

Medical Plans

	KAISER HMO	ANTHEM HMO	ANTHEM PPO	
	IN NETWORK	IN NETWORK	IN NETWORK	OUT OF NETWORK
Deductible (Individual / Family)	None	None	\$250 / \$750	\$750 / \$2,250
Office Visits	\$15 copay	\$10 copay	\$20 copay	40%
Out of Pocket Max (Individual / Family)	\$1,500 / \$3,000	\$1,500 / \$3,000	\$2,500 / \$5,000	\$7,500 / \$15,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Outpatient Surgery	\$100 / procedure	No charge	20%	40%; up to \$350
Hospital Room / Board	\$200 / day	No charge	20%	40%; up to \$1,000 / day
Emergency Room (waived if admitted)	\$100 / visit	\$100 / visit	\$150/visit + 20%	\$150/visit + 20%
Chiropractic Care	Not covered	\$10 copay visit limit applies	\$20 copay 30 visit limit	40% 30 visit limit
Acupuncture Care	\$15 copay referral required	\$10 copay visit limit applies	\$20 copay 20 visit limit	40% 20 visit limit
Prescriptions (30 day supply)	\$10 / \$25	Essential Formulary \$15/ \$25/ \$45	Essential Formulary \$15/ \$30 / \$50	Essential Formulary 50% up to \$250
Mail Order Prescriptions	\$20 / \$50 (up to 100 days)	\$37.50 / \$75 / \$135 (up to 90 days)	\$37.50 / \$90 / \$150 (up to 90 days)	Not covered

ANTHEM HDHP W/HSA

	IN NETWORK	OUT OF NETWORK
	Deductible (Individual / Family)	\$2,000/single, \$2,600/member of family, \$4,000/family
Deductible must be met prior to coinsurance / copays below		
Out of Pocket Max (Individual / Family)	\$3,000/single, \$3,000/member of family, \$6,000/family	\$9,000/single, \$9,000/member of family, \$18,000/family
Office Visits	20%	40%
Outpatient Surgery	20%	40%; up to \$350
Hospital Room / Board	20%	40%; up to \$1,000/day
Emergency Room	20%	20%
Chiropractic Care	20% ; 30 visit limit	40%; 30 visit limit
Acupuncture Care	20%; 20 visit limit	40%; 20 visit limit
Prescriptions (30 day supply)	Essential Formulary \$15/ \$40 / \$60	Essential Formulary 40%; up to \$250
Mail Order Prescriptions	\$37.50 / \$120 / \$180 (up to 90 days)	Not covered

Did You Know?

- XL contributes **\$166.67** per month to an employee only HSA and **\$333.33** per month if you have dependents.
- XL will match employee HSA contributions dollar for dollar up to **\$500** annually for employee only HSA accounts and **\$1,000** annually if you have dependents.
- HSA's roll over year after year and the account belongs to you!

For more information, please contact Human Resources.

This summary of insurance does not amend, extend, or alter the coverage afforded by the policy. Please read the policy carefully for restrictions, limitations, and exclusions. Should there be a conflict between the summary and the policy, the latter shall prevail.

Dental & Vision Plans

DENTAL

	ANTHEM DENTAL	
	IN NETWORK	OUT OF NETWORK
Deductible	\$50 Individual, \$150 Family	
Preventive	100%	
Basic	90%	80%
Major	60%	50%
Calendar Year Maximum	\$1,750 per individual	
Orthodontia (Adult and Child)	50%	50%
Ortho Lifetime Maximum	\$1,500	

VISION

	ANTHEM VISION
	IN NETWORK
Examination Every 12 months	\$10 copay
Materials	\$25 copay
Frames Every 12 months	\$130 Frame Allowance
Lenses Every 12 months	Covered in full after materials copay
Elective Contacts Every 12 months in lieu of glasses	\$130 Contact Allowance

Employee Assistance Plan

- Counseling benefit: 3 face-to-face counseling sessions per issue per year
- Unlimited access to consultants by telephone, resources and tools online

Contact: 800-316-2796 / www.mutualofomaha.com/eap

Your Weekly Costs

	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD(REN)	FAMILY
Kaiser HMO	\$12.44	\$87.05	\$74.62	\$136.80
Anthem HMO	\$35.29	\$156.05	\$115.80	\$246.62
Anthem PPO	\$16.33	\$114.34	\$81.67	\$187.85
Anthem HDHP/HSA	\$10.05	\$70.36	\$50.26	\$115.60
Anthem Dental	\$0.00	\$4.94	\$6.39	\$11.35
Anthem Vision	\$0.00	\$0.61	\$0.69	\$1.47

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Life and AD&D

BASIC LIFE AND AD&D INSURANCE

- Benefit Level: 1 times base salary up to \$200,000 maximum

OPTIONAL LIFE AND AD&D INSURANCE

Employees

- Increments of \$10,000 up to a maximum of \$500,000, not to exceed 5 times annual salary.
- You are guaranteed to be insured up to \$150,000 without medical underwriting.

Spouses / Domestic Partners

- Increments of \$5,000 up to the lesser of 100% of the employee life amount or \$500,000. Your spouse/DP is guaranteed up to \$25,000 without medical underwriting.

Children

- No Benefit amount for live birth to 13 days.
- From 14 months to 26 years, you may purchase amounts in \$1,000 increments up to \$10,000. Minimum benefit amount is \$2,000.

Note: Please refer to the rate table on the separate enrollment form for specific rates. Be sure that Human Resources has your up-to-date beneficiary information!

Long Term Disability

- Benefit Level: 60% of your monthly earnings to a maximum of \$10,000
- Benefit is effective after a 90 day elimination period.
- For covered employees less than age 65, benefit duration is to age 65 or SSNRA.
- Contact Human Resources for maximum duration for ages 65+.

Flexible Spending Account

- Health Care Spending Account Maximum: \$2,650
- Dependent Care Spending Account Maximum: \$5,000

Note: This FSA plan allows a 74 day grace period where unused funds from can be used for claims incurred in the following calendar year prior to March 15th. Claims for this grace period must be submitted to TASC prior to June 13th.

For more information, please contact Human Resources.

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Benefits Portal

If you want more information on your benefits, visit our online benefits portal. The benefits portal provides quick access to benefit plan summaries, website links, forms and a variety of other benefit related resources. Benefits Portal Link: <https://www.eenroller.net/login.asp?ST=XLCO9101>

Carrier & Vendor Contact Information

RESOURCE/CARRIER	WEBSITE / EMAIL	TELEPHONE NUMBER
ABDAnswers <ul style="list-style-type: none"> ▪ Help with Open Enrollment or claims issues ▪ Questions about benefits ▪ Order a new ID card 	xlbenefits@abdanswers.com	866.275.3398
Anthem #280592 <ul style="list-style-type: none"> ▪ Medical PPO ▪ Medical HMO ▪ Medical HDHP w/HSA ▪ Dental PPO ▪ Vision 	www.anthem.com/ca	Medical HMO/PPO: 800.888.8288 Medical HDHP: 866.207.9878 Dental: 877.604.2142 Vision: 866.723.0515
Kaiser #81588 <ul style="list-style-type: none"> ▪ Medical HMO 	www.kp.org	800.464.4000
Mutual of Omaha #G000B2XM <ul style="list-style-type: none"> ▪ Life/AD&D ▪ Voluntary Life/AD&D ▪ Long Term Disability 	www.mutualofomaha.com	Life 800.755.8805 LTD 800.877.5176
Mutual of Omaha <ul style="list-style-type: none"> ▪ EAP 	www.mutualofomaha.com/eap	800.316.2796
TASC <ul style="list-style-type: none"> ▪ Healthcare FSA ▪ Dependent Care FSA 	www.tasconline.com	800.422.4661

For more information, please contact Human Resources.

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Frequently Asked Questions

Here are answers to questions you may have about the key features and benefits of XL Construction Corporation 401(k) Plan.

When am I eligible to enroll?	All contributions	Attain Age 21 Immediately														
When can I enroll in the plan?		First day of each month Your plan offers an Automatic Enrollment feature. Refer to Enrollment Information on previous page.														
How much can I contribute?	Employee Contributions	1% to 100% of eligible compensation, inclusive of pretax and/or Roth deferrals (IRS limit of \$18,500 for 2018) 1% to 100% of eligible after tax pay Bonus Contributions EGTRRA Catch Up Provision														
	Contribution Change Frequency	Beginning of Payroll Period														
	Discretionary Match	Discretionary														
	Discretionary Profit Sharing	Refer to the Summary Plan Description for further information regarding profit sharing contributions.														
Can I make a catch up contribution?		If you are age 50 or over by the end of the taxable year and have reached the annual IRS limit or Plan's maximum contribution limit for the year, you may make additional salary deferral, pretax contributions to the Plan up to the IRS Catch Up Provision Limit (2018 = \$6,000).														
When am I vested?	Employee Contributions	100% immediate														
	Discretionary Match	<table border="1"> <thead> <tr> <th>Years of Service for Vesting</th> <th>Percentage</th> </tr> </thead> <tbody> <tr><td>less than 1</td><td>0</td></tr> <tr><td>1</td><td>20</td></tr> <tr><td>2</td><td>40</td></tr> <tr><td>3</td><td>60</td></tr> <tr><td>4</td><td>80</td></tr> <tr><td>5</td><td>100</td></tr> </tbody> </table>	Years of Service for Vesting	Percentage	less than 1	0	1	20	2	40	3	60	4	80	5	100
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Can I take a loan?		Although your plan account is intended for the future, you may take a loan from your account.														
Can I take a withdrawal?		Withdrawals from the Plan are generally permitted in the event of termination of employment, retirement disability, or death.														
What are the investment options?		See Investment Options section of this flyer.														

To enroll, make changes or learn more:
Fidelity NetBenefits® at www.401k.com (virtually 24/7)