PETE KING
CONSTRUCTION CO.

2025 Employee Benefits Guide

Benefits beginning November 1, 2025, through October 31, 2026

What's New?

Beginning November 1st, our company will begin offering 2 high-deductible health plans with Health Savings Accounts (HSA). We are partnering with Lively as our HSA manager. Information begins on page 10.

Contents

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.

Eligibility and Enrollment

Who is eligible?

All full-time, Non-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, are a legal guardian, up to their 26th birthday.
- Your biological child, stepchild, legally adopted child, or a child for whom you, the employee, are a legal guardian, who cannot work to support themselves due to mental or physical disabilities.

Open Enrollment

Health benefit plans are renewed annually. Our plan year runs from November 1st through October 31st. Our annual open enrollment period is September 30th through October 10th. 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 health 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 Benefits Coordinator.

Qualified 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

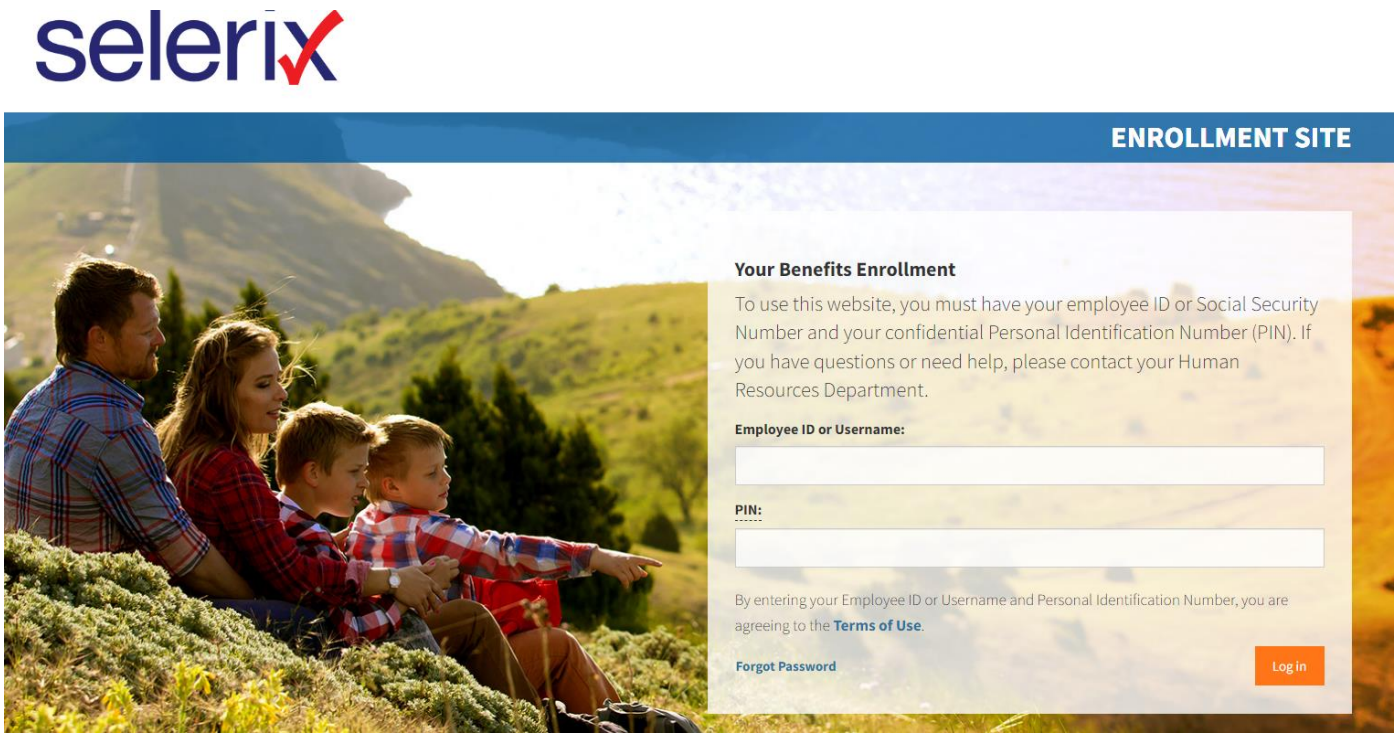
Enrollment using Selerix

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.

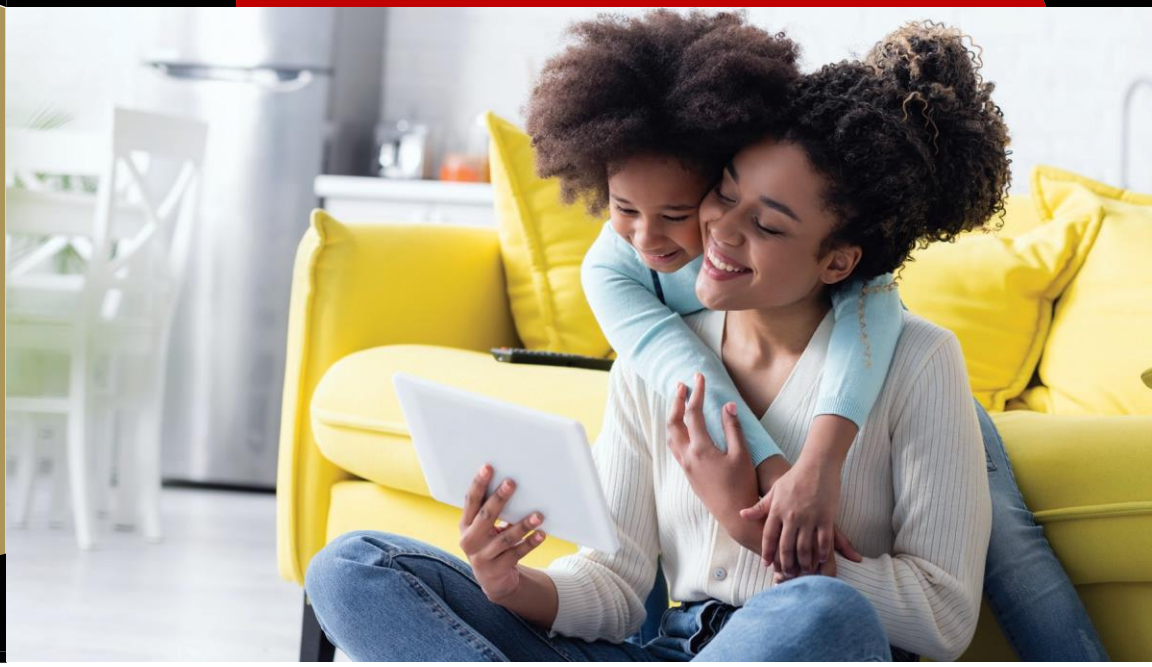
Step 5: My Benefits - Enroll or Decline each Benefit Option For new enrollees, your benefit options will be listed. Click "Review" to select plan type coverage or decline coverage and click "Enroll" or "Decline" at the bottom of selected coverage box. "Review" every benefit plan option and select coverage 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.

Step 7: After enrolling in group health benefits, you must REGISTER with 98point6 – Banner/Aetna's new virtual care solution. Registration with 98point6 is free. Consultations with a board-certified physician are free when enrolled in the $5,000 PPO plan, $5 if enrolled in one of the HDHPs. Beginning January 1st, your visits with 98point6 will be free on all plans. For more information, please see page 9. If you don't register within 30 days of your coverage effective date, there will be a $50 per month charge until you do register with them. If you have previously enrolled with 98point6, you do not need to enroll again.

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



Important Benefit Information

Our benefit plans with Aetna currently exclude a specific list of GCIT medications (gene therapy). Below you will find the list of excluded medications. These medications are excluded from all plans.

Amondys	Abecma	Breyanzi	Luxturna	Onpattro	Spinraza	Tegsedi	Zolgensma
Evrysdi	Exondys 51	Vyondys	Viltepso	Yescarta	Tecartus	Kymriah	

Effective September 1, 2025

Our benefit plans will continue to exclude the list of drugs shown above and will include additional drugs, both GCIT and CAR-T drugs to the exclusion list of medications. Below we have shared the list of medications that will be excluded from all plans. Please note, a Summary of Material Modifications was completed and which included this information. The information is included in the legal documents section of this benefit guide beginning on page 30 If you would like a copy, please contact your Benefits Coordinator.

Avuttra	Beqvez	Casgevy	Elevidys	Encelto	Givlaari	Hemgenix
Imlygic	Kebilidi	Lenmeldy	Leqvio	Lyfgenia	Oxlumo	Provenge
Qalsody	Qfitlia	Rivfloza	Roctavian	Skysona	Tecelra	Tryngolza
Vjyuvek	Wainua	Zynteglo	Adstiladrin	Amtagvi	Carvykti	Aucatzyl

If you have questions or concerns, please contact our benefits broker, Assured Partners of Arizona, LLC for assistance at 480-346-2025.

Important Reminders

As a reminder, Pete King Construction Company has added key benefit programs to our health plans. Please review the items below and make sure you understand their importance.

Prescription Drugs

Your pharmacy program will automatically include GoodRx. This will allow all members to benefit from the discounting provided by GoodRx, even if you don't have your card with you.

Brand Name Prescriptions will not be covered if a generic equivalent is available

The mandatory generic prescription program in place will instruct pharmacists to fill your prescription using the generic equivalent. If a generic is not available, the prescription will be dispensed as written. If you choose to use a name brand prescription when a generic is available, you will pay the full cost of the medication.

PrudentRx and Pharmacy Plan Exclusions

PrudentRx is a specialty pharmacy program that will be added to our existing benefit plan. Members who are eligible and engage with the PrudentRx program will receive their medications with a $0.00 copay. If you are filling a specialty medication that is eligible for the program, you will opt in and have $0.00 copay. You do not have to qualify to receive your medication at no cost to you.

PrudentRx will save both you and Pete King Construction Company money by stretching the value of manufacturer coupons. If you are contacted by PrudentRx, take advantage of this cost saving program. If you choose not to participate, your cost for specialty medication will be 30%, deductible waived on the 5000 PPO plan.

Maintenance Choice Program

Earlier this year Pete King Construction Company implemented the Maintenance Choice Program with Aetna. This program allows you to fill a 90-day supply of your maintenance medications at a discounted rate. You can do this via mail-order service or conveniently at your local CVS Pharmacy. If you have question regarding the Maintenance Choice Program, please call 1-888-792-3862.

Your Health Plan Benefits

Virtual Care, Anywhere

98point6

Through Banner Aetna, you have access to 98point6 for on-demand, virtual primary care. Get the care you need anytime, anywhere for just $0 or $5 per visit (HDHPs through December 31st, 2025). Follow-up care for the same condition within 7 days is always free. Beginning January 1st, all 98point6 visits will have a $0 copay.

98point6 is available for all employees and dependents ages 1+ enrolled in one of the company health plans.

With 98point6, U.S. based, board-certified doctors can help:

- Answer your health questions
- Diagnose and treat common conditions
- Outline care options
- Order prescriptions and labs
- Refer members to specialists and resources in the Banner Aetna network

A few features of 98point6 are:

On-Demand services
Services are available at your convenience. Simply sign in and start your visit when ready. You can also schedule an appointment at a convenient time for you.

Text, Audio, or Video—Your Choice
Connect with a 98point6 doctor anywhere with discreet text-based messaging, audio, or video interactions, or any combination of the three.

Quality Care
U.S.-based, board-certified 98point6 doctors can effectively diagnose, treat, prescribe medication and order labs as appropriate. Follow-up care for the same condition within 7 days is free.

24/7/365
Get immediate, non-emergency care around the clock-even after hours and on holidays. 98point6 is there for you and your eligible dependents.

98point6 by transcarent

Registration is simple and free. Begin by downloading the 98point6 app on Google play or at the Apple store (Available in Spanish). You can also use the QR code below to direct you.

Your registration will include a few simple questions such as your primary care physician's name and number and your pharmacy information. Once registered, you will be ready to go!

Get Ready for a 98point6 visit today.

Learn more at:
98point6.com/banner-Aetna-members

If you don't register with 98point6 within 30 days of enrollment in group health, there will be a $50 per month charge until you do register with them.

In-visit Spanish translation support available.
Apoyo de traducción al español disponible en la visita.

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Health Savings Account

Pete King Construction Company offers two high-deductible health plans (HDHP). If you enroll in one of these plan options, you may be eligible to open a Health Savings Account (HSA) with Lively.

What is a Health Savings Account(HSA)?
A Health Savings Account (HSA) is a tax-advantaged account you own and control that lets you set aside pre-tax dollars from your paycheck, invest them, or use them tax-free for qualified medical expenses, and after age 65 you can also use the funds for non-medical expenses like a retirement account. HSAs are the most tax-advantaged accounts that exist, allowing you to keep more money in your pocket.

2025 HSA LIMITS: Individual $4,300 Family: $8,550 Catch up 55+: additional $1,000
2026 HSA LIMITS: individual $4,400 Family: $8,750 Catch up 55+: additional $1,000

Pete King Construction Company will provide an employer match on your HSA contribution. All employer contributions are counted towards the annual HSA limits shown above.

If you enroll in employee-only coverage, your HSA contributions will be matched up to $10 per week (maximum $520 per year).
For family coverage, the company will match up to $20 per week (maximum $1,040 per year). HSA contributions are matched on a weekly basis; if you miss making your contribution in a given week, you cannot make it up later, and the employer match for that week is forfeited.

Value of HSAs for account holders

Triple Tax Advantages
- ✓ Tax-deductible contributions which reduce your total taxable income, tax-free interest and investment gains, and tax-free withdrawals for qualifying medical expenses.

Ability to invest funds
- ✓ You can invest your HSA savings for the long-term. Stocks, bonds, ETFs, mutual funds are all available through Lively. Consider keeping your HSA dollars in cash rather than investing if you don't yet have an emergency fund or if you expect to need those funds for medical expenses in the near future.

A Second, More Flexible Retirement Account
- ✓ At age 65, you can use your HSA funds for anything. If used for non-medical expenses, withdrawals will be subject to regular income tax, similar to a traditional 401(k) or IRA.

Additional healthcare safety net for your family
- ✓ You may use HSA funds for eligible expenses incurred by your dependents, even if they are not covered by your HDHP.

Save BIG on out-of-pocket medical expenses
- ✓ Paying with HSA dollars costs you 22% to 32% less overall because you are paying with pre-tax dollars.

Additional HSA Fast Facts

Your HSA is yours to keep – Even if you leave the company or change health plans, your HSA stays with you. It always provides a tax-advantaged way to cover medical expenses, and if you return to the company and have a waiting period for health coverage, you'll still have access to your HSA funds to cover medical expenses while you wait. Your HSA will continue to earn interest or grow through investments even if you no longer have an active HDHP plan, though you cannot make new HSA contributions during that time.

Flexible contributions – You can stop or increase HSA contributions at any time. If you face a large medical bill, you can increase your HSA contributions at that time to pay for the expense with pre-tax dollars—saving 22% to 32% or more depending on your tax bracket.

Company match opportunity – Contribute at least $10 (single plan) or $20 (family plan) per week to take advantage of the company match of $520–$1,040 in tax-free dollars each year.

Covers more than health insurance – HSA funds can be used for a wide range of qualified expenses beyond your medical plan, including vision, dental, orthodontics, and more.

Keep your receipts – You control how you spend your HSA funds, but the IRS may audit your account. Keep receipts to verify that your withdrawals were for qualified expenses.

- ✓ Lively makes it easy – Our HSA partner, Lively, provides tools to help you store receipts and stay compliant with IRS rules.
- ✓ Bilingual support – Lively also offers a fully Spanish-language app.

Reimburse yourself later – If you prefer to leave your HSA invested to maximize tax-free growth potential or you don't yet have enough funds in your account, you can pay medical expenses out of pocket and reimburse yourself from your HSA later—at any time in the future, even years down the road—when your HSA balance has grown or you need the funds, provided you keep your receipts.

HDHPs work like regular insurance – When you go to the doctor or hospital, present your insurance card and ask them to bill your plan as usual.

Common HSA-eligible expenses

Health Savings Accounts (HSAs) allow you to pay for many healthcare-related expenses tax-free, as long as those expenses are considered qualified medical expenses by the IRS. These are services or items that are primarily used to diagnose, treat, or prevent a physical or mental health condition.

Important: to qualify for tax-free reimbursement:

- You must have incurred the expense after your HSA was opened
- It must not have been reimbursed by insurance or another benefit
- You should save receipts and records in case the IRS requests proof

Common HSA-eligible expenses

You can use HSA funds to pay for a broad range of medical, dental, vision, and over-the-counter items, including:

Doctor visits: includes consultations, urgent care, specialist appointments, physical therapy, mental health services like therapy or counseling. You can also use your HSA to pay your $5 visit cost for 98point6.

Prescription medications: covers drugs prescribed by a doctor, including insulin. Some over-the-counter medications such as allergy relief, cold medicine and pain relievers also qualify when used for medial purposes. No prescription is needed after the CARES Act of 2020 for most over-the-counter drugs.

Dental care: includes routine cleanings, X-rays, fillings, root canals, crowns, dentures, and orthodontics (braces). Cosmetic procedures are not eligible expenses.

Vision Care: covers eye exams, glasses, prescription sunglasses, contact lenses and solution, and LASIK or other corrective surgeries.

Over-the-counter (OTC) items include: sunscreen (SPF 15+), menstrual care products, first-aid kits, bandages, thermometers, blood pressure monitors, and more.

Medical equipment and supplies: Eligible items include hearing aids, crutches, CPAP machines, diabetes supplies (like test strips and monitors), and mobility aids.

There are expenses that can be paid if medically necessary such as:

Air Purifiers, Birthing Classes, Dietitians, Doula Services, Gym Memberships, Hydrotherapy, Infant Formula, Massage Therapy, Multivitamins, Nutritional supplements, Reflexology, Weight Loss Programs and more.

Not sure if your expense qualifies? Log in to your Lively account for detailed information or see IRS publication 969 at: https://www.irs.gov/publications/p969

HSA Eligibility Requirements

To be eligible to contribute to an HSA you must:

Be Enrolled in a High-Deductible Health Plan (HDHP). The HDHPs offered by Pete King Construction meet the IRS minimum deductible and out-of-pocket maximum limits.

Not be enrolled in Medicare Part A or Part B. Even if you have HDHP coverage through Pete King, enrolling in any part of Medicare makes you ineligible to contribute to an HSA. This often becomes relevant around age 65 or if you've started collecting Social Security (which can auto-enroll you in Part A).

Not be covered by a General Purpose Flexible Spending Account (FSA). You can't contribute to an HSA if you – or your spouse – have access to a traditional FSA that covers general medical expenses.

Have no other disqualifying health coverage. This includes secondary healthcare insurance or certain types of supplemental plans that begin paying benefits before you meet your HDHP deductible. Dental and vision insurance do not disqualify you or make you ineligible to contribute to an HSA.

Not be claimed as a dependent on someone else's tax return. If you're listed as a dependent (even if you're over age 18 and working), you're not eligible to contribute to your own HSA.

Health Savings Account
Important steps to your new HSA

Once you complete your online enrollment there are a few steps you will need to complete to finalize your Health Savings Account.

1. Check your email – you will receive an email from Lively to enroll in your HSA. Click the "Complete Enrollment Now" button within the email to get started.
2. Complete your enrollment – you will be redirected to the Lively website to complete enrollment. Depending on how your employer enrolled you, be prepared to provide a secure password and your social security number. Please review and accept Lively's Terms & Conditions and Privacy Policy. If you are unable to complete the process reach out to Lively Support at support@livelyme.com for assistance.
3. Log in to view your new Lively HSA account – Upon reviewing the terms and conditions from the Lively financial institution partner, you will be directed to your new Lively account. Once you begin contributing and using your Lively debit card (coming in the mail) you will see information such as your recent contributions, transactions, deductible tracking and more.
4. Start the transfer process (if applicable) – if you have an HSA with a different provider, you may request to transfer your assets over to Lively.
5. Link your bank or credit union account (optional) – Navigate to the Settings page from the top-left menu of your HSA dashboard to connect your bank or credit union account.
6. Set up your HSA to work for your goals (optional) – Securely connect your health plan information so you can track your claims, or how close you are to hitting your deductible. You also have the option to connect external bank or credit union accounts through Lively's Expense Scout feature, which automatically scans for reimbursable transactions.
7. Download the Lively mobile app (optional) – Download the "Lively Benefit's" mobile app to take your HSA on the go, available for iOS and Android.

Lively

Medical Plans

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Employees should select their health insurance plan based on their own personal needs. Once you have decided on the plan design you would like ($5,000, $1650, or $2,500 deductible) you can easily search for your providers to see which network works best for you.

PLEASE NOTE: Our plans do not cover out-of-network claims unless it is a true emergency.

	$5,000 PPO	$2,500 HDHP	$1,650 HDHP
	In-Network Only	In-Network Only	In-Network Only
Monthly Cost Single Narrow Network / Broad Network	$170 / $220	$160 / $200	$240 / $310
Weekly Cost Single (3 ded per mo) Narrow Network / Broad Network	$56.67 / $73.33	$53.33 / $66.67	$80.00 / $103.33
Monthly Cost Family Narrow Network / Broad Network	$500 / $540	$410 / $550	$650 / $850
Weekly Cost Family (3 ded per mo) Narrow Network / Broad Network	$166.67 / 180.00	$136.67 / $183.33	$216.67 / $283.33
Deductible Single	$5,000	$2,500	$1,650
Deductible Family First Family Member / Entire Family	$5,000 / $10,000	$3,300 / $5,000	$3,300 / $3,300
Coinsurance (you pay after deductible)	30%	30%	20%
Out-of-pocket Maximum Single	$6,350	$5,500	$3,000
Out-of-pocket Maximum Family First Family Member / Entire Family	$6,350 / $12,700	$5,500 / $8,250	$6,000 / $6,000
HSA Eligible	No	Yes	Yes
Single HSA Weekly Matching Contribution from Employer	N/A	$10 ($520 Annually)	$10 ($520 Annually)
Family HSA Weekly Matching Contribution from Employer	N/A	$20 ($1,040 Annually)	$20 ($1,040 Annually)
Preventive Care Adult/Child(ren)	No charge*	No charge*	No charge*
Preventive Medicine Adult/Child(ren)	No charge*	No charge*	No charge*
Primary Care / Walk-in clinic	$30 copay	30% AD[2]	20% AD[2]
Specialist	$60 copay	30% AD[2]	20% AD[2]
98point6 (beginning 1/1/26, all visits will have a $0 visit cost)	$0.00 copay	$5.00 copay until 12/31/25, $0 copay 1/1/2026, DW[1]	$5.00 copay until 12/31/25, $0 copay 1/1/2026, DW[1]
Laboratory & X-ray	$0 copay	30% AD[2]	20% AD[2]
Complex Imaging (PET Scan, MRI, CT Scan and similar)	30% AD[2]	30% AD[2]	20% AD[2]
Emergency Room Care	30% after $300 copay, DW[1]	30% AD[2]	20% AD[2]
Urgent Care	$75 copay	30% AD[2]	20% AD[2]
In-Patient Hospital Services	30% AD[2]	30% AD[2]	20% AD[2]
Out-Patient Hospital Services	30% AD[2]	30% AD[2]	20% AD[2]
PRESCRIPTION BENEFITS			
Retail Maintenance Choice (2x copay for maintenance medications)	Generic: $15 copay; Preferred: $30 copay; Non-Preferred: $60 copay; Premier Specialty: $40/$60 copay PrudentRx: $0.00 or 30% copay if opt out	Copays below apply after deductible is met Generic: $15 copay; Preferred: $30 copay; Non-Preferred: $60 copay; Premier Specialty: $40/$60 copay PrudentRx: $0.00 or 30% copay if opt out	
Mail Order	2x copay shown above	2x copay shown above	2x copay shown above

1 - Deductible waived. 2 - After deductible. 3 - See schedule of benefits for complex imaging coverage details.
*age-appropriate testing, please refer to the Aetna website for more details at www.aetnabanner.com

Preventive Health Services

Our health plan cover preventive health services at no cost to you. Preventive health is age and gender based. Below we have illustrated a partial list of eligible, recommended preventive health screenings.

Before scheduling a visit for a suggested preventive care service, be sure to check your Summary Plan Description (SPD) or contact Aetna Customer Service to determine your share of the cost for these services.

FOR INFANTS, CHILDREN AND ADOLESCENTS For more information on recommended preventive health screenings go to: Downloads.AAP.org/AAP/PDF/periodicity_schedule.pdf.	
Immunizations	Depression screenings
Well child visits	Hearing screenings
Vision screening (1x before age 5, periodically to age 17)	Body mass index (BMI) measurement

FOR FEMALE ADULTS	
Well-Woman Preventive Visits which include health status, reproductive health needs, pregnancy status and risk factors. This visit also includes pregnancy, prenatal, postpartum and interpregnancy visits	Cervical cancer screening
Counseling for Contraception and Contraception services including a full range of contraceptives listed in the FDA's Birth Control Guide at	Counseling for STIs and HIV
Mammograms	Annual physical exam

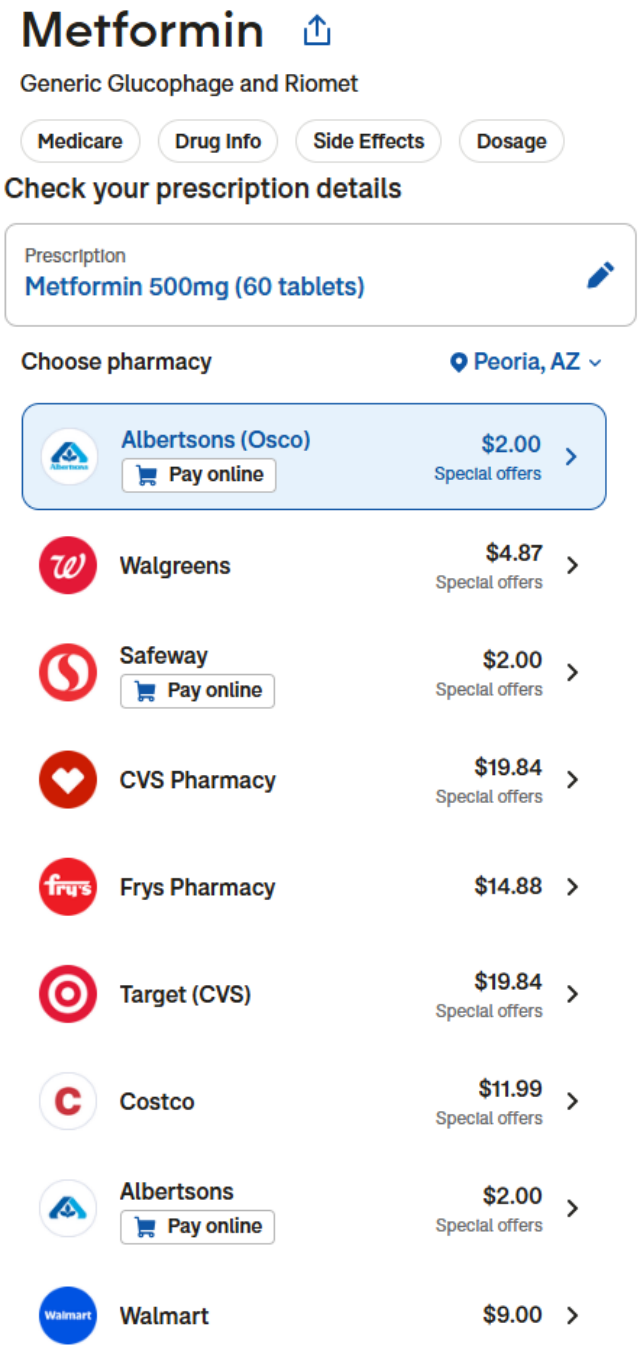
FOR MALE ADULTS	
Annual physical exam	Prostate Cancer screening (age 55-69)

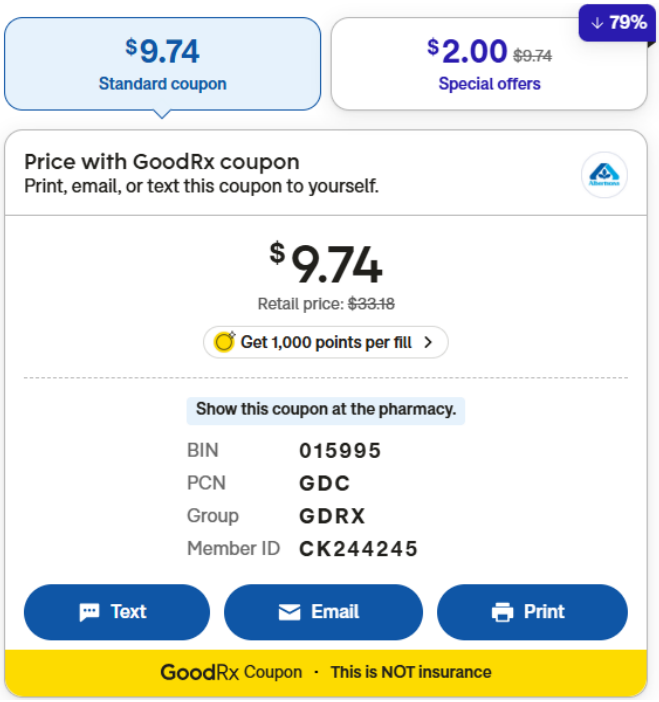
ALL ADULTS	
Anxiety and Depression screenings	Immunizations including flu shots, COVID-19, RSV, Td/Tdap, Shingles (age 50+), Pneumococcal vaccine (age 50+)
Human Papillomavirus screening (HPV) and vaccine	Diabetes, Blood pressure, and Cholesterol screenings
Colorectal cancer screening (age 45 and older)	Hepatitis B and C screenings
Lung Cancer screenings (tobacco users),	Obesity Counseling

GoodRx

Stop paying too much for prescriptions!

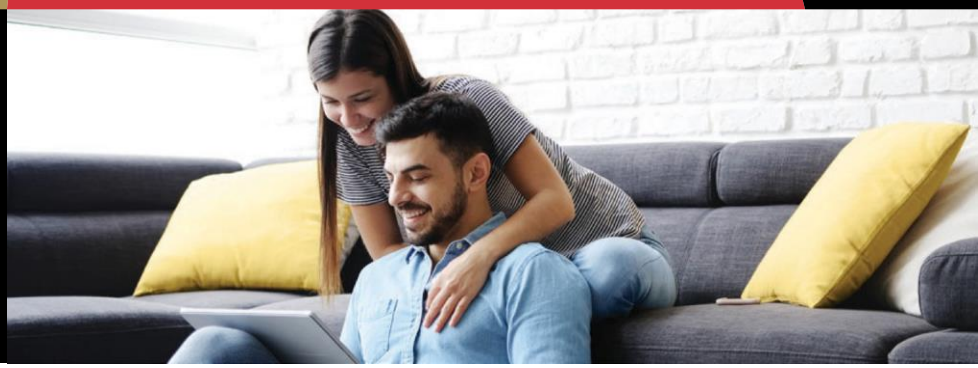
GoodRx is an organization that collects and compares prescription drug prices and discounts from thousands of pharmacies across the U.S. GoodRx is completely free and can be used by anyone, with and without insurance. With a simple search of your medication, you will be provided with the cost of your medication at pharmacies in your area. GoodRx is not insurance but does work with your insurance to ensure you can purchase your medication at the lowest cost possible. Below you will see an example of the varied pricing on a frequently filled medication.





GoodRx provides you a resource to find manufacturer coupons for high-cost medications. With a quick search, the cost of your medication can be significantly less. Below you will find a QR code you can use to download the GoodRx app and begin saving immediately.

Aetna EPO Plus Plans



Offering flexible access providers, we offer 3 plans with two Aetna Network options. Aetna EPO plans are designed to make it easier for you to get both the quality care you need and the savings you want.

Open Access EPO Plus

Banner Performance Network

The Banner Performance Network (Open Access EPO Plus) delivers a cost-effective solution designed to be flexible and help you control health care costs — without sacrificing the quality and convenience you want and expect.

Aetna collaborates with health care communities to create local, limited, networks of health care providers, specialists providing services within the Banner and Honor Health hospital systems. This network of providers are located throughout Maricopa County.

Open Access EPO Plus
In-Network Plan Features:

- PCP not required, but recommended
- No referrals needed to see EPO Plus In-Network specialists
- In-network coverage for care from EPO Plus In-Network providers only, where available
- Away from home without access to EPO Plus In-Network, contact customer service to locate covered doctors and hospitals
- Prior authorizations (pre-approval) for hospitalizations and some outpatient procedures may be required. Please contact Aetna using the number on your ID card for information.
- If you're in an area where the EPO Plus Network is available and you choose to go outside the network, your care will not be covered (except in an emergency as defined by your plan documents)
- Global coverage for urgent care and emergency situations, 24/7

Open Access Aetna Select

Open Access Aetna Select plans make it easy to get quality, in-network care with access to a large, national network of providers. Plus, you have the option to choose a primary care provider to coordinate your care and you don't need specialist referrals.

Open Access Aetna Select
In-Network Plan Features:

- PCP not required, but recommended
- No referrals needed to see EPO Plus In-Network specialists
- In-network coverage for care from EPO Plus In-Network providers only, where available
- Away from home without access to EPO Plus In-Network, contact customer service to locate covered doctors and hospitals
- Prior authorizations (pre-approval) for hospitalizations and some outpatient procedures may be required. Please contact Aetna using the number on your ID card for information.
- If you're in an area where the EPO Plus Network is available and you choose to go outside the network, your care will not be covered (except in an emergency as defined by your plan documents)
- Global coverage for urgent care and emergency situations, 24/7

Our plans do not cover out-of-network providers unless it is a true emergency situation.

Hospital Stays

In an emergency, you have coverage. However, requests for nonemergency hospital stays (other than maternity stays) and some types of outpatient care must have prior authorization or be preauthorized. This lets Aetna determine if the services are covered by your plan. If your provider is in the Aetna network, he or she will arrange for prior authorization. If you use an out-of-network provider, you must make the arrangements.

Out-of-Pocket Costs

Depending on your plan, you may have to pay an annual amount (deductible) before your plan begins to pay for covered health care costs. You may also need to pay a copay and/or coinsurance (a portion of the covered charge) for covered services. Then, your plan pays the rest. Once you reach an annual limit on your payments (out-of-pocket maximum), the health plan pays your covered health care costs at 100% for the rest of your plan year.

If you receive out-of-network care, your costs will be higher. Out-of-network providers and facilities may also bill you for charges that are not covered by the plan. Charges not covered by the plan do not contribute to your deductible or out-of-pocket limits.

Where to go for care

LOWER COST AND TIME GREATER

It's important to choose the right place to get your healthcare. The cost of your care can vary significantly so choose wisely! Below you will find helpful information on where to go for care.

98point6	Convenience Care clinic	Doctor's office	Urgent care center	Emergency room
$0 copay PPO, $5 copay HDHP	Lowest Cost Option other than 98point6	$30 copay (5000 PPO) Deductible applies for HDHP plans	$75 copay PPO Deductible applies for HDHP Plans	Average cost of $1,000-$3,500
98point6 virtual care is your most affordable option when you need quick access to a board-certified doctor 24/7/365, who can evaluate you through your phone or app using text, photos, or video, prescribe medications to your pharmacy, order and review lab work, refer you to a specialist when needed, and treat most conditions that don't require an in-person exam or procedure. HDHPs will have a $0 copay beginning January 1, 2026	Treats minor medical concerns. Staffed by nurse practitioners and physician assistants. Located in retail stores and pharmacies. Often open nights and weekends. Average cost of a Convenience Care visit varies from $59 to $150	It's important to establish a relationship with a PCP. A doctor's office is the best choice when you need in-person care that cannot be provided virtually – such as physical exams, vaccinations, procedures, or tests that require hands-on evaluation. Age-appropriate physical exams, preventative tests, and vaccinations are covered by all plans 100%--deductible and copays are waived. Average cost of a Primary Care office visit to treat an illness is $120 - $150. Tests and procedures will incur additional cost.	For conditions that aren't life threatening. Staffed by nurses and doctors. Urgent care providers have extended hours available including weekends and evenings. Average cost of a standard urgent care visit is $200-250	The most expensive place to receive care. For immediate treatment of critical injuries or illness. Open 24/7. If a situation seems life-threatening, call 911 or go to the nearest emergency room. "Freestanding" emergency room (ER) locations are becoming more common in many areas. Because these ERs are not inside hospitals, they may look like urgent care centers. When you receive care at an ER, you're billed at a much higher cost than at other health care facilities.

To find a specific health care facility or doctor, go to www.banneraetna.com or www.aetna.com or use the Aetna Mobile App.

When you need extra help, we're here

If you have a chronic health condition, we'll connect you with a dedicated contact to help you:

- Manage a chronic health condition ranging from asthma and low back pain to depression and coronary artery disease
- Make more educated decisions about your health and treatment options
- Create a plan to help improve your health
- Understand medications and doctor's orders
- Identify the triggers that affect your condition
- Know what to expect if you need to stay in the hospital
- Improve your lifestyle by learning to cope with stress, become tobacco-free, maintain good eating habits, and manage or lose weight

Or take charge of your health using online tools

We offer 24/7 online support to help you better understand your condition and overcome barriers to better health:

- Online programs that can offer help with lifestyle issues from weight, stress and smoking, to chronic condition support for diabetes, asthma, heart failure and more
- Articles and podcasts on hundreds of health topics
- Tools to help you understand your condition and make more informed treatment decisions

Together, we can help you get where you want to be

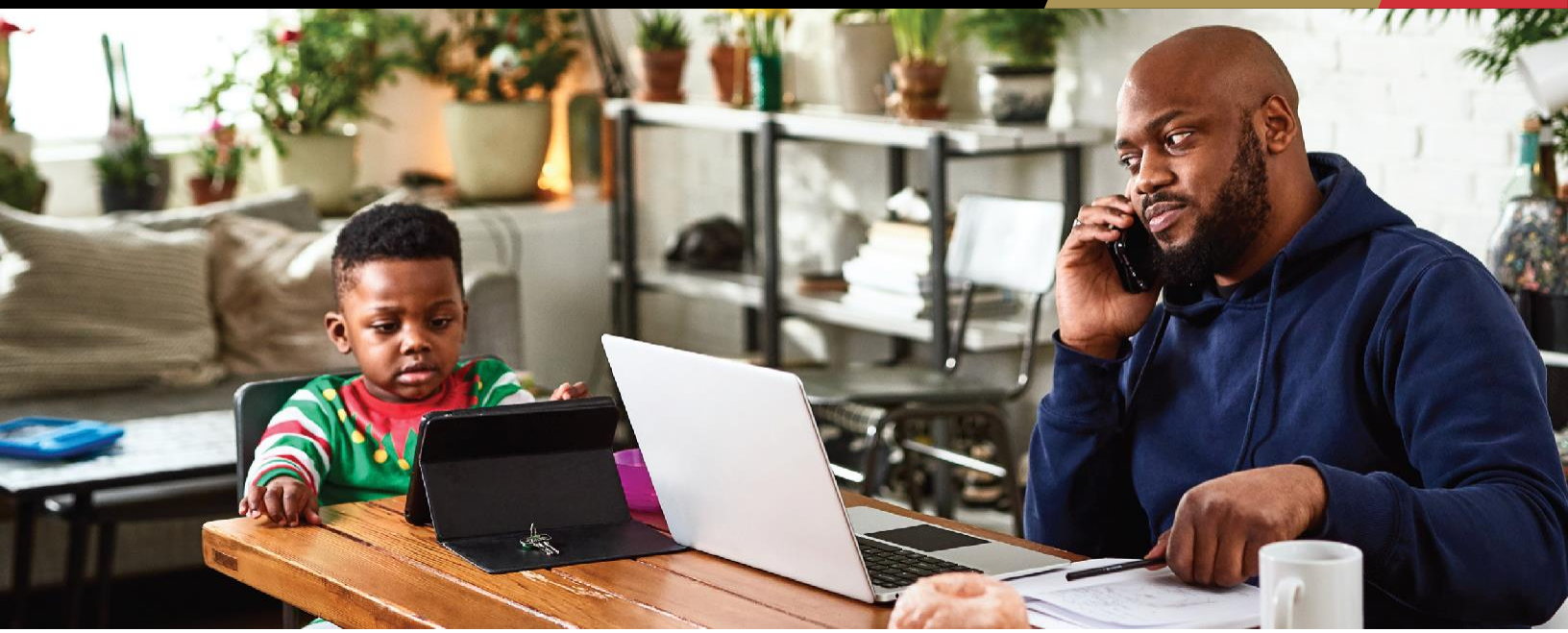
To have a confidential one-on-one conversation, call

1-800-556-1555

Or, for information and self-help resources, visit

aetna.com

Banner | aetna™



Health and benefits made easier

Making the most of your member portal

Set up your account today

At home

Visit your member portal at BannerAetna.com and follow the simple prompts to create an account and log in.

On the go

Text "ONTHEGO" to 90156 to receive a link to download Banner|Aetna's Aetna Health℠ app. Message and data rates may apply.*

Finding Care

- Look for the Performance Network symbol to help you save money
- Find in-network providers
- Change your primary care provider
- Online scheduling options

Managing Claims

- View and sort claims
- Track deductible spending
- View claims progress
- See past appointments and care

Reviewing Costs

- See out-of-pocket costs
- Estimate the costs of doctors and procedures
- Compare costs across providers

Prescriptions

- Estimate drug costs
- Find an in-network pharmacy
- Learn about drug information and side effects
- Refill a prescription
- Enroll in mail-order for home delivery

Staying Healthy

- Take a health survey
- Try health coaching
- Start a wellness program
- Get treatment options
- Save on gyms, vision and more

View Benefits

- Easily access your health plan information, all in one place
- Get coverage details
- Access your ID card

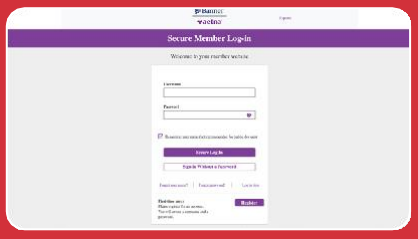
*Terms and Conditions: bit.ly/2nlJFYG. Privacy Policy: Aetna.com/legal-notices/privacy.html. By texting 90156, you consent to receive a one-time marketing automated text message from Aetna with a link to download the Aetna HealthSM app. Consent is not required to download the app. You can also download by going to the App Store or Google Play. Banner|Aetna is the brand name used for products and services provided by Banner Health and Aetna Health Insurance Company and Banner Health and Aetna Health Plan Inc. Health benefits and health insurance plans are offered and/or insured by Banner Health and Aetna Health Insurance Company and/or Banner Health and Aetna Health Plan Inc. (Banner|Aetna). Banner|Aetna is an affiliate of Banner Health and of Aetna Life Insurance Company and its affiliates (Aetna). Each insurer has sole financial responsibility for its own products. Aetna and Banner Health provide certain management services to Banner|Aetna. Program features and availability may vary by location and are subject to change. This material is for information only. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Health benefits and health insurance plans contain exclusions and limitations. Estimated costs not available in all markets. The tool provides an estimate of what would be owed for a particular service based on the plan at that very point in time. Actual costs may differ from an estimate if, for example, claims for other services are processed after the estimate is provided but before the claim for this service is submitted. Or if the doctor or facility performs a different service at the time of the visit. Health maintenance organization (HMO) members can only look up estimated costs for doctor and outpatient facility services. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Banner|Aetna plans, refer to banneraetna.com.

Aetna Banner Medical Plan Tools

Banner|Aetna tools, resources and programs for members

Explore member resources and get information about what's available to you with your Banner\Aetna plan. You'll find more ways to use your benefits, take charge of your health and get more out of your health plan.

Digital tools



Banner|Aetna Member Portal

https://bit.ly/ba-portal

Visit your member portal at BannerAetna.com to create an account and log in. Connect to care, manage claims, view your benefits, find fitness and wellness perks and more.

Use the link or scan the QR code for more info.

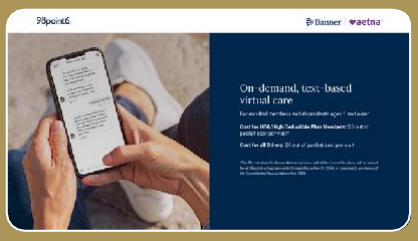
Banner|Aetna Member app

https://bit.ly/ba-app-android
https://bit.ly/ba-app-apple

Text "ONTHEGO" to 90156 to receive a link to download Banner|Aetna's Aetna Health℠ app. Message and data rates may apply.*

Apple Store

Google Play



98point6 Virtual Primary Care

https://bit.ly/ba-98point6

No matter where life takes you, connecting with a Banner|Aetna 98point6 physician is just a few taps away on your mobile device.

Use the link or scan the QR code.

Banner|Aetna Find a Doctor

https://bit.ly/ba-find-a-doctor

Go to the Find a Doctor online directory of Banner|Aretna health care professionals page and login or search as a guest.

Use the link or scan the QR code.

Take control of your emotional health

"How are you doing?"

It's a standard greeting. And you might offer a quick "Fine, thanks," in response. But when you know how you feel, you can improve your emotional health. So how are you doing? MindCheck® online tools help you find the answer.

Your emotional health contributes to your overall health

Part of being healthy involves taking care of your feelings. For example, positive thinking is linked to health benefits that include[1]:

- Faster recovery
- Fewer colds
- Longer lifespan[2]
- Better sleep
- Greater sense of happiness

We all have good days and bad days, good moments and bad ones. MindCheck online tools help you manage your emotional health and focus on the positive. And with practice, you can start feeling better overall.

Find out where you stand

How do you feel? How do you want to feel? You can't plan a route to where you want to go until you know where you are.

The MindCheck online tool asks you four simple questions so you can be aware of how you're feeling. You'll be matched to a color and level to provide insight into your emotional health.

And the MindCheck site tracks your history, so you can see how your results change over time.

Take care of your health

MindCheck online tools makes it easy to improve your emotional well-being. Measure your mindset and get immediate feedback and resources to maintain a positive outlook. You'll also find tips, articles and videos on a variety of topics that include:

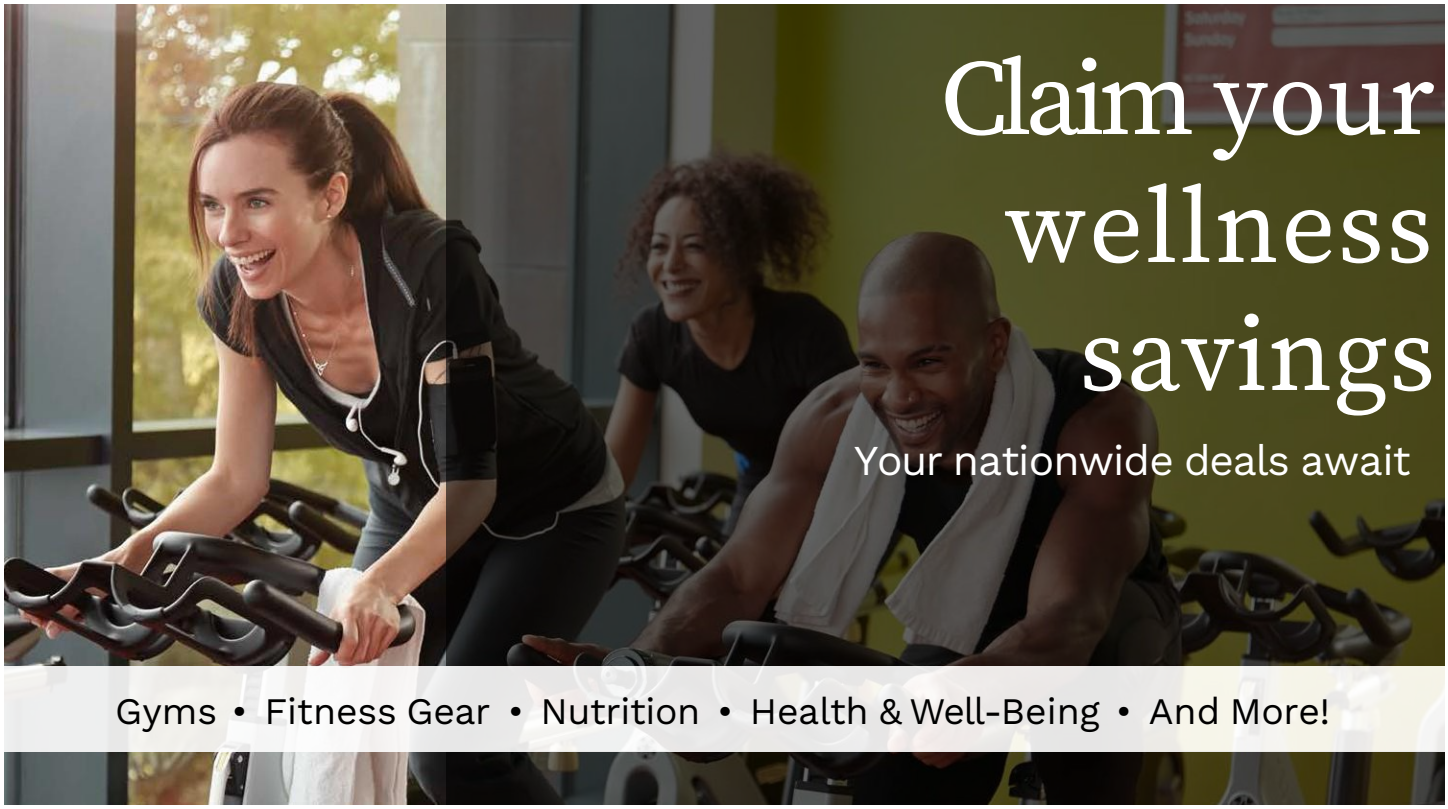
- Relationships
- Depression
- Fitness and nutrition
- Stress
- Substance use and more

Now it's easy to take control of your emotional health. Simply go to mindchecktoday.com to get started.

Remember to check back often. The more you know about taking care of your emotional well-being, the healthier and happier you can be.

So, the next time someone asks how you're doing, you can say "I'm doing well." And you'll mean it.

LifeMart
Member Discount Program



LifeMart Member Discount Program

Browse major savings on major brands for all your health and wellness needs. LifeMart is your company's way of saying thanks for your hard work and helping you keep more of your paycheck.

Access LifeMart anywhere, anytime, on any device. It's the fast and easy way to:

- **Save money** on everything from gyms to car rentals, gifts to groceries, electronics to entertainment and much more.
- **Save time** with instant, one-stop shopping—no need to run out to the store or search the web.
- **Shop as often as you like:** the more you shop, the more you save—no limit!
- **Have fun** discovering exclusive new deals on the brands you love—offers are updated regularly.

Plus, you can access LifeMart discounts anywhere, anytime, with the LifeMart mobile app*. Simply download the app and you can browse major savings on the go. Available for download in the Google Play Store and iTunes Store.

** Pre-registration is required.*

Not a member? Sign up!

www.aetna.com

Log in with your username and password.
Click on the Health & Wellness Tab > Health & Wellness Discounts > Click on any of the Health and Wellness tiles to access the LifeMart Discount Website

Dental Plan

The TDA Dental HMO plan offers lower out-of-pocket costs but requires you to choose a 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 Composite (anterior) 1-4 surfaces	$12-$35 $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 Immediate full lower	$640 (denture cost includes characterization)	
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 2025 **Pete King Construction** vision plan. You will receive and 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

Employer Paid Basic Life

Term Life and AD&D Insurance

Pete King Construction Company provides employees enrolled in the Group Health Insurance plan with Group Life/AD&D (Accidental Death and Dismemberment) insurance through Mutual of Omaha. As part of your benefit package Pete King Construction Company pays the full cost of the Life Insurance. When enrolling, please be sure to provide a Beneficiary. The Life Insurance Certificate outlines the plan benefits and exclusions.

MUTUAL OF OMAHA TERM LIFE INSURANCE	
COVERAGE	BENEFIT
Employee Only	$15,000

Accidental Death & Dismemberment (AD&D) Benefit Amount: The Principal Sum amount is equal to the amount of your life insurance benefit.

Living Care/Accelerated Death Benefit: 80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed $8,000.

Value Added Benefits

Basic Employee Assistance Program

For Full-Time Team Members with 90 days of service and their eligible dependents

Life isn't always easy. Sometimes a personal or professional issue can get in the way of maintaining a healthy, productive life. Your Employee Assistance Program (EAP) can be the answer for you and your family.

We're here to help

Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- Emotional well-being
- Family and relationships
- Legal and financial
- Healthy lifestyles
- Work and life transitions

EAP Benefits

- Telephone access to EAP professionals 24 hours a day, seven days a week
- Telephone assistance and referral
- Service for employees and eligible dependents
- Legal assistance and financial services:
  - Online will preparation
  - Legal library & online forms
  - Telephonic financial consultation
- Resources for:
  - Financial tools & resources
  - Substance abuse and other addictions
  - Dependent and elder care assistance & referral services
- Access to a library of educational articles, handouts and resources via mutualofomaha.com/eap

What to expect

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner. Our goal is to collaborate with you and find solutions that are responsive to your needs.

Your EAP benefits are provided through your employer. If additional services are needed, your EAP will help locate appropriate resources in your area.

Don't delay. If you need help, visit mutualofomaha.com/eap, or call 800.316.2796.

Worldwide Travel Assistance

For Full-Time Team Members with 90 days of service and their eligible dependents

Travel Assistance, administered by AXA Assistance USA, can help you avoid unexpected bumps in the road for you and your family on any single trip up to 120 days in length, and more than 100 miles from home.

Pre-Trip Assistance*

- Information regarding passport and other documentation needs
- Travel, health advisories and inoculation requirements for foreign countries
- Daily foreign currency exchange rates
- Consulate and embassy locations

*Available at any time, not subject to 100-mile travel radius

Emergency Travel Support

- Translation and interpreter services
- Locating legal services
- Baggage assistance
- Emergency payment and cash
- Emergency messages
- Document replacement
- Vehicle return

Medical Assistance

- Locating medical providers and referrals
- Communication on your medical status
- Emergency evacuation
- Transportation home for further treatment – in the event of death, assist in the return of mortal remains
- Transportation arrangements
- Assistance with lodging arrangements
- Coordination with your health insurance carrier
- Assistance obtaining prescription drugs or other items

Identity Theft

- Comprehensive ID theft assistance guide
- Tips to defend against ID theft
- Information regarding recovery from credit card and check fraud
- Guidelines if your SSN is compromised
- Instructions for lost or stolen passport
- Contact list for financial institutions, credit bureaus and check companies

AXA Worldwide Travel Assistance

Call toll free from U.S.: **800-856-9947**
Outside the U.S.: **(312) 935-3658**

AXA Identity Theft Assistance

Call toll free from U.S.: **800-856-9947**

See your plan description for full terms and conditions.

Value Added Benefits

Hearing Discount Program

For Full-Time Team Members with 90 days of service and their eligible dependents

Program Benefits:

In addition to your hearing care benefit, you will have access to complimentary aftercare*, including:

- Custom hearing solutions—wide choice of products from the industry's leading brands
- Risk-free trial—find your right fit by trying your hearing aids for 60-days
- Follow-up care—ensures a smooth transition to your new hearing aids
- Battery support—battery supply or charging station to keep your hearing aids powered
- Warranty—3-year coverage for loss, repairs, or damage
- Financing—no interest for those who qualify
- Savings for family and friends—your parents, siblings, in-laws, and friends qualify, too

**Risk-free trial - 100% money back guarantee if not completely satisfied, no return or restocking fees. Follow-up care - for one year following purchase. Batteries – two-year supply of batteries (80 cells/ ear/year) or one standard charger at no additional cost. Warranty - Exclusions and limitations may apply.*

Contact Client Services (1-844-267-5436) for details.

Accessing Your Benefits is as Easy as 1, 2, 3 ...

Call Amplifon at 1-888-534-1747 and a Patient Care Advocate will assist you in finding a hearing care provider near you.

Our advocate will explain the Amplifon process, request your mailing information and assist you in making an appointment with a hearing care provider.

Amplifon will send information to you and the hearing care provider. This will ensure your Amplifon discounts are activated.

Level	1	2	3	4	5
Hearing Aid Features	Standard features	Additional, easy-to-use functions	Designed for work and play	Enhanced to keep you on the go	Leading technology keeps you connected
One Simple Price	$995	$1,495	$1,795	$2,195	$2,645

To learn more visit:
amplifonusa.com/mutualofomaha

Will Preparation

For Full-Time Team Members with 90 days of service and their eligible dependents

Services provided by Epoq, Inc.

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die. Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.

Easy, Free and Secure

Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.

Epoq provides the following FREE documents:

- Living Will and Trust
- Power of Attorney
- Healthcare Directive
- Pour-Over Will
- Last Will and Testament

Here's how it works:

- Log on to www.willprepservices.com and use the code MUTUALWILLS to register
- Answer the simple questions from any device and watch the customization of your document happen in real time
- Download, print and share any document instantly
- Don't forget to update your documents with any major life changes, including marriage, divorce, and birth of a child
- Make the document legally binding — Check with your state for requirements

Create your will at:
www.willprepservices.com

Use the code **MUTUALWILLS** to register

Legal Documents

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 sing 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 knows 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 extend 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.

Manny Cervantes Gonzalez
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 individual s 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 Benefits Coordinator at:

Pete King Construction Company
11040 N 19th Ave
Phoenix, AZ 85029
602-944-4441
benefits@pkcaz.com

Legal Notices

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, 2026. You cannot change or cancel coverage during the year unless a qualifying change in family status occurs. For more information, contact your Benefits Coordinator.

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 your Benefits Coordinator.

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.

Legal Notices

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 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 Medi- care 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:

Pete King Construction Company
11404 N 19th Ave
Phoenix, AZ 85029
602-944-4441
benefits@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).

Summary of Material Modifications to the Pete King Construction Company Health and Welfare Benefit Plan

This Summary of Material Modification ("SMM") modifies specific prescription drug benefits information contained in the Summary Plan Description (SPD) for the Pete King Construction Company Health and Welfare Benefit Plan (the "Plan") that describes the Plan as of September 1, 2025.

Note: In the event of any discrepancy between this SMM and the SPD, the provisions of this SMM will govern.

Modification(s)
Important changes to certain benefits under the Plan will go into effect on September 1, 2025. Coverage for GCIT and CAR-T shall be amended as follows:
The following drugs will be excluded for coverage, regardless of where and how they are delivered:

Note: In the event of any discrepancy between this SMM and the SPD, the provisions of this SMM will govern.

The following drugs will be excluded for coverage:

Adstiladrin (nadofaragene firadenovec)
Amtagvi (lifileucel)
Amvuttra (vutrisiran)
Aucatzyl (obecabtagene autoleucel)
Beqvez (fidanacogene elaparvovec)
Carvykti (ciltacabtagene autoleucel)
Casgevy (exagamglogene autotemcel)
Elevidys (delandistrogene moxeparvovec)
Encelto (revakinagene taroretcel-lwey)
Givlaari (givosiran)
Hemgenix (etranacogene dezaparvovec)
Imlygic (talimogene laherparepvec)
Kebilidi (eladocagene exuparvovec-tneq)
Lenmeldy (atidarsagene autotemcel)
Leqvio* (Inclisiran)
Lyfgenia (lovotibeglogene autotemcel)
Oxlumo (Lumasiran)
Provenge (sipuleucel-T)
Qalsody (Tofersen)
Qfitlia* (fitusiran)
Rivfloza* (nedosiran)
Roctavian (valoctocogene roxaparvovec)
Skysona (elivaldogene autotemcel)
Tecelra (afamitresgene autoleucel)
Tryngolza (olezarsen)
Vyjuvek (beremagene geperpavec)
Wainua* (eplontersen)
Zynteglo

If you have questions regarding this change, please contact your plan administrator at Pete King Construction Company by calling 602-944-4441.

Health Insurance Marketplace

PART A: General Information

Since key parts of the health care law took effect in 2014, there is another way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away. Typically, you can enroll in a Marketplace health plan during the Marketplace's annual Open Enrollment period or if you experience a qualifying life event.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.56% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution–as well as your employee contribution to employer-offered coverage–is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Pete King Construction Company at 602-944-4441.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Health Insurance Marketplace

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Pete King Construction Company	4. Employer Identification Number (EIN): 86-0654420	
5. Employer address: **11040 N. 19th Ave**	6. Employer phone number: **602-944-4441**	
7. City: **Phoenix**	8. State: **AZ**	9. ZIP code: **85029**
10. Who can we contact about employee health coverage at this job? Manny Cervantes Gonzalez		
11. Phone number (if different from above):	12. E-mail address: benefits@pkcazcom	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  All employees.
  ☒ Some employees. Not offered to Union

Eligible employees are: All regular, full-time employees of Pete King Construction Company. A regular employee is one who is regularly scheduled to work at least a 30-hour work week on an ongoing basis.

- With respect to dependents:
  ☒ We do offer coverage.
  ☐ We do not offer coverage

Eligible employees are:

- Your legal spouse
- Your eligible children up to age 26. “Children” are defined as your natural children, stepchildren, legally-adopted children and children for whom you are the court-appointed legal guardian
- Physically or mentally disabled children of any age who are incapable of self-support. Proof of disability may be requested

☒ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed midyear, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process.

An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

Legal Notices

PREMIUM ASSISTANCE UNDER MEDICAID & THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit *www.healthcare.gov*. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1 877 KIDSNOW or *www.insurekidsnow.gov* to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at *www.askebsa.dol.gov* or call 1-866-444-EBSA (3272).

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

ALABAMA Medicaid	ALASKA Medicaid	ARKANSAS Medicaid	CALIFORNIA
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
COLORADO	**FLORIDA Medicaid**	**GEORGIA Medicaid**	**INDIANA Medicaid**
Health First Colorado https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/ flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268	GA HIPP Website: GA HIPP Website: https://medicaid.georgia.gov/health insurance premium payment program hipp Phone: 678 564 1162, Press 1 GA CHIPRA Website; https://medicaid.georgia.gov/programs/third party liability/childrens health insurance program reauthorization act 2009 chipra Phone: 678 564 1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/
IOWA Medicaid & CHIP	**KANSAS Medicaid**	**KENTUCKY Medicaid**	**LOUISIANA Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp
MAINE Medicaid	**MASSACHUSETTS Medicaid & CHIP**	**MINNESOTA Medicaid**	**MISSOURI Medicaid**
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711	Website: https://www.mass.gov/info-details/masshealth- premium-assistance-pa Phone: 1-800-862-4840 TTY: 711	Website: https://mn.gov/dhs/people-we-serve/children-and- families/health-care/health-care-programs/programs-and- services/other-insurance.jsp Phone: 1-800-657-3739	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

Legal Notices

MONTANA Medicaid	NEBRASKA Medicaid	NEVADA Medicaid	NEW HAMPSHIRE Medicaid
Website: http://dphhs.mt.gov/ MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY Medicaid and CHIP	**NEW YORK Medicaid**	**NORTH CAROLINA Medicaid**	**NORTH DAKOTA Medicaid**
Medicaid Website: http://www.state.nj.us/ humanservices/ dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www. njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/ medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.nd.gov/dhs/services/ medicalserv/medicaid/ Phone: 1-844-854-4825
OKLAHOMA Medicaid and CHIP	**OREGON Medicaid**	**PENNSYLVANIA Medicaid**	**RHODE ISLAND Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon. gov/Pages/index.aspx http://www. oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.dhs.pa.gov/providers/ Providers/Pages/Medical/ HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
S. CAROLINA Medicaid and CHIP	**SOUTH DAKOTA Medicaid**	**TEXAS Medicaid**	**UTAH Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1 888 365 3742	Website: http://dss.sd.gov Phone: 1 888 828 0059	Website: https://www.dhs.pa.gov/Services/ Assistance/Pages/HIPP-Program.aspx Phone: 1 800 692 7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1 800 986 KIDS (5437)	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-766
VERMONT Medicaid	**VIRGINIA Medicaid and CHIP**	**WASHINGTON Medicaid**	**WEST VIRGINIA Medicaid**
Website: http://www.greenmountaincare. org/ Phone: 1-800-250-8427	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN Medicaid and CHIP	**WYOMING Medicaid**		
Website: https://www.dhs.wisconsin. gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002)	Website: https://health.wyo.gov/healthcarefin/ medicaid/programs-and-eligibility/ Phone: 1-800-251-1269		

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

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

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

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub.L.104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512. The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

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	Manny Cervantes Gonzalez Benefits Coordinator	602-944-4441	benefits@pkcaz.com
Assured Partners, A Gallagher Company	Betty Wester	480-346-2025	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.TDAdental.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
Phoenix, AZ 85029
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.

PETE KING
CONSTRUCTION CO.