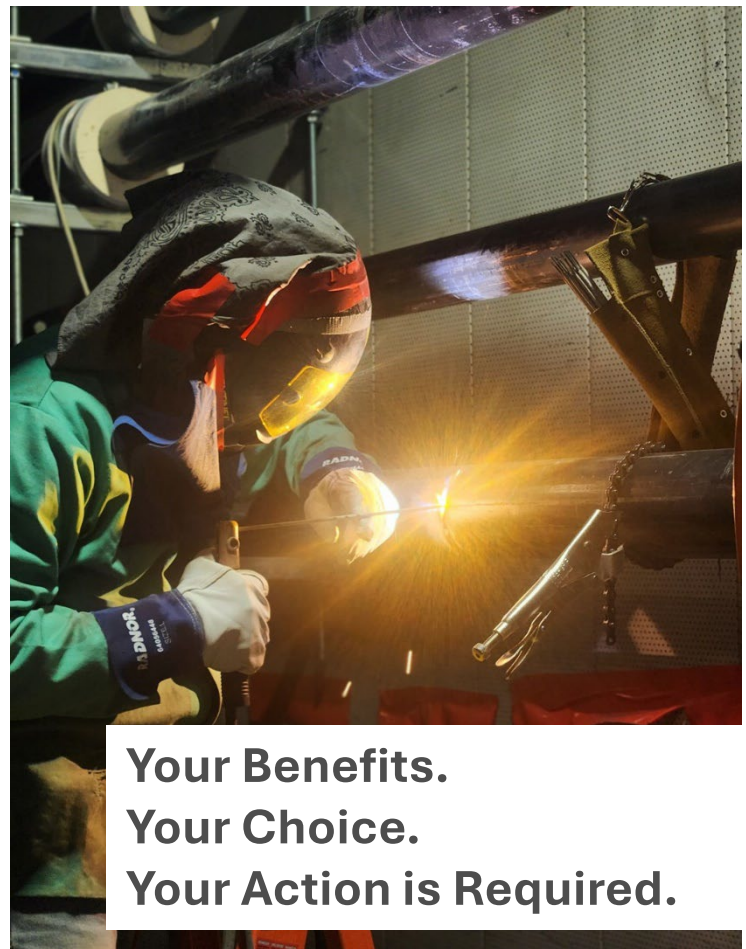
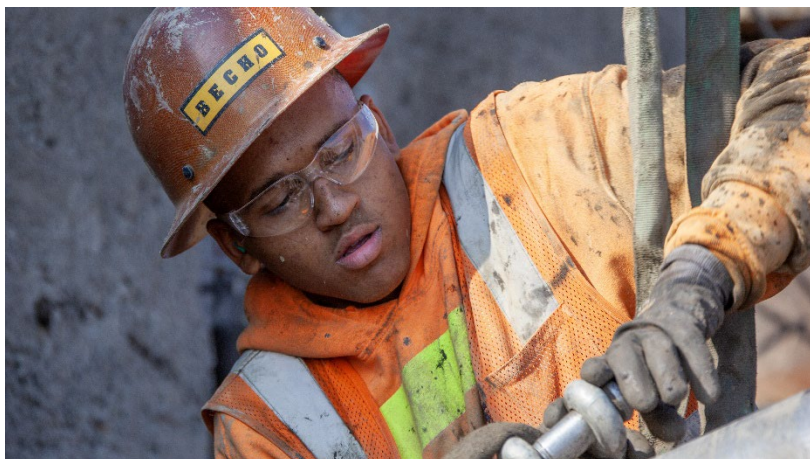




**Your Benefits.
Your Choice.
Your Action is Required.**

**2026 BENEFITS
CANADIAN NATIONALS**

Tutor Perini
CORPORATION

Dear Team Member,

Welcome to Tutor Perini!

As a valued new member of our team, you are eligible to participate in the Tutor Perini Employee Benefit Plans **AFTER 30 DAYS OF CONTINUOUS SERVICE**, provided you **ENROLL WITHIN 30 DAYS OF YOUR DATE OF HIRE**.

To assist you in making your benefit decisions, the following materials have been enclosed:

- New Hire Frequently Asked Questions (FAQ)
- Workday Enrollment Flyer: Provides instructions on how to access the enrollment website.

IMPORTANT

ENROLLMENT

You must complete your enrollment within 30 days of your date of hire. You may enroll online at [**Workday**](#). Once you have completed the enrollment process, the benefit coverage(s) will begin as outlined in this Employee Benefit Brochure and in the applicable Summary Plan Description (SPD) provided your enrollment is completed correctly within the first 30 days of your date of hire.

RESOURCES AND INFORMATION

Benefit Advocates are available at 800-489-1390 Monday through Friday, from 5:00 a.m. to 5:00 p.m. Pacific Standard Time (PST) to help answer questions about your benefits. You may also access more information about the Tutor Perini Benefit Plans online at TutorPerini.MyBenefitsLibrary.com or contact your Human Resources Representative.

REGISTRATION

You will enroll online through [**Workday**](#) via Single Sign On (SSO) by entering your username and password and then complete a multi-factor authentication (MFA) step. If you have any questions or need assistance with logging in, please reach out to your IT or HR Representative.

Wishing you and your family the best of health!

Gino Cesario – SVP & Chief Human Resources Officer

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MEDICARE PART D NOTICE

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Important Plan Information section for more details.

TAKE A CLOSER LOOK

This summary of benefits is being provided to give you an overview of the 2026 Tutor Perini benefit plans. Please review this material carefully and use the contact guide at the back of this summary to direct any of your questions about a particular benefit or situation.

DISCLAIMER: The information in this brochure is a general overview of the benefits offered under the Tutor Perini benefits plans. This brochure may not include all relevant limitations and conditions. Specific details and limitations are provided in the Plan documents, which may include a Summary Plan Description (SPD), Evidence of Coverage (EOC), and/or insurance policies. The plan documents contain the relevant plan provisions. If the information in this brochure differs from the plan documents, the plan documents will prevail. For more information, please contact Human Resources.

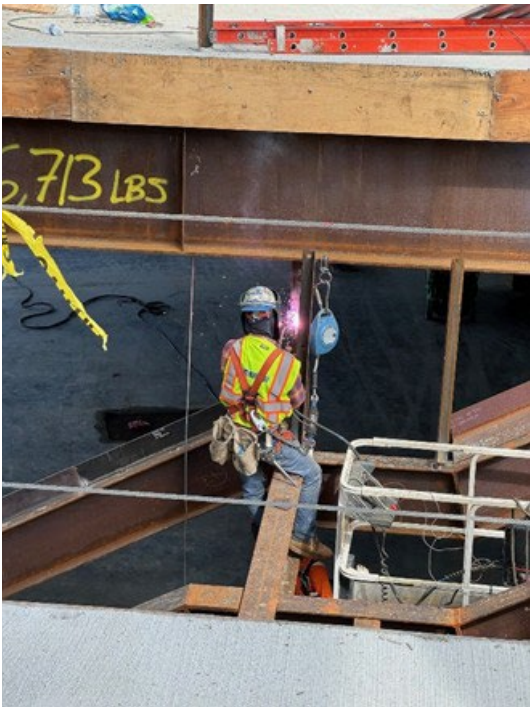




GETTING STARTED

2026 BENEFITS

JANUARY 1, 2026
through
DECEMBER 31, 2026



Whether you're enrolling in benefits for the first time, nearing retirement, or somewhere in between, Tutor Perini supports you with benefit programs and resources to help you thrive today and prepare for tomorrow.

This guide provides an overview of your healthcare coverage, life, disability, and more.

You'll find tips to help you understand your medical coverage, save time and money on healthcare, reduce taxes, and balance your work and home life. Review the coverage and tools available to you to make the most of your benefits package.

ENROLLING FOR BENEFITS



HAVE QUESTIONS?

For additional information on your 2026 benefits, visit

TutorPerini.MyBenefitsLibrary.com

Workday

All benefit elections will be completed in **Workday**. Log in to Workday and follow the instructions below to make your elections.

Before you enroll

- Know the date of birth, social security number, and address for each dependent you will cover.
- Review your enrollment materials to understand your benefit options and costs for the coming year.

Getting started

- LOG IN to **WORKDAY**
- SELECT “**Workday Login via SSO**” and enter your username and password.
- NAVIGATE to your Workday Inbox and click on the invitation to begin your Enrollment.
- ADD your personal and dependent information.
- SELECT your benefit plans for the coming year.
- REVIEW your choices and costs before finalizing.
- PRINT your Election Summary for your records.

IMPORTANT ENROLLMENT COMMUNICATIONS

CONFIRMATION WORKSHEET

After you elect your benefits, it is important that you print a Confirmation Worksheet to review and ensure accuracy in your election(s). There will not be a Confirmation Worksheet mailed to your home, so you must print one, review it, and go back online if you need to make any changes.

Note: If you have updated your Tobacco status, it can take the system up to 24 hours to process. Please print an updated confirmation statement 24 hours after completing your election to show proper contributions.

The elections showing in the system at the close of the 2026 Open Enrollment period will remain in effect throughout 2026 unless you have a Qualified Life Event (QLE).



WHO'S ELIGIBLE FOR BENEFITS?



Dependent Verification

Any time a new dependent is added, dependent eligibility verification will be required. An initial verification email will be generated and sent from Workday. The initial verification email will outline eligibility documentation requirements, which must be submitted.

Eligibility and enrollment information will be placed in a pending status until required documentation is received. Required documentation should be submitted to Workday utilizing the document upload feature.

Employees

You are eligible to participate in the TPC Benefit Plans if you are a full-time employee working 30 or more hours per week. You may also enroll your eligible dependents.

Eligible dependents

- Legally married spouse (same or opposite sex)
- Domestic Partner (DP) (same or opposite sex)
- Natural, adopted or stepchildren, or children of a domestic partner up to age 26.
- Children over age 26 who are disabled and depend on you for support.
- Children named in a Qualified Medical Child Support Order (QMCSO).
- For additional information, please refer to the benefit booklets for each benefit.

Domestic Partners

Same or opposite gender domestic partners (DP) will be eligible for benefits coverage if he/she is not a Tutor Perini employee who is eligible for Tutor Perini medical or dental benefits.

- A Common Law Spouse is treated as a domestic partner and is eligible for the same benefits as a spouse.
- Live together sharing a common domestic life for 12 months or greater, but neither are joined by marriage or a civil union.

The IRS treats the value of domestic partner and child(ren) of domestic partner coverage as taxable income which results in additional income tax withholding, called Imputed Income. This Imputed Income will be reported as "other compensation" on your W-2 form. Contributions for a domestic partner and/or child(ren) of a domestic partner are deducted on a post-tax basis.

ADDITIONAL ELIGIBILITY REQUIREMENTS



ACTIVELY AT WORK

You must actively be at work in order to elect Supplemental Life Insurance, and/or Long-Term Disability.

Coverage for dependents added due to a Federal Qualifying Life Event (QLE) become effective the first of the month following the date of the QLE provided the QLE is reported within 31 days.

- Newborn child(ren) must be added to the Plan within 31 days of birth and will be effective beginning their date of birth.

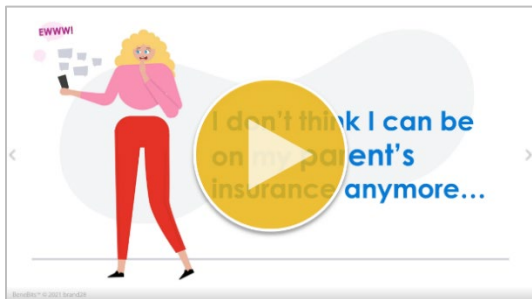
WHEN DOES COVERAGE END?

Generally, your health insurance and your voluntary insurance coverage will end:

- For medical, dental and vision – if your employment ends between the 1st and the 15th, coverage ends on the 15th. If your employment ends between the 16th and the end of the month, coverage ends on the last day of the month.
- When the TPC Group policy ends.
- The date you are no longer eligible under the Tutor Perini Benefit Plans.
- Upon your death or retirement.
- The end of the month in which you enter the US Armed Forces on a full-time basis – (subject to USERRA).

CHANGING YOUR BENEFITS

Click to play video



LIFE HAPPENS

A change in your life may allow you to update your benefit choices. Watch the video for a quick take on your options.

THREE RULES APPLY TO MAKING CHANGES TO YOUR BENEFITS DURING THE YEAR:

1. Any change you make must be consistent with the change in status.
2. You must make the change within 31 days of the date the event occurs.
3. All proper documentation is required to cover dependents (marriage certificates, birth certificates, etc.).

Rules for Benefit Changes during the Year

Other than during the annual Open Enrollment period, you may only make changes to your benefit elections if you experience a Qualifying Life Event (QLE) or qualify for a “special enrollment.” If you experience a QLE, you may be required to submit proof of change or evidence of prior coverage in accordance with IRS guidelines.

Qualifying Life Event includes:

- Change in legal marital status including marriage/domestic partnership, divorce, legal separation, annulment, and death of a spouse
- Change in number of dependents including birth, adoption, placement for adoption, or death of a dependent child or change dependent eligibility status
- Change in employment status that affects eligibility including the start or termination of employment by you, your spouse, or your dependent child
- Change place of residence or worksite including a change that affects the accessibility of network providers
- Change in your health coverage or your spouse’s/domestic partner’s coverage attributable to your spouse’s employment.
- Change in an individual’s eligibility for Medicare or Medicaid
- A court order resulting from a divorce, legal separation, annulment, or change in legal custody (including a Qualifying Medical Child Support Order) requiring coverage for your child(ren).
- An event that is a “special enrollment” under the Health Insurance Portability and Accountability Act (HIPAA) including acquisition of a new dependent by marriage/domestic partnership, birth or adoption, or loss of coverage under health insurance Plan.
- An event that is allowed under the Children’s Health Insurance Program (CHIP) Reauthorization Act. Under provisions of the Act, employees have 60 days after the following events to request enrollment if:
 - Employee or dependent loses eligibility for Medicaid (known as Medi-Cal in CA) or CHIP (known as Healthy Families in CA).
 - Employee or dependent becomes eligible to participate in a Premium Assistance Program under Medicaid or CHIP.

You must submit your change within 31 days after the event.

HAVE QUESTIONS ABOUT YOUR BENEFITS



CONTACT YOUR ALLIANT BENEFIT ADVOCATE

Email: benefitsupport@alliant.com

Phone: 800-489-1390

Hours: 5 a.m. – 5 p.m. PST Monday -
Friday

Get Help From Your Benefit Advocate

Are you getting married and not sure how and when to add your new spouse to your plan? Is your stepchild eligible for your healthcare plan? Do you need help understanding the difference between an HSA and an FSA? A Benefit Advocate can help answer these questions and more.

Benefit Advocates are trained benefits expert who can help you understand and use your healthcare and other coverage. Contact your Benefit Advocate for issues such as:

- General benefit questions
- Eligibility and coverage
- Finding a network provider
- Health care claim or billing issues, when warranted
- Coverage changes due to life events (marriage, new child, divorce, etc.).

Claims Assistance

If you need claims assistance, you'll need to complete a HIPAA Authorization Form to grant your Benefit Advocate permission to work with your insurer and/or healthcare provider(s) to resolve your claims issues. Permission is granted on a limited time basis to only the individuals listed on the form. The form is revocable at any time. Your Benefit Advocate will provide the form to you when needed.



MEDICAL

OUR PLAN

AETNA EXTENDED HEALTHCARE PLAN

We offer one medical plan through **Aetna International**. Review the out-of-pocket costs such as deductible, coinsurance and prescription drugs so you can budget and understand how the plan works.

PPO (Preferred Provider Organization):

- Able to see any provider, even a specialist, without a referral
- Will pay more to see out-of-network providers

MEDICAL WITH VISION

The Medical Plan available is the Aetna Extended Healthcare Plan which is administered by **Aetna International** in partnership with **Cowan**. If you enroll in the Aetna Medical Plan offered by Tutor Perini, you will receive Vision benefits through **Aetna International**.

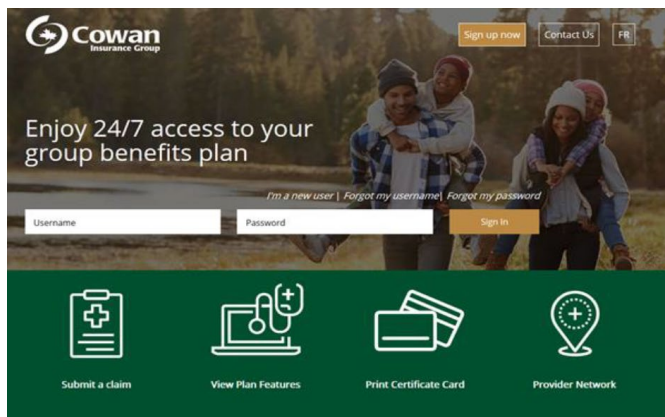
WELCOME KIT

New members will receive a welcome kit with their member ID number along with information on how to submit a claim, access the Group Benefits Member, and how to communicate directly with Cowan.

The Group Benefits Member Access site allows you to view all relevant information regarding group benefit plans and claims, in one convenient place, 24 hours a day, 7 days a week.

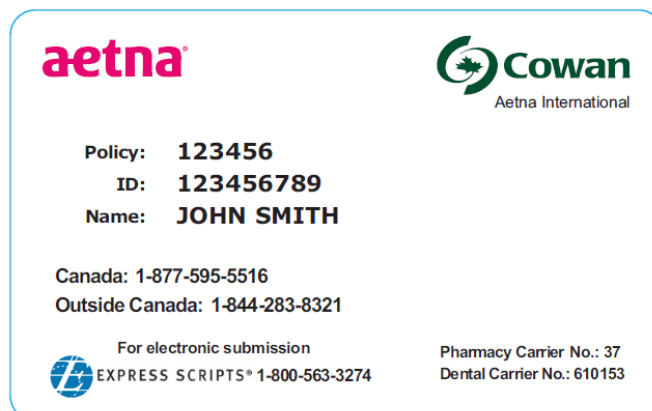
Follow the instructions below to access and Navigate Cowan's Group Benefits Member Access Site:

- Visit www.cowangroup.ca, select **"My Account"** from the top menu bar, and click on **"Group Benefits Member Access"**
- Click on **"Sign up now"** from the top menu bar and input your email address and personal information as prompted. Once confirmed; an email will be sent to your inbox to finalize your registration.
- Once registered, sign in using your email address as your username



ID CARDS

Once enrolled, members will receive an ID card which will include all necessary benefit information and Cowan contact information. A sample ID card is shown below:



MEDICAL WITH VISION

The Medical Plan available is the Extended Healthcare Plan which is administered by **Aetna International** in partnership with **Cowan**. If you enroll in this plan offered by Tutor Perini, you will receive Vision benefits through **Aetna International**.

Please review the below chart for Plan Benefits and costs for in-network and out-of-network services.

Note: Benefits are outlined in USD. Cost of coverage is in CAD.

	Aetna International Extended Healthcare Plan			
	In-Network		Out-of-Network	
Calendar Year Deductible (individual/family)	None		None	
Calendar Year Out-of-Pocket Maximum (individual/family)	None		None	
Coinsurance	Plan pays 100% (you pay 0%)		Plan pays 100% (you pay 0%)	
Hospital Accommodation	Semi-private accommodations – Plan pays 100%		Semi-private accommodations – Plan pays 100% (not exceeding 6 months outside the country) ¹	
Paramedical Practitioners	Maximum of \$500 per calendar year			
Private Duty Nursing	\$10,000 per calendar year ²			
Vision Care	\$250 allowance – 100% reimbursement			
Prescription Drugs Per Rx deductible / dispensing fee	\$10 copay / \$7 copay 100% for all outpatient generic drugs			
MEDICAL & PRESCRIPTION DRUG COST OF COVERAGE – Per Paycheck (CAD)	Monthly	Semi-Monthly	Bi-Weekly	Weekly
Employee Only	\$24.75	\$12.37	\$11.42	\$5.71
Employee + Spouse/Domestic Partner	\$73.96	\$36.98	\$34.13	\$17.01
Employee + Child(ren)	\$71.75	\$35.88	\$33.12	\$16.56
Employee + Family	\$119.19	\$59.60	\$55.01	\$27.51

¹Lifetime Benefit of \$1,000,000

²For Convalescent Inpatient and Inpatient Rehabilitation Facilities there is a 120 day max per calendar year

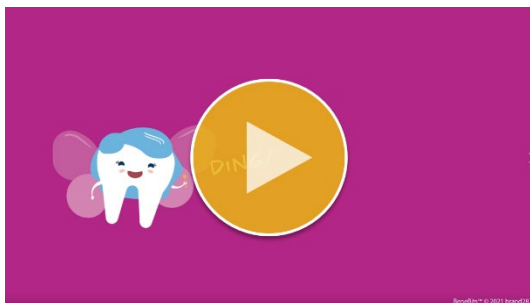


DENTAL

OUR PLAN

AETNA INTERNATIONAL DENTAL PPO

Click to play video



We offer one dental plan through **Aetna International**.

Why Sign Up For Dental Coverage?

It's important to go to the dentist regularly. Brushing and flossing are great, but regular exams catch dental issues early before they become more expensive and difficult to treat.

That's where dental insurance comes in. Dental insurance makes it easier and less expensive to get the care you need to maintain good oral health.

Dental insurance covers four types of treatments:

- **Preventive** care includes exams, cleanings and x-rays
- **Basic** care focuses on repair and restoration with services such as fillings, root canals, and gum disease treatment
- **Major** care goes further than basic and includes bridges, crowns and dentures
- **Orthodontia** treatment to properly align teeth within the mouth.

DENTAL

Our Dental Plan is administered by **Aetna International**.

Regular visits to your dentist can help more than protect your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

You always pay the deductible and copayment (\$). The coinsurance (%) shows what the plan pays after the deductible.

Note: Benefits are outlined in USD. Cost of coverage is in CAD.

	Aetna Dental PPO			
	In-Network ¹		Out-of-Network	
Calendar Year Deductible	\$75 individual \$225 family			
Calendar Year Plan Maximum	\$1,250			
Diagnostic & Preventive Exams, X-rays & Cleanings	Plans Pays 100% (you pay 0%) ¹			
Basic Services Fillings, Root Canals & Periodontics	Plans Pays 80% (you pay 20%) after deductible ¹			
Major Services Crowns, Bridges & Implants	Plans Pays 50% (you pay 50%) after deductible ¹			
Orthodontia Adults and Children	Plans Pays 50% (you pay 50%)			
Orthodontia Maximum	\$1,000			
COST OF COVERAGE – Per Paycheck (CAD)	Monthly	Semi-Monthly	Bi-Weekly	Weekly
Employee Only	\$21.18	\$10.59	\$9.78	\$4.89
Employee + 1	\$44.77	\$22.39	\$20.66	\$10.33
Employee + Child(ren)	\$46.94	\$23.47	\$21.67	\$10.83
Employee + Family	\$47.69	\$23.84	\$22.01	\$11.01

¹ Based on Aetna negotiated fee schedule

What you need to know about this plan?

Features:

See any provider, but you'll pay more out of network

Am I restricted to in-network providers?

No

Do I have to select a primary dentist?

No

Where can I get more details?

Visit the [Aetna Dental website](#) or app.



LIFE & DISABILITY

YOUR BENEFICIARY = WHO GETS PAID

If the worst happens, your beneficiary—the person (or people) on record with the life insurance carrier—receives the benefit. Make sure that you name at least one beneficiary for your life insurance benefit, and change your beneficiary as needed if your situation changes.

Is your family protected?

Life, AD&D and Disability insurance can fill a number of financial gaps due to a temporary or permanent reduction of income. Consider what your family would need to cover day-to-day living expenses and medical bills during a pregnancy or illness-related disability leave, or how you would manage large expenses (rent or mortgage, children's education, student loans, consumer debt, etc.) after the death of a spouse or partner.

We provide a base amount of life and AD&D insurance to help you recover from financial loss.

If you need additional coverage

We offer voluntary life coverage that you can purchase for yourself, your spouse, and your children. You can also purchase long-term disability benefits to supplement your income should you become ill, disabled or unable to work.

BASIC LIFE AND AD&D INSURANCE

LIFE AND AD&D (COMPANY PAID)

Basic Life Insurance pays your beneficiary a lump sum if you die. AD&D provides another layer of benefits to either you or your beneficiary if as a result of an accident, you suffer from loss of a limb, speech, sight, or hearing, or if you die in an accident. The cost of coverage is paid in full by Tutor Perini. Coverage is provided by **The Standard**.

For employees who earn \$150,000 per year or more, your life benefit will be supplemented with Group Universal Life Coverage (GUL) through **MetLife**.

Note: Benefits are outlined in USD.

BASIC LIFE	Earnings Based Benefit
Employees earning below \$100,000	Flat \$30,000
Employees earning between \$100,000 and \$149,999	One times annual base earnings, max of \$150,000
Employees earning between \$150,000 and \$249,999	Flat \$50,000 and enrollment in MetLife GUL with a combined basic life coverage of one times your annual base salary, up to a benefit max of \$1,500,000
Employees earning \$250,000 and above	Flat \$50,000 and enrollment in MetLife GUL with a combined basic life coverage of two times your annual base salary, up to a benefit max of \$1,500,000

Note: Employees who are eligible for MetLife's Basic GUL will work directly with MetLife. If you are over the age of 70 MetLife will require EOI.

BASIC AD&D	Earnings Based Benefit
Employees earning below \$100,000	Flat \$30,000
Employees earning between \$100,000 and \$249,999	One times annual base earnings, Max of \$250,000
Employees earning at or above \$250,000	Two times annual base earnings. Max of \$350,000

Benefit Reduction Schedule

Age 70	65% of original amount
Age 75+	50% of original amount



A NOTE ABOUT TAXES

The premium amount Tutor Perini pays The Standard for your life insurance coverage exceeding \$50,000 is included in your income and is defined as imputed income. The taxable amount is determined by the IRS. Imputed income for the MetLife Group Life coverage will equal the premium Tutor Perini paid on your behalf.

BASIC LIFE AND AD&D INSURANCE

THE STANDARD VALUE ADDED PROGRAMS

These services are available at no additional cost to individuals who have The Standards' Basic Life and AD&D. Click the links to learn more about each program.

TRAVEL ASSISTANCE: Rely on Travel Assistance when you're away from home. Travel Assist can help you with:

- Passport, visa and currency exchange information, health hazards advice and inoculation requirements
- Help replacing prescription medication or lost corrective lenses and advancing funds for emergency medical payment
- Emergency evacuation to the nearest adequate medical facility and medically necessary repatriation to the employee's home, including repatriation of remains

LIFE SERVICES TOOLKIT: Timely and compassionate support services for you and your beneficiaries.

- **Estate-planning Assistance:** Online tools walk employees through the steps to prepare a will and create other documents, such as living wills, powers of attorney and health care agent forms.
- **Financial Planning:** Online tools help employees confidently manage debt, calculate mortgage and loan payments, and take care of other financial matters.
- **Funeral Arrangements:** Employees can use the website to calculate funeral costs, find funeral-related services and make decisions about funeral arrangements in advance.
- **Grief Support:** Clinicians are on call to provide confidential grief support to beneficiaries by phone or in person. Beneficiaries are eligible for up to six face-to-face grief sessions and unlimited phone contact.

HEALTH ADVOCACY SELECT:

At no additional cost, for those with an active STD claim you can contact Health Advocate™ and be assigned a Personal Health Advocate, typically a registered nurse, who will remain on your case until it's fully resolved.

- Make sense of your diagnosis and research treatment options.
- Find and schedule appointments with the right doctors and specialists, particularly for complex medical conditions where a second opinion is appropriate.
- Manage your out-of-pocket expenses by finding alternative services and cost information.
- Resolve medical claims and billing issues.
- Find resources for services that may not be covered through your employer's health benefits program.

CLAIM STATUS TEXT UPDATES:

Get updates on claims already filed with the Standard. They will let you know when key documents are received and will keep you informed of your claim.

FOR ASSISTANCE, CONTACT:

Travel Assistance:	Email: medservices@assistamerica.com Website: standard.com/travel App: App Store and Google Play Phone: 800-872-1414 US, Canada, Puerto Rico, U.S. Virgin Islands and Bermuda) 609-986-1234 (Everywhere else)
Life Services Toolkit:	Website: standard.com/mytoolkit User name: assurance 800-378-5742
Health Advocacy Select:	844-450-5543; Monday - Friday, 8 a.m. - 11 p.m.
Claim Status Text Updates:	Text STATUS to 5328

SUPPLEMENTAL LIFE INSURANCE

(EMPLOYEE PAID)

VOLUNTARY LIFE

Tutor Perini provides you the opportunity to purchase additional life insurance through **The Standard** for all employees earning under \$150,000 annually.

Employees earning \$150,000 or more will have the opportunity to purchase supplemental coverage through **MetLife**, not The Standard.

Note: Benefits are outlined in USD.

	Benefit
Employee	Minimum: \$10,000 Maximum: Lesser of \$500,000 or 6x annual earnings (cannot exceed combined Basic & Voluntary) Increments of: \$10,000
Spouse	Minimum: \$5,000 Maximum: \$100,000 (cannot exceed 50% of employee amount) Increments of: \$5,000
Child(ren)	Minimum: \$2,500 Maximum: \$10,000 (cannot exceed 50% of employee amount) Increments of: \$2,500

GUARANTEE ISSUE MAXIMUM

For newly eligible employees, there is a maximum amount of coverage you may apply for during the 2026 enrollment without answering health questions.

Employees: \$150,000

Spouses: \$60,000

Children: \$10,000

You will receive a “To Do” step in your Workday inbox, which contains additional information and the link to submit EOI to The Standard for approval.

Supplemental GUL coverage may also require EOI. MetLife will reach out and provide EOI forms when necessary.

Note: Employees who are eligible for MetLife’s Supplemental GUL will work directly with MetLife.

Monthly Rate per \$1,000

	Tobacco User	Non-Tobacco User
Under age 30	\$0.16	\$0.09
Age 30 – 34	\$0.18	\$0.09
Age 35 – 39	\$0.24	\$0.11
Age 40 – 44	\$0.43	\$0.18
Age 45 – 49	\$0.80	\$0.33
Age 50 – 54	\$1.45	\$0.62
Age 55 – 59	\$2.32	\$1.06
Age 60 – 64	\$2.96	\$1.49
Age 65 – 69	\$4.20	\$2.35
Age 70 – 74	\$5.68	\$3.59
Age 75+	\$12.24	\$9.74
Child(ren) Monthly Rate	\$0.05 per \$1,000; regardless of the number of children enrolled	

Rate is based on your own age, either employee or spouse, as of January 1st.

LONG-TERM DISABILITY INSURANCE (LTD)

(EMPLOYEE PAID)

4 THINGS TO KNOW ABOUT LTD INSURANCE

1. It can protect you from having to tap into your retirement savings.
2. You can use LTD benefits however you need, for housing, food, medical bills, etc.
3. Benefits can last a long time—from weeks to even years—if you remain eligible.
4. Benefits are tax-free, since you pay the premiums with after-tax dollars.

LTD benefits cushion the financial impact of a disability

Long-Term Disability (LTD) insurance replaces part of your income for longer term issues such as:

- Debilitating illness (cancer, heart disease, etc.)
- Serious injuries (accident, etc.)
- Heart attack, stroke
- Mental disorders.

If you qualify, LTD benefits begin after short-term disability benefits end. Payments may be reduced by state, federal, or private disability benefits you receive while disabled. You pay the cost of this coverage. Coverage is provided by [The Standard](#).

Note: Benefits are outlined in USD.

EVIDENCE OF INSURABILITY

Employees who did not originally enroll when first eligible will need to submit Evidence of Insurability.

Long Term Disability Benefit		
	50% Plan	60% Plan
Monthly Benefit Amount	50% of covered monthly earnings	60% of covered monthly earnings
Maximum Monthly Benefit	\$15,000	\$15,000
Elimination Period	180 days	180 days
Maximum Payment Period¹	5 years	Social Security Normal Retirement Age

¹ The age at which the disability begins may affect the duration of the benefits.

LONG TERM DISABILITY BENEFIT REDUCTION SCHEDULE

If you become disabled after normal retirement age (differs depending on your birth year), your maximum benefit period will decrease (see below).

Maximum Benefit Period		
	50% Plan	60% Plan
Age 62	5 years	To age 65, or to SSNRA, or 3 years 6 months, whichever is longer
Age 63	3 years	To SSNRA, or 3 years, whichever is longer
Age 64	2 years 6 months	To SSNRA, or 2 years 6 months, whichever is longer
Age 65	2 years	2 years
Age 66	1 year 9 months	1 year 9 months
Age 67	1 year 6 months	1 year 6 months
Age 68	1 year 3 months	1 year 3 months
Age 69+	1 year	1 year

DISABILITY INSURANCE RATES

LONG TERM DISABILITY

	Monthly Rate per \$100 (USD) of Monthly Covered Earnings	
	50% Plan	60% Plan
Under age 25	\$0.05	\$0.10
Age 25-29	\$0.06	\$0.13
Age 30-34	\$0.12	\$0.23
Age 35-39	\$0.18	\$0.36
Age 40-44	\$0.26	\$0.54
Age 45-49	\$0.35	\$0.73
Age 50-54	\$0.50	\$1.02
Age 55-59	\$0.52	\$1.08
Age 60-64	\$0.55	\$1.13
Age 65-69	\$0.57	\$1.18
Age 70+	\$0.59	\$1.21

Sample 50% LTD Plan Premium Calculation:

45 year old Employee earning \$32,000

- (1) $\$32,000 / 12 = \$2,666.67$ monthly earnings
- (2) $\$2,666.67 / \$100 = \$26.67$
- (3) $\$26.67 \times \$0.35 = \$9.33$ per month

Same calculation applies for 60% LTD plan, use 60% LTD plan rate



IMPORTANT PLAN INFORMATION

In this section, you'll find important plan information, including:

- Contact information for our benefit carriers and vendors
- A Benefits Glossary to help you understand important insurance terms.



PLAN CONTACTS

If you need to reach our plan providers, here is their contact information:

Plan Type	Provider	Claim Office	Member Services	Policy No.
International Benefits Medical, Dental, Vision	Aetna International in partnership with Cowan	Cowan Insurance Group 700-1420 Blair Place Ottawa (ON) K1J9L8	877-595-5516 8am-5pm (EST) M-F Aetna@cowangroup.ca	863457
Basic Life and AD&D, Supplemental Life, LTD	The Standard Insurance Company	900 SW Fifth Avenue, Portland, OR 97204	T: 800.368.2859 F: 800.378.6053 www.standard.com	166454
Group Universal Life Plan	MetLife	Please contact Human Resources	800-756-0124 8am-8pm (EST)M-F Enrollment Website: mybenefits.metlife.com	Tutor Perini
Benefit Advocate	Alliant	N/A	800-489-1390 benefitsupport@alliant.com	N/A

For General Enrollment & Benefit Questions, please contact your local Human Resources Office.

GLOSSARY

-A-

AD&D Insurance

An insurance plan that pays a benefit to you or your beneficiary if you suffer from loss of a limb, speech, sight, or hearing, or if you have a fatal accident.

Allowed Amount

The maximum amount your plan will pay for a covered healthcare service.

Ambulatory Surgery Center (ASC)

A healthcare facility that specializes in same-day surgical procedures such as cataracts, colonoscopies, upper GI endoscopy, orthopedic surgery, and more.

Annual Limit

A cap on the benefits your plan will pay in a year. Limits may be placed on particular services such as prescriptions or hospitalizations. Annual limits may be placed on the dollar amount of covered services or on the number of visits that will be covered for a particular service. After an annual limit is reached, you must pay all associated health care costs for the rest of the plan year.

-B-

Balance Billing

In-network providers are not allowed to bill you for more than the plan's allowable charge, but out-of-network providers are. This is called balance billing. For example, if the provider's fee is \$100 but the plan's allowable charge is only \$70, an out-of-network provider may bill YOU for the \$30 difference (the balance).

Beneficiary

The person (or persons) that you name to be paid a benefit should you die. Beneficiaries are requested for life, AD&D, and retirement plans. You must name your beneficiary in advance.

Brand Name Drug

A drug sold under its trademarked name. For example, Lipitor is the brand name of a common cholesterol medicine.

-C-

COBRA

A federal law that may allow you to temporarily continue healthcare coverage after your employment ends, based on certain qualifying events. If you elect COBRA (Consolidated Omnibus Budget Reconciliation Act) coverage, you pay 100% of the premiums, including any share your employer used to pay, plus a small administrative fee.

Claim

A request for payment that you or your health care provider submits to your healthcare plan after you receive services that may be covered.

Coinsurance

Your share of the cost of a healthcare visit or service. Coinsurance is expressed as a percentage and always adds up to 100%. For example, if the plan pays 70%, your coinsurance responsibility is 30% of the cost. If your plan has a deductible, you pay 100% of the cost until you meet your deductible amount.

Copayment

A flat fee you pay for some healthcare services, for example, a doctor's office visit. You pay the copayment (sometimes called a copay) at the time you receive care. In most cases, copays do not count toward the deductible.

-D-

Deductible

The amount of healthcare expenses you have to pay for with your own money before your health plan will pay. The deductible does not apply to preventive care and certain other services.

Family coverage may have an **aggregate** or **embedded** deductible. Aggregate means your family must meet the entire family deductible before any individual expenses are covered. Embedded means the plan begins to make payments for an individual member as soon as they reach their individual deductible.

Dental Basic Services

Services such as fillings, routine extractions and some oral surgery procedures.

Dental Diagnostic & Preventive Generally includes routine cleanings, oral exams, x-rays, and fluoride treatments. Most plans limit preventive exams and cleanings to two times a year.

Dental Major Services

Complex or restorative dental work such as crowns, bridges, dentures, inlays and onlays.

Dependent Care Flexible Spending Account (FSA)

An arrangement through your employer that lets you pay for eligible child and elder care expenses with tax-free dollars. Eligible expenses include day care, before and after-school programs, preschool, and summer day camp for children under age

13. Also included is care for a spouse or other dependent who lives with you and is physically incapable of self-care.

-E-

Eligible Expense

A service or product that is covered by your plan. Your plan will not cover any of the cost if the expense is not eligible.

Excluded Service

A service that your health plan doesn't pay for or cover.

-F-

Formulary

A list of prescription drugs covered by your medical plan or prescription drug plan. Also called a drug list.

-G-

Generic Drug

A drug that has the same active ingredients as a brand name drug but is sold under a different name. For example, Atorvastatin is the generic name for medicines with the same formula as Lipitor.

Grandfathered

A medical plan that is exempt from certain provisions of the Affordable Care Act (ACA).

-H-

Health Reimbursement Account (HRA) An account funded by an employer that reimburses employees, tax-free, for qualified medical expenses up to a maximum amount per year. Sometimes called Health Reimbursement Arrangements.

Healthcare Flexible Spending Account (FSA)

A health account through your employer that lets you pay for many out-of-pocket medical expenses with tax-free dollars. Eligible expenses include insurance copayments and deductibles, qualified prescription drugs, insulin, and medical devices, and some over-the-counter items.

High Deductible Health Plan (HDHP) A medical plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health care costs (the deductible) before the insurance company starts to pay its share. A high deductible plan (HDHP) may make you eligible for a health savings account (HSA) that allows you to pay for certain medical expenses with money free from federal taxes.

GLOSSARY

-I-

In-Network

In-network providers and services contract with your healthcare plan and will usually be the lowest cost option. Check your plan's website to find doctors, hospitals, labs, and pharmacies. Out-of-network services will cost more or may not be covered.

-L-

Life Insurance

An insurance plan that pays your beneficiary a lump sum if you die.

Long Term Disability Insurance

Insurance that replaces a portion of your income if you are unable to work due to a debilitating illness, serious injury, or mental disorder. Long term disability generally starts after a 90-day waiting period.

-M-

Mail Order

A feature of a medical or prescription drug plan where medicines you take routinely can be delivered by mail in a 90-day supply.

-O-

Open Enrollment

The time of year when you can change the benefit plans you are enrolled in and the dependents you cover. Open enrollment is held one time each year. Outside of open enrollment, you can only make changes if you have certain events in your life, like getting married or adding a new baby or child in the family.

Out-of-Network

Out-of-network providers (doctors, hospitals, labs, etc.) cost you more because they are not contracted with your plan and are not obligated to limit their maximum fees. Some plans, such as HMOs and EPOs, do not cover out-of-network services at all.

Out-of-Pocket Cost

A healthcare expense you are responsible for paying with your own money, whether from your bank account, credit card, or from a health account such as an HSA, FSA or HRA.

Out-of-Pocket Maximum

Protects you from big medical bills. Once costs "out of your own pocket" reach this amount, the plan pays 100% of most remaining eligible expenses for the rest of the plan year.

Family coverage may have an *aggregate* or *embedded* maximum. Aggregate means your family must meet the entire family out-of-pocket maximum before the plan pays 100% for any member. Embedded means the plan will cover 100% for an individual member as soon as they reach their individual maximum.

Outpatient Care

Care from a hospital that doesn't require you to stay overnight.

-P-

Participating Pharmacy

A pharmacy that contracts with your medical or drug plan and will usually result in the lowest cost for prescription medications.

Plan Year

A 12-month period of benefits coverage. The 12-month period may or may not be the same as the calendar year.

Preferred Drug

Each health plan has a preferred drug list that includes prescription medicines based on an evaluation of effectiveness and cost. Another name for this list is a "formulary." The plan may charge more for non-preferred drugs or for brand name drugs that have generic versions. Drugs that are not on the preferred drug list may not be covered.

Preventive Care Services

Routine healthcare visits that may include screenings, tests, check-ups, immunizations, and patient counseling to prevent illnesses, disease, or other health problems. Many preventive care services are fully covered. Check with your health plan in advance if you have questions about whether a preventive service is covered.

Primary Care Provider (PCP)

The main doctor you consult for healthcare issues. Some medical plans require members to name a specific doctor as their PCP and require care and referrals to be directed or approved by that provider.

-S-

Short Term Disability Insurance

Insurance that replaces a portion of your income if you are temporarily unable to work due to surgery and recovery time, a prolonged illness or injury, or pregnancy issues and childbirth recovery.

-T-

Telehealth / Telemedicine

A virtual visit to a doctor using video chat on a computer, tablet or smartphone. Telehealth visits can be used for many common, non-serious illnesses and injuries and are available 24/7. Many health plans and medical groups provide telehealth services at no cost or for much less than an office visit.

-U-

UCR (Usual, Customary, and Reasonable)

The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The UCR amount sometimes is used to determine the allowed amount.

Urgent Care

Care for an illness, injury or condition serious enough that care is needed right away, but not so severe it requires emergency room care. Treatment at an urgent care center generally costs much less than an emergency room visit.

-V-

Vaccinations

Treatment to prevent common illnesses such as flu, pneumonia, measles, polio, meningitis, shingles, and other diseases. Also called immunizations.

Voluntary Benefit

An optional benefit plan offered by your employer for which you pay the entire premium, usually through payroll deduction.

