



PETE KING
CONSTRUCTION CO.

2024 Employee Benefits Guide

Benefits beginning November 1, 2024
thru October 31, 2025
PAINTERS AND TAPERS

What's New?



VISION INSURANCE THRU EYEMED

We are excited to add vision insurance to our benefit offering to our employees and their dependents.

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Eligibility and Enrollment

Who is eligible?

All full-time, Union Pete King Construction Company employees are eligible for benefits on the first day of the month following your 60-day waiting period, based on your hire or rehire 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, stepchild, legally adopted child, or a child for whom you, the employee, is a legal guardian up to their 26th birthday.
- Your biological child, stepchild, legally adopted child, or a child for whom you, the employee, is a legal guardian who can not work to support themselves due to mental or physical disabilities.

Open Enrollment

Benefit plans are renewed annually. Our plan year runs from November 1st through October 31st. Our annual open enrollment period occurs during the month of September. During this time, the Company will present to you any changes to the plan offerings and per pay period deduction amounts. Please take the appropriate time to review the benefit options offered and the needs of you and your family. You will be required to elect your benefits for the upcoming plan year no later than the last day of open enrollment. Please note that open enrollment is the only time that elective plan changes can be made. Remember to have all the necessary information available when completing your enrollment. You will want to have:

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

If you have recently had a change in phone number or address, please notify Human Resources.

Qualified Life Event

If you or your dependents experience an IRS defined “qualified event”, an election change is possible if submitted with documentation within 30 days of the event. Examples of qualified events include:

- Marriage, divorce or legal separation
- Birth, adoption of a child or 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., your child becomes “over-age”)
- Relocation

Rehire Rules

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.



Changes to your enrollment can only be made during open enrollment or if you have a qualifying event.

Your response is required to enroll in a plan or decline/waive coverage

Call the enrollment hotline at 1-877-275-4989

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 the 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. Your weekly premium is based on 40 hours worked; on the first 120 hours worked per month.

Rate information for dental and vision insurance is shown on pages 7 and 8.

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. For more information on your dental plan, please see page 7.

Vision benefits will be offered effective November 1. Coverage will be provided through EyeMed. For a list of vision providers, please go to www.eyemed.com. For more information on the vision plan, please refer to page 8.

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 and vision 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 1st.

Enrollment using Selerix

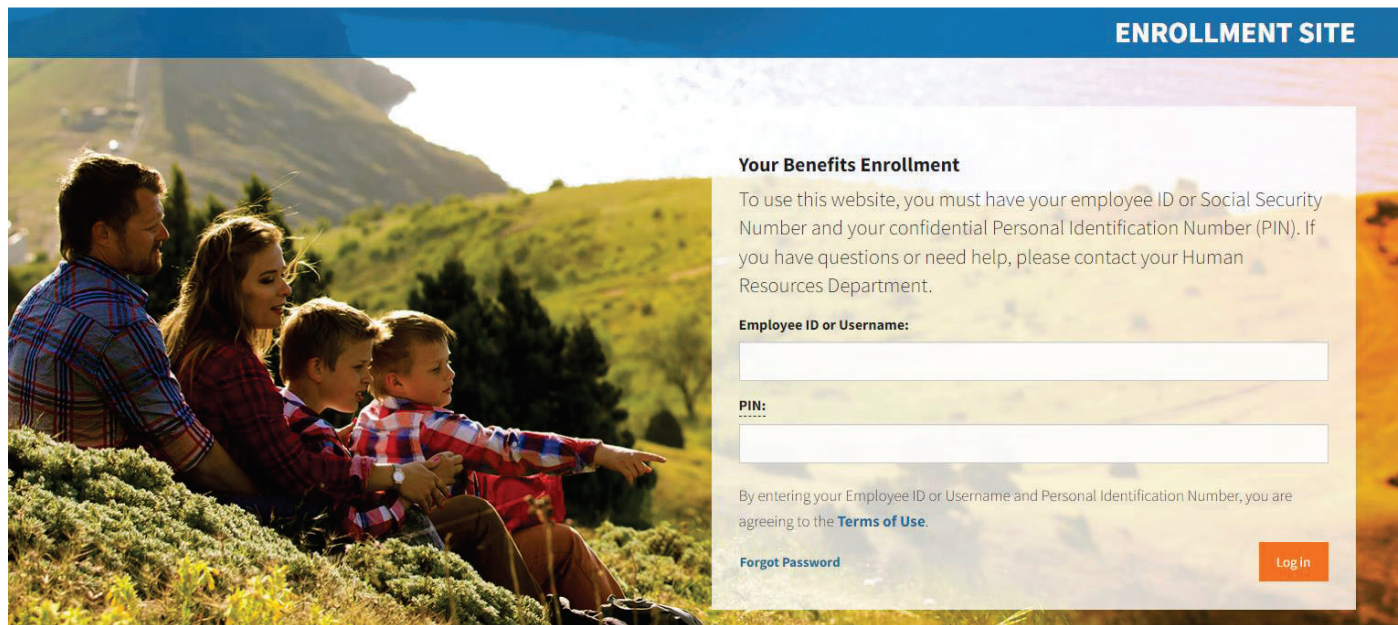
Each year, all eligible employees are required to complete the enrollment process. Our company does not require that you enroll in benefits, but we do require that you acknowledge you were offered benefits with the opportunity to enroll or waive coverage. You are required to complete your enrollment online or by calling our enrollment center at 1-877-275-4989. Completing your enrollment online is both convenient and easy, allowing you to do this from your smart phone or the convenience of your home.

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.

If you choose to self-enroll, you will find 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.

Enrollment using Selerix

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 and Submit – Electronic delivery, Acknowledgement of Notices and Important Information and Benefit Verification/Deduction Confirmation

Review the summary of benefits you have elected or declined/waived. Click “Next” to read and electronically sign the Acknowledgement 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 Arizona 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

The TDA Dental HMO plan offers lower out-of-pocket costs but requires you to choose an DHMO general dentist from a list of Dental network providers.

DHMO FEE SCHEDULE		
PLAN SUMMARY	IN NETWORK	
PREVENTIVE SERVICES		
Exam / X-Rays / Cleaning (every six months) / Fluoride Treatment / Sealants	No Charge	
FILLINGS		
Amalgam 1-4 surfaces	\$12-\$35	
Composite (anterior) 1-4 surfaces	\$29-\$80	
CROWNS		
Porcelain/Ceramic Crown (not same day) — Porcelain/ceramic substrate crowns on molar teeth are not covered	\$495	
Full Cast Metal Crown	\$495	
ROOT CANALS (ENDODONTICS)		
Anterior	\$195 per tooth	
Molar	\$399 per tooth	
PERIODONTICS		
Scaling & Root Planing (per quadrant) 4 or more teeth	\$90	
Scaling & Root Planing (per quadrant) 1-3 teeth	\$46	
DENTURES		
Immediate full upper	\$640 (denture cost includes characterization)	
Immediate full lower		
EXTRACTIONS		
Erupted Tooth or Exposed Root	\$40	
Removal of Impacted Tooth - Soft Tissue	\$90	
Removal of Impacted Tooth - Complete Bony	\$150	
ORTHODONTICS (24 mo, includes banding and retention)		
Child	\$4,100	
Adult	\$4,300	
PREMIUMS	PER WEEK	PER MONTH
Employee only	\$4.44	\$13.30
Employee + spouse	\$8.35	\$25.04
Employee + child(ren)	\$9.04	\$27.10
Employee + family	\$11.74	\$35.22

Finding Dental HMO Providers

- Go to: tdadental.com/providers/search
- Under “Find a Provider” select your dental plan network: DHMO
- Enter your zip code
- Select the distance from your zip code

Vision Plan

Pete King Construction offers a *EyeMed* vision plan, which provides access to a large network of eye care professionals at retail and private locations. The table below briefly outlines the per-visit costs of some benefits for the 2024 **Pete King Construction** vision plan. You will receive an ID card to your home address along with a benefit summary and list of eye care professionals near your home.

Contact the plans directly for more information on specific benefits, including eyecare limitations and exclusions. Please refer to the contact page for the EyeMed customer service information.

PLAN HIGHLIGHTS	EyeMed Vision Plan – Insight Network	
	In-Network	Out-of-Network
FREQUENCY		
Eye Exam	Once every 12 months	
Lenses	Once every 12 months	
Frames	Once every 12 months	
Contact Lenses	Once every 12 months	
BENEFITS		
Eye Exam	\$10 copay; \$0 copay Plus Providers	Up to \$40
Single Vision Lenses	\$10 copay	Up to \$30
Bifocal Lenses	\$10 copay	Up to \$50
Trifocal Lenses	\$10 copay	Up to \$70
Progressive Lenses	Standard \$75 copay; Premium Progressive Lenses Tier 1 \$95 copay Tier 2 \$105 copay Tier 3 \$120 copay	Up to \$50
Contact Lenses (Medically Necessary)	Covered in Full	Reimbursed up to \$300
Contact Lenses (Cosmetic)	\$130 allowance, \$180 allowance with Plus Providers 15% off any remaining balance on conventional lenses	Up to \$65
Frames	\$130 allowance, \$180 allowance with Plus Providers 20% off any remaining balance	Up to \$65
Network Retail Providers	Pearle Vision, LensCrafters, Nationwide Vision, America's Best, Target Optical, Eyeglass World and more	

PREMIUMS	PER WEEK	PER MONTH
Employee only	\$2.40	\$7.18
Employee + spouse	\$4.55	\$13.64
Employee + child(ren)	\$4.79	\$14.36
Employee + family	\$7.04	\$21.11

ADDED EYEGLASS SERVICES	COST
Retinal Imaging	Up to \$39
Contact Lens fit and follow up	Up to \$40
Anti Reflective Coating – standard	\$45 copay
Photochromic – non glass	\$75 copay
Polycarbonate – standard	\$40 copay
Scratch coating – Standard Plastic	\$15 copay
Additional Pair of glasses	40% off
All other lens options	20% off retail price

Privacy Practices

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.

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.

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.

Privacy Practices

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

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

Section 125

Pete King Construction Company will continue to offer a Section 125 premium plan, which allows payroll deductions for medical and dental coverage to be taken before taxes, providing you with significant tax savings. Elections made during open enrollment are binding until October 31, 2025. You cannot change or cancel coverage during the year unless a qualifying change in family status occurs. For more information, contact Human Resources.

Notice of Special Enrollment

If you are declining enrollment for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll you and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contribution towards you and your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

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 you and your dependents. However, you must request enrollment within 30 days after the marriage, birth adoption, or placement for adoption. For more information, contact Human Resources. Special enrollment rights also exist in the following circumstances, where you or your dependents will have 60-days to request special enrollment in the group health plan coverage: If you or your dependents experience a loss

of eligibility for Medicaid or your State Children's Health Insurance Program (SCHIP) coverage; or if you or your dependents become eligible for premium assistance under an optional state Medicaid or SCHIP coverage that would pay the employee's portion of the health insurance premium.

Women's Health and Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act of 1998, the medical plan options offered by **Pete King Construction Company** provide benefits for mastectomy related services. These services include reconstruction of the breast involved in mastectomy, surgery and reconstruction of the remaining breast to produce symmetrical appearance, and prosthesis and treatment of physical complications at all stages of mastectomy (including lymphedemas). Please refer to your summary plan description for details or contact **Aetna** at the number listed on your medical ID card.

COBRA

(Consolidated Omnibus Budget Reconciliation Act of 1986)

Notice of Employee Group Health Plan Continuation Coverage

Under Federal law, **Pete King Construction Company** is required to offer covered employees and covered family members the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates when coverage under the health plan would otherwise end due to certain qualifying events. This notice is intended to inform all plan participants, in summary fashion of your potential future

options and obligations under the continuation coverage provisions of COBRA law. Should an actual qualifying event occur in the future, you will receive additional information and the appropriate election notice at that time. Please take special note, however, of your notification obligations which are outlined in this notification.

Qualifying Events for Covered Employee

If you are the covered employee, you may have the right to elect continuation coverage if you lose your group health coverage because of a termination of your employment (for reasons other than gross misconduct on your part) or a reduction in your hours of employment.

Qualifying Events for Covered Spouse

If you are the covered spouse of an employee, you may have the right to elect continuation coverage for yourself if you lose group health coverage because of any of the following reasons:

- A termination or reduction of hours of your spouse's employment (for reasons other than gross misconduct)
- Death of your spouse
- Divorce or, if applicable, legal separation from your spouse
- Your spouse becomes entitled to Medicare

Qualifying Events for Covered Dependent Children

If you are the covered dependent child of an employee, you may have the right to elect continuation coverage for yourself if you lose group health coverage because of any of the following reasons:

- Termination or reduction in hours of the employee's employment (for reasons other than gross misconduct)
- The death of the employee
- Parent's divorce or; if

applicable, legal separation

- The employee becomes entitled to Medicare
- You cease to be a "dependent child" under the terms of the health plan

Employee, Spouse & Dependent Notifications Required

Under law, the employee, spouse, or other family member has the responsibility to notify **Pete King Construction Company** of a divorce, legal separation, or a child losing dependent status under the **Pete King Construction Company Health Plan**. This notification must be made within 60-days from whichever date is later, the date of the event or the date on which health plan coverage would be lost under the terms of the insurance contract because of the event.

If this notification is not completed within the required 60-day notification period, then rights to continuation coverage will be forfeited.

Upon notification of a qualifying event, a COBRA election form notifying all covered individuals (also known as qualified beneficiaries) of their rights to elect continuation coverage is to be mailed to the most current address. Each qualified beneficiary has independent election rights and will have 60-days to elect continuation coverage. The 60-day election window is measured from the later of the date health plan coverage is lost due to the event or from the date of notification. This is the maximum period allowed to elect continuation coverage as the plan does not provide an extension of the election period beyond what is required by law. If a qualified beneficiary does not elect continuation coverage within this election period, then rights to continue health insurance will end and they cease to be a qualified beneficiary.

Important Notice from Pete King Construction Company About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it.

This notice has information about your current prescription about your current prescription drug coverage with **Pete King Construction Company** 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. **Pete King Construction Company** has determined that the prescription

drug coverage offered by **Aetna** 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 **Pete King Construction Company** coverage may not be affected.

See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <https://www.cms.gov/medicare/employers-plan-sponsors/creditable-coverage>), which outlines the prescription drug plan provisions/ options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current **Pete King Construction Company** 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 **Pete King Construction Company** and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

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

Contact the person listed below for further information:

Reyna Rodriguez
Pete King Construction Company
11404 N 19th Ave
Phoenix, AZ 85029
602-944-4441
Reyna@pkcaz.com

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 **Pete King Construction Company** 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.

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 Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help available.

For information about this extra help, visit Social Security on the web at www.ssa.gov, or call them at 1.800.772.213 (TTY 1.800.325.0778).

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

Contacts



Company Coverage	Name Company	Phone Number	Email Website
Enroll in Coverage	YBC – Your Benefit Connection	877-275-4989	Monday – Friday 8am – 5pm AZ Time
Waive all Coverage		855-596-6605	
Pete King Construction Company	Reyna Rodriguez Human Resources	602-944-4441	Reyna@pkcaz.com
Duley Bolwar Pederson	Betty Wester	480-346-2024	bwester@dbpbenefits.com
Medical & Prescription Coverage	Aetna Medical & Rx	Customer Service 877-204-9186	www.banneraetna.com
Dental Coverage	TDA Dental Carrier	Customer Service 602-266-1995	www.TDA dental.com
Vision Coverage	EyeMed Vision Carrier	Customer Service 866-939-3633	www.eyemed.com
Life Insurance	Mutual of Omaha	Customer Service 800-775-2205	www.mutualofomaha.com

11040 N. 19th Ave
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602-944-4441

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.