your pin is automatically changed each Open Enrollment period. Follow step #2 to change your password.

Step 1: Connect to the website through your web browser at <https://www.benselect.com/peteking>

Step 2: At the "Employee Login" screen, enter your Social Security Number and your personal identification number (PIN). Your PIN is a combination of the last 4 digits of your Social Security Number and the 2-digit year of your birth.

Example: If the last 4 digits of your SSN are 3214 and you were born on September 21, 1968, your Pin would be "321468". You will be asked to change your PIN the first time you log on to the system. Be sure to make note of the new secure PIN for future use.

Step 3: The Welcome Page should appear on your screen which is the starting point. If you have coverage, your current benefits and cost are listed. Click "Next" and follow the onscreen instructions to enroll in your benefits.

Step 4: Review Personal Info and Add Dependent Info Start your benefits enrollment by clicking on "Next" to review your personal information and change your address or other information if needed. Click "Next" to add eligible dependent information for enrollment: name, Social Security Number, birthdate, sex and relation by clicking on the (+) on the right side. Complete the "Add Dependent" screen and "SAVE". Click plus (+) to continue adding eligible dependents. Verify or correct each name to be exactly as the person's Social Security Card.

Step 5: My Benefits - Enroll or Decline each Benefit Option For new enrollees, your benefit options will be listed. Click "Review" to select plan type coverage or decline coverage and click "Enroll" or "Decline" at the bottom of selected coverage box. "Review" every benefit plan option and select coverage or decline each benefit. For current enrollees, click "review" for costs or to change plan coverage and click "Enroll" or "Decline" at the bottom of selected coverage box. Check the "My Benefits" box on the right for your election in each benefit. A check mark shows you enrolled in the benefit and the cost. An "X" by a benefit shows you "declined or waived" that coverage or you are "not eligible to enroll" in that benefit. Each Benefit must be reviewed and completed to continue the process.

Step 6: Sign & Submit - Acknowledgement of Notices, Electronic delivery consent, and Important Information and Benefit Verification/Deduction Confirmation
Review the summary of benefits you elected or declined/waived coverage. Click "Next" to read and electronically sign the Acknowledgment of Notices and Important Information form by entering your PIN. You have completed your online benefit enrollment.

Enrollment Call Center

Employees may call the enrollment call center to complete their enrollment Monday – Friday, 8am – 5pm AZ time. If you are enrolling any eligible dependents, please make sure you have full legal names, birthdates and social security numbers for each person. Please make sure the name is exactly as shown on the dependent's social security card.

Enroll in Pete King Construction Company Benefits

Please call the Enrollment Call Center to:

To Enroll in coverage – 1-877-275-4989

To Waive all coverage – 1-855-596-6605

Benefit Eligibility

Employee Eligibility

All full-time Pete King Construction Company employees are eligible for benefits on the first day of the month follow a 60-day waiting period, based on your hire date. Benefit coverage will end on the last day of employment.

Dependent Eligibility

To be eligible for enrollment in Pete King Construction Company benefit plans, the dependent must be:

- Your legal spouse
- Your biological child, step-child, legally adopted child or a child for whom you, the employee, are the legal guardian up to their 26th birthday.
- Your biological child, step-child, legally adopted child or a child for whom you, the employee are the legal guardian who can not work to support themselves due to a mental or physical disability.

Rehire Eligibility

If you are rehired within 30 days of your termination date, your benefit elections will be reinstated without a break in coverage. You will be required to make up any missed deductions.

If you are rehired after 30 days but no later than 13 weeks, your previous benefit elections will be reinstated on the first day of the month following your rehire date.

If you are rehired after 13 weeks of separation you will be subject to a new hire waiting period of 60 days.

Preparing for Open Enrollment

Remember, you must have all the necessary information available when completing your enrollment. The following are required:

- Social Security Numbers for you and any eligible dependents
- Date of birth for you and your eligible dependents
- Full legal name of your dependents

If you have recently had a change of address or phone number, please notify Human Resources and update the enrollment system.

When Can I Make a Change or Enroll?

As a newly hired employee, during open enrollment which occurs each plan year, or anytime you experience a Qualified Life Event. Changes in coverage, including dropping coverage are limited to the Annual Open enrollment or within 30 days following an IRS defined Qualifying Life Event. If you experience any of the following events below, you are eligible for a Qualifying Life Event special enrollment:

- Marriage, divorce or legal separation
- Birth, adoption of a child or a qualified state child support order
- Death of a family member
- Change in spouse's employment status
- Involuntary loss of benefits coverage
- Ineligibility of a child (e.g., you child turns age 26)
- Relocation

DON'T FORGET!

You have 30 days to notify Human Resources of your change in status if it impacts your benefits status. Your new coverage becomes effective on the date of change or the first of the following month. Make sure you provide HR with verification of the qualifying event.

Any coverage changes to an existing employee election must be consistent with Section 125 regulations regarding IRS Qualifying Special Enrollment Events and permitted election changes; otherwise, the change will have to wait until the next Annual Open Enrollment. Your change request may be submitted in October for the change to be effective November 1. The Plan Year is from November 1 to October 31 each year.

Painter's and Taper's | Benefit Summary

Health Plan

Painters and Tapers are included in the **Local Union 86 Collective Bargaining Agreement**. Pete King Construction Company pays for Health and Welfare and Pension benefits for employees covered in the Local Union 86 agreement. Your health insurance benefits are through the Local Union 86 health plan. If you have any questions, please contact **Local Union 86 at 602-244-9821**. You must meet their eligibility requirements for coverage to become effective and complete their Phoenix Painting Industry Trust Funds enrollment form to include eligible dependent coverage. Insurance claims may be delayed if you do not complete the enrollment form. There is no premium cost to you for employee and eligible dependent coverage. Their Third Party Administrator (TPA), **Southwest Service Administrators, Inc.** has bilingual customer service and processes eligibility, hour bank programs, enrollments, benefits, claims and COBRA/HIPAA compliance. Please contact them at **602-249-3582** to verify eligibility, enroll eligible dependents, update your address, obtain insurance benefit information and check on claims. Forms and information may be obtained at www.ssatpa.com.

Premiums

Premiums are deducted per hour worked until monthly premium is fully paid. Weekly amount based on 40 work hours on first 120 hours worked per month.

Plan Cost

You are eligible for the Pete King Construction Company group Total Dental Administrators (TDA) plan. The TDA Dental plan requires you to seek treatment from a dentist who is contracted through Total Dental Administrators. With the TDA Dental Plan, you are required to select a general dental office for you and your family from the TDA Dental Provider list or go to www.tdadental.com and select the DHMO plan for the provider list.

Pete King Construction Company offers a Section 125 premium plan, which allows payroll premium deductions to be deducted before taxes providing significant tax savings. Your dental premium deductions are taken on a pre-tax basis. **When you enroll as a new hire, rehire or during your annual open enrollment, the coverage you elect is binding until the end of the plan year, October 31.** You cannot change or cancel coverage during the year unless an IRS defined qualifying life event occurs changing family status and the change must be done within 30 days of the qualifying life event. Any coverage changes to an existing employee election must be consistent with Section 125 regulations regarding IRS Qualifying Special Enrollment Events and permitted election changes; or the change will wait until the next Annual Open Enrollment of November 1.

Dental Plan	Employee Only	Employee & Spouse	Employee & Child	Employee & Family
Employee Monthly Cost	\$13.30	\$25.04	\$27.10	\$35.22
Employee Weekly Cost	\$ 4.44	\$ 8.35	\$ 9.04	\$11.74

Your dental benefits will terminate on your last day worked.

Dental | Total Dental Administrators (TDA)

Total Dental Administrators offers a comprehensive Prepaid Dental Plan, which has contracted with established private practicing dentists to provide you convenient, affordable and quality dental care. Please refer to the DHMO fee schedule for a full listing of copays by ADA code. **A Dental Provider from their list must be chosen for dental benefits.**

To find a participating provider in the DHMO plan visit:

www.TDADental.com

or call (602) 266-1995 or (888) 422-1995.

DHMO/Pre-paid Dental Plan Total Dental Administrators		
ADA Code:	Procedure:	Summit Care Plus Copayment:
Preventive & Diagnostic		
D0150	Comprehensive Oral Exam	\$0.00
D0210	Intraoral - complete including bitewing x-ray	\$5.00
D1110	Adult –Prophylaxis	\$0.00
Restorative		
D2140	Amalgam—One surface	\$13.00
D2330	Resin-One Surface	\$29.00
Crown and Bridge		
D2750	Crown Porcelain (Over High Noble Metal)	\$495.00*
D2790	Full Crown	\$495.00*
Endodontics		
D3310	RCT-Anterior (Root Canal)	\$195.00
D3330	RCT– Molar (Root Canal)	\$399.00
Oral Surgery		
D7140	Extraction, erupted tooth or exposed roots	\$40.00
D7220	Soft Tissue Impaction	\$90.00
Prosthetics		
D5130	Immediate Upper Denture	\$640.00**
Periodontics		
D4260	Osseous Surgery/4+ teeth per quad	\$390.00

Please Note: If you change providers by the 15th of the month, the change will be effective the 1st of the following month.

*Includes lab fee on crowns \$185

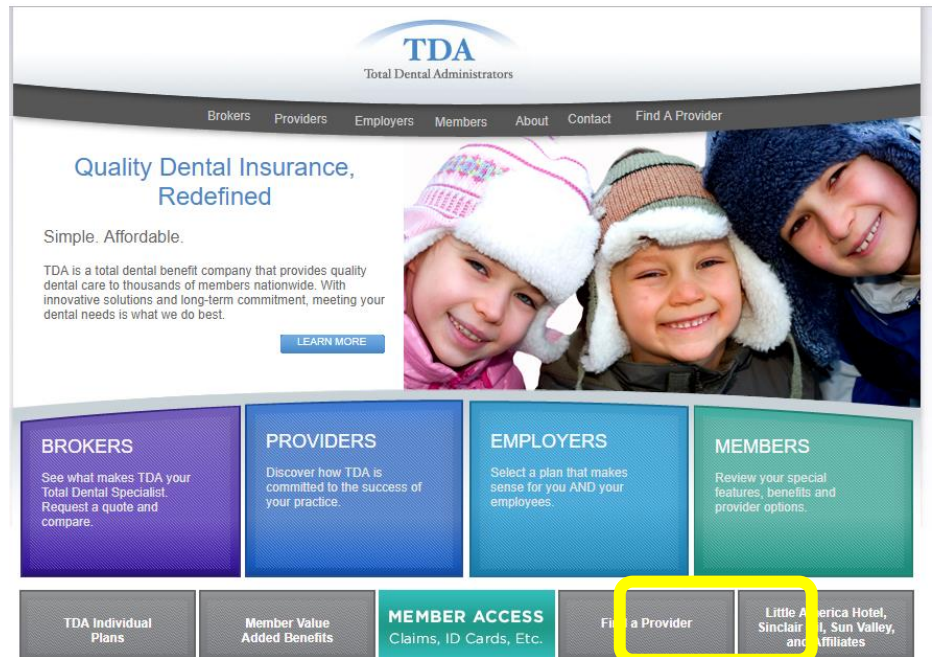
**Includes lab fee on dentures and partial dentures \$275



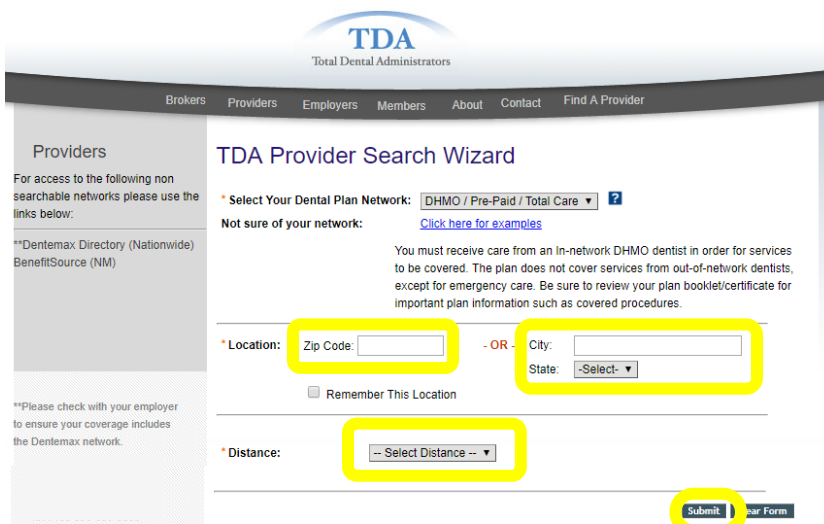
Total Dental Administrators (TDA) | How to find a Dentist



Total Dental Administrators
For more information, please go to:
www.TDADental.com
or call (602) 266-1995 or (888) 422-1995.



1. Go online to tdadental.com and click on “Find a Provider”.



2. Select the “DHMO/Pre-Paid/Total Care network”. Search for Dentists by zip code, city and state or by last name, office name and/or phone number, then click on “submit”.

PRIVACY PRACTICES, HIPAA

This benefit guide briefly describes your benefit choices and your options to enroll. All benefits and your eligibility for benefits are subject to the terms and conditions of the benefit plans, including group insurance contracts. This guide is not intended to be a complete description of the benefit plans and it is not a summary plan description or plan document. In the event of any conflict or discrepancy between this guide and the plan documents, the plan documents will govern. **Pete King Construction Company** reserves the right to modify or terminate any of the described benefits at any time and for any reason. This guide is not a guarantee of current or future employment or benefits. Information contained in this benefits guide is proprietary and confidential to **Pete King Construction Company**. No part of this document may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopying and recording, for any purpose without the express written permission of **Pete King Construction Company**.

Health Coverage Notice of Privacy Practices **Pete King Construction Company**

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

Our Company's Pledge to You

This notice is intended to inform you of the privacy practices followed by the **Pete King Construction Company** group health care plan (the plan) and the Plan's legal obligations regarding your protected health information under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The notice also explains the privacy rights you and your family members have as participants of the plan. It is effective October 1, 2020.

The Plan often needs access to your protected health information in order to provide payment for health services and perform plan administrative functions. We want to assure the participants covered under the plan that we comply with federal privacy laws and respect your right to privacy. **Pete King construction Company** requires all members of our workforce and third parties that are provided access to the protected health information to comply with the privacy practices outlined below.

Protected Health Information

Your protected health information is protected by the HIPAA Privacy Rule. Generally, protected health information is information that identifies an individual created or received by a health care provider, health plan or an employee on behalf of a group health plan that relates to physical or mental health conditions, provision of health care, or payment for health care, whether past, present, or future.

How We May Use Your Protected Health Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Payment

We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

PRIVACY PRACTICES, HIPAA cont'd

Health Care Operations

We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and make plan design changes that are intended to control health care costs. However, we are prohibited from using or disclosing protected health information that is genetic information for our underwriting purposes.

Treatment

Although the law allows use and disclosure of your protected health information for purposes of treatment, as a health plan we generally do not need to disclose your information for treatment purposes. Your physician or health care provider is required to provide you with an explanation of how they use and share your health information for purposes of treatment, payment, and health care operations.

As permitted or required by law

We may also use or disclose your protected health information without your written authorization or other reasons as permitted by law. We are permitted by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g. preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale or acquisition. We will also disclose health information about you when required by law, for example, in order to prevent serious harm to you or others.

Pursuant to your Authorization

When required by law, we will ask for your written authorization before using or disclosing your protected health information. Uses and disclosures not described in this notice will only be made with your written authorization. Subject to some limited exceptions, your written authorization is required for the sale of protected health information and for the use or disclosure of protected health information for marketing purposes. If you choose to sign an authorization to disclose information, you can later revoke that authorization to prevent any future use or disclosures.

To Business Associates

We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect your protected health information.

To the Plan Sponsor

We may disclose protected health information to certain employees of **Pete King Construction Company** for the purpose of administering the plan. These employees will use or disclose the protected health information only as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized additional disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

PRIVACY NOTICES, HIPAA cont'd

Your Rights

Right to inspect and Copy

In most cases, you have the right to inspect and copy the protected health information we maintain about you. If you request copies, we will charge you a reasonable fee to cover the costs of copying, mailing, or other expenses associated with your request. Your request to inspect or review your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to inspect and copy your health information. To the extent your information is held in an electronic health record, you may be able to receive the information in an electronic format.

Right to Amend

If you believe that information within your records is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. Your request to amend your health information must be submitted in writing to the person listed below. In some circumstances, we may deny your request to amend your health information. If we deny your request, you may file a statement of disagreement with us for including in any future disclosures of the disputed information.

Right of Accounting of Disclosures

You have the right to receive an accounting of certain disclosures of your protected health information. The accounting will not include disclosures that were made (1) for purposes of treatment, payment or health care operations; (2) to you; (3) pursuant to your authorization; (4) to your friends or family in your presence or because of an emergency; (5) for national security purposes; or (6) incidental to otherwise permissible disclosures. Your request for an accounting must be submitted in writing to the person listed below. You may request an accounting of disclosures made within the last six years. You may request one accounting free of charge within a 12-month period.

Right to Request Restrictions

You have the right to request that we not use or disclose information for treatment, payment, or other administrative purposes except when specifically authorized by you, when required by law, or in emergency circumstances. You also have the right to request that we limit the protected health information that we disclose to someone involved in your care, such as a family member or friend. Your request for restrictions must be submitted in writing to the person listed below. We will consider your request, but in most cases are not legally obligated to agree to those restrictions.

Right to Request Confidential Communications

You have the right to receive confidential communications containing your health information. Your request for restrictions must be submitted in writing to the person listed below. We are required to accommodate reasonable requests. For example, you may ask that we contact you at your place of employment or send communications regarding treatment to an alternate address.

Right to be Notified of a Breach

You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of your unsecured protected health information. Notice of any such breach will be made in accordance with federal requirements.

Right to Receive a Paper Copy of this Notice

If you have agreed to accept this notice electronically, you also have the right to obtain a paper copy of this notice from us upon request. To obtain a paper copy of this notice, please contact the person listed below.

Reyna Rodriguez
Pete King Construction Company
11040 N 19th Ave
Phoenix, AZ 85029

PRIVACY NOTICES, HIPAA and SPECIAL ENROLLMENT RIGHTS

Our Legal Responsibilities

We are required by law to maintain the privacy of your protected health information, provide you with this notice about our legal duties and privacy practices with respect to protected health information and notify affected individuals following a breach of unsecured protected health information.

We may change our policies at any time and reserve the right to make the change effective for all protected health information that we maintain. In the event that we make a significant change in our policies, we will provide you with a revised copy of this notice. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the person listed below.

Complaints

If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you may contact the person listed below. You may also send a written complaint to the U.S. Department of Health and Human Services Office of Civil Rights. The person listed below can provide you with the appropriate address upon request or you may visit www.hhs.gov/ocr for further information. You will not be penalized or retaliated against for filing a complaint with the Office of Civil rights or **Pete King Construction Company**.

If you have any questions or complaints, please contact Reyna Rodriguez at:

Pete King Construction Company

11040 N 19th Ave
Phoenix, AZ 85029
602-944-4441
Reyna@pkcaz.com

Notice of Special Enrollment Rights

If you decline enrollment in medical coverage in medical coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may be able to enroll yourself or your dependents in **Pete King Construction Company** medical coverage 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 no more than 31 days after your or your dependent's other coverage ends (or after the employer stops contributing to the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you can enroll yourself and your dependents in medical coverage as long as you request enrollment by contacting **Pete King Construction Company** no more than 31 days after the marriage birth, adoption or placement for adoption. For more information, contact **Pete King Construction Company** at 602-944-4441.

60-Day Special Enrollment Period

In addition to the qualifying events listed in the enrollment guide and this document, you and your dependents will have a special 60-day period to elect or discontinue coverage if:

- You or your dependent's Medicaid or Children's Health insurance Program (CHIP) coverage is terminated as a result of loss of eligibility; or
- You or your dependent becomes eligible for a premium assistance subsidy under Medicaid or CHIP.

COBRA RIGHTS

Continuation Coverage Rights Under COBRA

You're receiving this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was rated by a federal law, the Consolidated OMNIBUS Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan thru the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out of pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice

After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

COBRA RIGHTS cont'd

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan administrator within 60 days after the qualifying event occurs. You must provide this notice to: Reyna Rodriguez.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage.

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes, instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as spouse's plan) through what is called a "special enrollment period."

COBRA RIGHTS cont'd

Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage. If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer), and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare. For more information visit:

<https://www.medicare.gov/medicare-and-you>

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the employee Retirement Income Security Act (ERISA),

including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or district Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information:

Your Cobra Connection
PO Box 1983
Portage, MI 49081-1983
1-269-220-5710
Fax: 1-269-220-5711



Company Coverage	Name Company	Phone Number	Email Website
Enroll in Coverage	Enrollment Call Center	877.275.4989	Monday – Friday, 8am – 5pm AZ Time
Waive all Coverage	Enrollment Call Center	855.596.6605	Monday – Friday, 8am – 5pm AZ Time
Pete King Construction Company	Reyna Rodriguez Human Resources	602.944.4441	reyna@pkcaz.com
Duley Bolwar Pederson	Betty Wester Insurance Broker	480.346.2024	bwester@dbpbenefits.com
Southwest Service Administrators, Inc.	Union Benefits	602.249.3582	www.ssatpa.com
Dental Coverage	TDA Dental Carrier	Customer Service: 602.266.1995	www.TDA dental.com

Go to Pete King Construction Company's website www.petekingaz.com to view our Safety Program and Employee Handbook.