

SUPERIOR™

2024 Benefits Guide



Benefits to Support Your Life Journey

We offer a comprehensive health care program to meet the needs of you and your family. This guide provides information to help you make your enrollment decisions. During benefits enrollment, you have the opportunity to review your coverage needs, consider the benefits plans available to you and select those that will provide the most value to you and your family.

This guide also provides assistance in identifying ways you can save money. Be sure to review the plans in this guide to ensure you select the plans that will best meet your needs and financial goals.



What's Inside

4	Enrollment Basics	21	Federal Notices
7	Digital Resources	24	Key Contacts
10	Health Savings Account (HSA)		
11	Flexible Spending Account (FSA)		
12	Finding a Provider		
12	Where to go when you need care		
13	Superior's Well-Being Program		
14	Dental Benefits		
15	Vision Benefits		
16	Basic Life		
16	Voluntary Life		
17	Basic & Voluntary Disability		
18	Voluntary Benefits		
19	401(k) Information		
20	Employee Assistance Program (EAP)		
20	Superior Strength Program		

This guide provides information to help you make enrollment decisions. Not all plan provisions, limitations and exclusions are included in this publication. In the event of any conflict between the information contained in this booklet and the actual plan documents and insurance contracts, the plan documents and insurance contracts will prevail. This booklet does not constitute a Summary Plan Description (SPD) or Plan Document. It contains abbreviated summaries of benefits.

Enrollment Basics

WHO YOU CAN COVER

In order to be eligible to enroll in the benefits we provide, you or your dependents must meet the following eligibility criteria:

EMPLOYEES

Must be a regular, full-time employee currently working 30 hours or more per week.

SPOUSE

The person to whom you are legally married.

SPOUSAL SURCHARGE: If your spouse is currently enrolled in a Superior medical plan or you plan to enroll your spouse, you'll be asked if he/she is eligible for medical coverage through his/her employer. If your answer is **Yes**, you'll be required to pay a \$50 monthly surcharge. If your answer is **No**, you won't pay the \$50 monthly surcharge. If your spouse loses medical coverage at some point during the plan year, this is considered a Qualified Life Event and your spouse will then become eligible for medical coverage through Superior's medical plan.

DEPENDENT CHILD(REN)

Children up to age 26 (eligible through December 31 following the child's 26th birthday).

Over-age dependents ages 26-30 (eligible only for medical, dental and vision coverage, through December 31 following the child's 30th birthday) who are:

- Unmarried AND have no dependents of their own AND are dependent on the employee for financial support
- Not offered coverage through another group or individual plan
- Not entitled to benefits under Title XVIII of Social Security Act
- Resident of Florida or are full or part-time students

NEWBORN CHILDREN OF COVERED DEPENDENT CHILDREN (UNDER THE AGE OF 26)

A newborn child of a covered dependent child (under the age of 26) is eligible for medical coverage for the first 18 months, as long as the newborn's parent also remains covered.

DISABLED DEPENDENTS

Dependents who become disabled before age 26 and rely on you for support may be eligible.

WHEN YOU CAN ENROLL

AFTER YOU ARE HIRED

Coverage will begin on the first day of the month following 30 days of employment. You must submit your benefits elections and upload all required documentation prior to your coverage effective date.

DURING OPEN ENROLLMENT

Open Enrollment is your opportunity to evaluate your benefit options and make changes for the following year. Benefits selected during Open Enrollment are effective January 1 - December 31, 2024.

MID-YEAR CHANGES

You may make changes to your benefits elections if you experience a qualified life event. The changes you make must be the result of and consistent with the qualified life event that occurred.

Mid-year change requests and supporting documentation must be submitted through PlanSource within 30-days of the date of the event.

EXAMPLES OF QUALIFIED LIFE EVENTS

- Birth, adoption, legal guardianship or placement for adoption
- Marriage, divorce or annulment
- Death of a dependent
- Gain or loss of other creditable coverage

IMPORTANT TO KNOW

HOW TO MAKE MID-YEAR CHANGES DUE TO A LIFE EVENT

- Log in to benefits.plansource.com
- Supporting documentation should be uploaded into the enrollment portal at the time the change is requested
- If you do not request the change and provide the necessary documentation within 30 days, you will have to wait until the next Open Enrollment to make the change



How to Enroll

All benefit elections must be submitted through PlanSource - the employee self-service, online portal for employees to enroll in all benefit plans. Once logged in, you will be able to see benefits offered to you and compare cost.

TO START YOUR ENROLLMENT

- Visit benefits.plansource.com
- Your username is the first initial of your first name, up to the first six characters of your last name and the last four digits of your SSN. For example: If your name is Jane Anderson and the last four of your SSN is 1234, then your username would be janders1234.
- Your initial password is your birth date in the YYYYMMDD format (i.e. August 14, 1962 = 19620814) You will be prompted to change your password when you initially login.
- If you're having trouble remembering your password, click the "Forgot Your Password" link just below the login form.

STEP 1: REVIEW PROFILE

- The * indicates a required field. Verify your Personal Information; if there are changes, you will need to contact Human Resources to make the necessary updates in payroll.
- If you need to add a family member to your coverage, select "Next: Review My Family" and add your family member. You can add eligible family members during this step, even if you are not enrolling them for coverage. Please double check spelling of names and verify dates of birth and social security numbers.

STEP 2: SHOP BENEFITS

Shop each benefit offering, choosing your desired election under the appropriate plan, or declining the benefit entirely. In order to proceed through each enrollment page, use the Shop Plans button next to the first benefit type. If you elect coverage with family members, select family members to add to coverage, then click Update Cart.

STEP 3: REVIEW BENEFICIARIES

View, add, or edit beneficiaries for each of your coverages. When adding a beneficiary, click the box next to "Add To All Benefits" if you wish to designate the same beneficiary for all coverages.

STEP 4: CHECKOUT

Once you have completed each benefit election, click Confirm and Checkout at the bottom of the page. Review for accuracy and choose Checkout. Your benefit election will not be complete until you hit the Checkout button.

Digital Resources

Members have access to a variety of account services both online and through carrier apps including:

- Finding a provider
- Downloading digital ID cards
- Checking benefits
- Reviewing claims
- Comparing costs
- Accessing discounts
- Contacting customer support

LINKS & MOBILE APPS



Florida Blue
Visit floridablue.com
[App Store](#)
[Google Play](#)



The Standard
Visit standard.com
[App Store](#)
[Google Play](#)



Sunlife
Visit sunlife.com
[App Store](#)
[Google Play](#)



Health Equity
Visit healthequity.com
[App Store](#)
[Google Play](#)



Lincoln Financial
Visit lfg.com
[App Store](#)
[Google Play](#)



Fidelity NetBenefits
Visit netbenefits.fidelity.com
[App Store](#)
[Google Play](#)

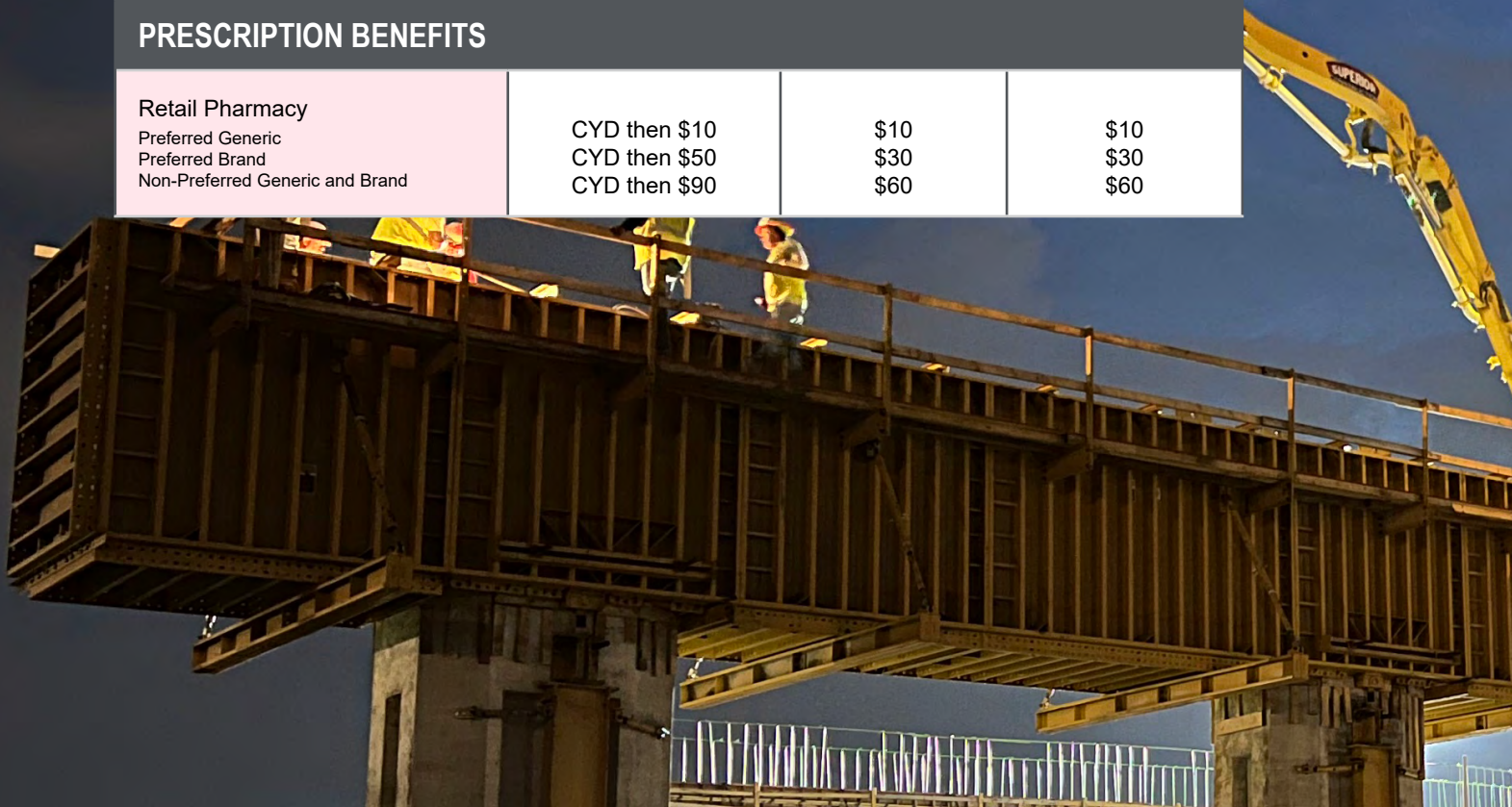


Teladoc
Visit teladoc.com
[App Store](#)
[Google Play](#)

MEDICAL AND PRESCRIPTION DRUG PLANS

Your medical coverage is provided through Florida Blue. See the summary of 2024 in-network medical benefits below. For complete details, exclusions and limitations, and *out-of-network* benefits, see the Certificates of Coverage which are available from Human Resources or your benefits website.

	\$2500 HSA PLAN	\$4000 PPO	\$1000 PPO
MEDICAL BENEFITS			
	In-Network	In-Network	In-Network
Calendar Year Deductible Per Individual / Family Aggregate	\$2,500 / \$5,000	\$4,000 / \$8,000	\$1,000 / \$2,000
Out-of-Pocket Maximum Per Individual / Family Aggregate	\$6,550 / \$13,100	\$7,900 / \$15,800	\$7,900 / \$15,800
Coinsurance (% the plan pays)	80%	80%	80%
Preventive Services	Covered	Covered	Covered
Office Visits Primary Care Physician Specialist	CYD then 20% CYD then 20%	\$30 \$60	\$25 \$40
Urgent Care	CYD then 20%	\$50	\$50
Emergency Room	CYD then 20%	\$300 then 20%	\$150
Inpatient Hospital	CYD then 20%	\$500 then 20%	CYD then 20%
Outpatient Procedures	CYD then 20%	CYD then 20%	CYD then 20%
Independent Diagnostic Tests Labs / X-Rays / AIS	CYD then 20%	CYD then 20%	CYD then 20%
PRESCRIPTION BENEFITS			
Retail Pharmacy Preferred Generic Preferred Brand Non-Preferred Generic and Brand	CYD then \$10 CYD then \$50 CYD then \$90	\$10 \$30 \$60	\$10 \$30 \$60



IMPORTANT TO KNOW

SPOUSAL SURCHARGE:

If your spouse is currently enrolled in a Superior medical plan or you plan to enroll your spouse, you'll be asked if he/she is eligible for medical coverage through his/her employer. If your answer is Yes, you'll be required to pay a \$50 monthly surcharge. If your answer is No, you won't pay the \$50 monthly surcharge.

MEDICAL PLAN PREMIUMS

Your employee contributions for this plan year are based on your choice of plan and coverage tier. Listed below are per-pay-period costs for you and your eligible dependents effective January 1 - December 31, 2024:

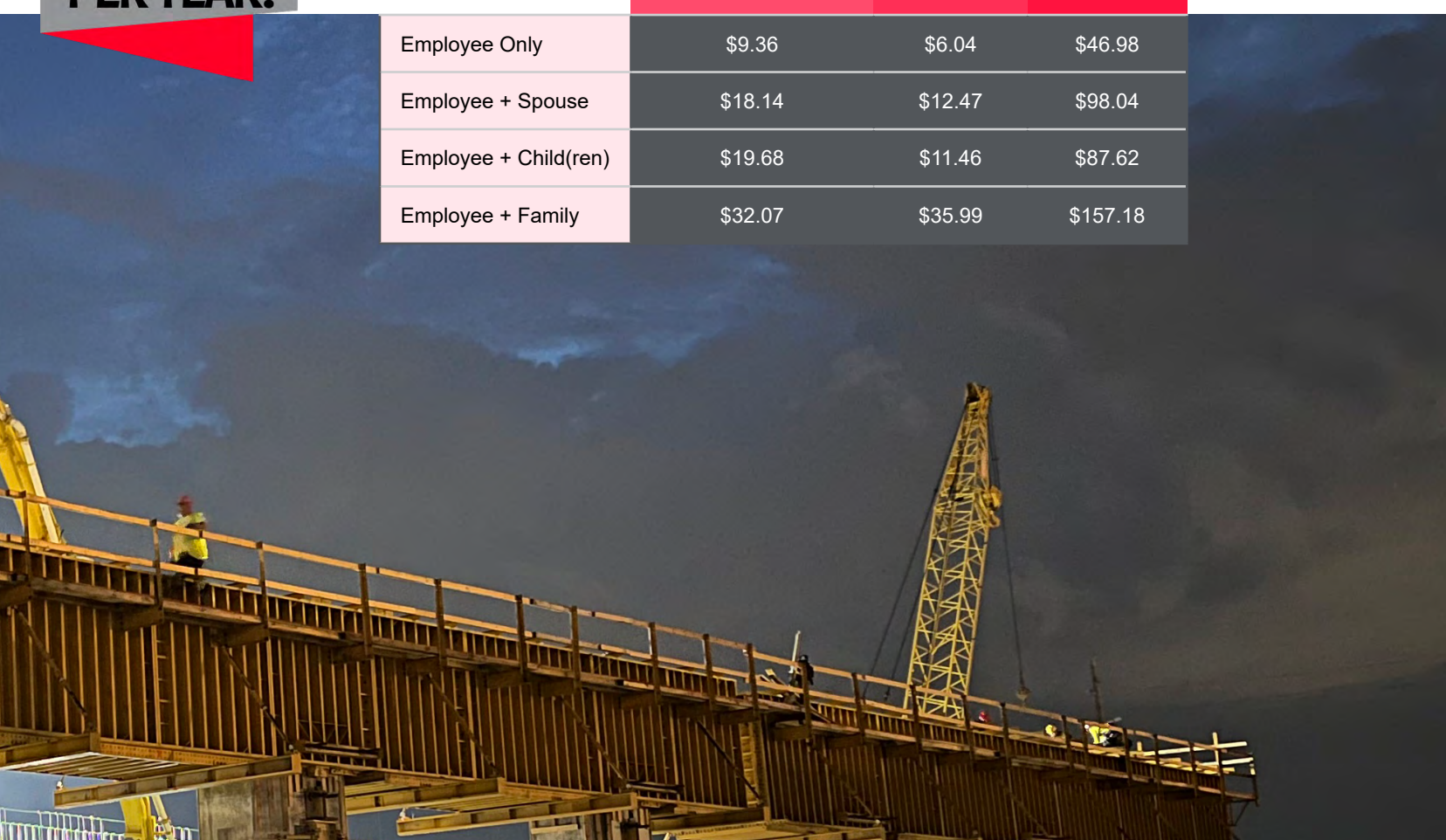
	\$2500 HSA PLAN	\$4000 PPO	\$1000 PPO
PER-PAY-PERIOD COSTS			
Employee Only	\$11.67	\$8.34	\$49.29
Employee + Spouse	\$20.44	\$14.77	\$100.35
Employee + Child(ren)	\$21.98	\$13.77	\$89.93
Employee + Family	\$34.38	\$38.30	\$159.49

**SAVE UP TO
\$120
PER YEAR!**

MEDICAL PLAN PREMIUMS WITH WELLNESS PREMIUM DISCOUNT

Employees who complete the biometric screening are eligible to receive a discount on their medical premiums! *See page 13 for details.*

	\$2500 HSA PLAN	\$4000 PPO	\$1000 PPO
Employee Only	\$9.36	\$6.04	\$46.98
Employee + Spouse	\$18.14	\$12.47	\$98.04
Employee + Child(ren)	\$19.68	\$11.46	\$87.62
Employee + Family	\$32.07	\$35.99	\$157.18



Health Savings Account (HSA)

If you enroll in the \$2,500 HSA Plan you should consider contributing to the Health Savings Account now administered by **Health Equity**. With an HSA, you can gain more control over your health care expenses because contributions, interest and withdrawals for qualified health care expenses are all tax-advantaged. *This benefit is not available for those enrolled in the \$1,000 or \$4,000 Plans.*

WHY HAVE AN HSA?

- Contributions are tax deductible
- Withdrawals to pay for eligible expenses are never taxed
- Accumulated interest earnings are tax deferred, and if used to pay eligible expenses, are tax free
- Money not used at year end 'rolls over' for use the next year
- The balance in your HSA account can be invested
- Superior Construction will add funds to your HSA monthly

CONTRIBUTION INFORMATION		
	Employee Only	Family
Annual Tax-Free Company Contribution	\$500	\$1,000
Potential Employee Contribution	\$3,650	\$7,300
2024 IRS Maximum Contribution	\$4,150	\$8,300
Catch-Up Contribution Age 55 and older	\$1,000	

ELIGIBILITY REQUIREMENTS

- Must be enrolled in a High Deductible Health Plan (HDHP)
- Must not be enrolled in Medicare or enrolled in a Health Care FSA, HRA or other 'first dollar' accounts
- Must not have received VA medical benefits at any time in the past three months
- May not be claimed as a dependent on another individual's tax return
- Your spouse cannot contribute to a Health Care FSA through his/her employer

HEALTH EQUITY - NEW ADMINISTRATOR

HSA participants will have the opportunity to transfer their current HSA balance to their new HealthEquity HSA through a few simple steps. Simply download the transfer form from [HealthEquity.com](https://www.healthequity.com), complete the information requested and send it back to HealthEquity. They will initiate the transfer of your balance to your HealthEquity HSA. The transferred amount will appear in your account within four to six weeks. receive an HSA debit card from Health Equity. Your HSA card can be used to pay for qualified medical expenses billed from an insurance company, a physician's office and pharmacies. Transactions with your HSA debit card are secure and will only work to purchase eligible and authorized items.

A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.

Flexible Spending Account (FSA)

We offer the choice of two Flexible Spending Accounts (FSAs) now administered by **Health Equity** which allow you to pay for eligible expenses with pre-tax dollars.

Please note: If you are enrolled in the HSA Plan, you are not eligible to participate in the Health Care FSA.

HEALTH CARE FSA

Health Care FSAs may be used to pay for eligible medical, prescription, dental and vision expenses not fully covered by your insurance plans for you and your tax eligible dependents. This account is only available to those enrolled in a PPO medical plan. We allow participants to carry over up to \$640 in unused money at the end of the plan year to be used to reimburse expenses incurred in the next year. Any amount in excess of \$640 will be forfeited, so plan accordingly.

DEPENDENT CARE FSA

Dependent Care FSAs may be used to pay for eligible expenses related to the care and supervision of your child (to age 13) or adult dependent on your tax return. Eligible expenses include child or adult daycare, after school care, nursery school, nanny or babysitter. You must accumulate the funds in your Dependent Care FSA before you can be reimbursed.

A full list of qualified expenses can be found in IRS Publication 502, at www.irs.gov/pub/irs-pdf/p502.pdf.

	HEALTH CARE FSA	DEPENDENT CARE FSA
Who is Eligible?	Employees enrolled in one of the PPO medical plans	All Employees
Maximum Contribution Allowed?	\$3,200	\$2,500 if you are married and file your tax return separately or \$5,000 if you are single or married and file your tax return jointly.
When is the money available?	The total amount you elect is available on January 1st.	Money is added to your FSA each payroll deduction. You can only use the amount you have available in the account.
What is the deadline to use my FSA funds?	December 31st	December 31st
Do the funds in my FSA rollover?	A maximum of \$640 will rollover into the next plan year.	No
Is there a grace period?	No	No

Finding a Provider

FLORIDA RESIDENTS:

1. Visit floridablue.com
2. Select "Find a Doctor" then navigate to "Find Doctors by Plan"
3. Select "BlueOptions" in the drop down menu and hit "Continue"
4. Once you have completed the information requested, select "Search Now" to find In-Network providers.

OUTSIDE OF FLORIDA:

1. Visit floridablue.com
2. Select "Find a Doctor" then navigate to "Other Provider Searches"
3. Select "Doctors & Hospitals Nationally" then "Choose a location and plan"
4. Follow the instructions to find an In-Network provider in your area.

IMPORTANT TO KNOW

WHAT IT MEANS TO STAY "IN-NETWORK" AND WHY IT SAVES YOU MONEY

Think of it this way: in-network is about getting health care from the broad range of providers who are part of your health plan. So, for in-network, that means a group of doctors, hospitals, and other health care providers have agreed to give you discounted rates because you're a Florida Blue member. They negotiate for you, so you'll have less out-of-pocket costs when you get care. And they can't send you a bill for more than what has been agreed to - this is called balance billing and you're safe from it as long as you stay in-network.

Where to go when you need care

	TELEMEDICINE	CONVENIENT CARE	URGENT CARE	EMERGENCY ROOM
YOUR COST	\$	\$\$	\$\$\$	\$\$\$\$
SYMPTOMS	<ul style="list-style-type: none"> • Flu & Cold • Sore Throat/Earaches • Minor Fever • Allergies / Rash 	<ul style="list-style-type: none"> • Flu-like Symptomis • Minor Fever • Vomiting/Stomach Pain • Minor Cuts 	<ul style="list-style-type: none"> • High Fever • Sprains • Fractures 	<ul style="list-style-type: none"> • Chest Pain • Constant Vomiting • Severe Bleeding • Shortness of Breath • Deep Wounds/Head Injuries

TELEMEDICINE

If you are enrolled in a medical plan through Superior Construction, you will have access to a telemedicine program through Teladoc. Teladoc provides you with 24/7 access to U.S. board-certified doctors through the convenience of a phone, video or mobile app visit.

STEP 1: SET UP YOUR ACCOUNT

There are three ways you can set up a Teladoc account:

ONLINE Go to teladoc.com and click "Set Up Account":

MOBILE APP Download the app by going to teladoc.com/mobile and tap "Activate Account"

PHONE Teladoc can help you register your account over the phone, call 1.855.835.2362

STEP 2: PROVIDE MEDICAL HISTORY & REQUEST A CONSULT

Just like any other doctor visit, you will have to provide your medical history when registering with Teladoc. It is highly recommended that you complete this process prior to needing care. Once your account is set up, request a consult anytime you need care.

Superior's Well-Being Program

This program is available to all employees who are enrolled in one of Superior's medical plans. Participants have the opportunity to earn credit toward their monthly medical premiums. Participation in this program is completely voluntary.

HOW IT WORKS:

1. Enroll in any of Superior's medical plans
2. Complete a biometric screening; Superior hosts multiple biometric screenings onsite, throughout the year.
(Limited to one screening per person, per year)
3. **Recieve a \$10 credit on your medical premiums**



IMPORTANT TO KNOW

WHAT IS BIOMETRIC SCREENING?

This screening provides a quick indicator of one's health risk factors based on blood pressure, cholesterol, and blood sugar levels. Within just minutes of a quick finger stick, technicians will be able to share with you any key risk factors that can be related to diabetes, high blood pressure, heart disease and a number of other health-related challenges. This screening is not a replacement for your annual preventive exam with your primary care physician but rather an opportunity for awareness and encouragement to make responsible lifestyle changes

Dental Benefits

Your dental coverage is provided through The Standard. You may view your benefits, print an ID card and locate in-network dental providers by visiting standard.com.

	BASE PLAN	BUY-UP PLAN
AMERITAS NETWORK		
Calendar Year Deductible Individual / Family	\$50 / \$150	\$50 / \$150
Diagnostic & Preventive Cleanings, exams, x-rays, sealants, space maintainers and fluoride treatments	Covered	Covered
Basic Services Fillings, repairs, extractions, oral surgery, general anesthesia, endodontics and periodontics	80%	90%
Major Services Inlays, onlays, crowns, bridges and implants	50%	60%
Orthodontic Services Child Only	N/A	50%
Lifetime Orthodontia Max	N/A	\$2,000
Annual Benefit Maximum	\$2,000	\$2,000
EMPLOYEE COST PER-PAY-PERIOD		
Employee Only	\$2.11	\$4.21
Employee + Spouse	\$6.24	\$10.51
Employee + Child(ren)	\$6.22	\$12.14
Family	\$11.32	\$19.43

IMPORTANT TO KNOW

FINDING AN IN-NETWORK DENTIST:

- Visit standard.com
- Select "Find a Dentist" then continue to the Ameritas Network page
- Insert your City, State or Zip and Classic (PPO) Network
- Select "Search"



Vision Benefits

Your vision coverage is provided through The Standard. When you utilize a provider that participates in the network, discounts will be greater and there are no claim forms necessary. Plan participants also have access to discounted lens upgrade options and LASIK eye surgery.

You may view benefits, print an ID card and search for in-network vision providers at standard.com

IN-NETWORK		OUT-OF-NETWORK	
Eye Exams <i>Benefits may be redeemed every 12 months</i>	\$10	Eye Exam	Reimbursed up to \$35
Frames <i>Benefits may be redeemed every 12 months</i>	\$130 allowance	Frames	Reimbursement up to \$65
Lenses Single, bifocal and trifocal <i>Benefits may be redeemed every 12 months</i>	\$10 copay	Single Lens Bifocal Lens Trifocal Lens	Reimbursed up to \$25 Reimbursed up to \$40 Reimbursed up to \$55
Contacts <i>Benefits may be redeemed every 12 months</i>	\$130 allowance <i>(15% off balance over allowance)</i>	Contacts	Reimbursed up to \$104
EMPLOYEE COST PER-PAY-PERIOD			
Employee Only		\$1.38	
Employee & Spouse		\$2.80	
Employee & Child(ren)		\$2.45	
Family		\$3.86	

IMPORTANT TO KNOW

FINDING AN IN-NETWORK EYE DOCTOR:

- Visit standard.com
- Select "Find an Eye Doctor" then select EyeMed
- Choose Insight Network and enter your zip code
- Select "Search"

Basic Life

Eligible employees are automatically enrolled in a Basic Life Policy through **Lincoln**.

BASIC LIFE COVERAGE

Basic Life coverage is \$25,000 per employee and Accidental Death and Dismemberment is \$25,000 per employee. These amounts are guaranteed and no medical questions will be asked.

DEPENDENT COVERAGE

Coverage for your dependents is \$2,000 for your spouse and \$2,000 for your children. No medical questions will be asked.

Voluntary Life

Employees are able to purchase Voluntary Life Insurance through **Lincoln**.

VOLUNTARY EMPLOYEE COVERAGE

You may elect to purchase a minimum of \$20,000 worth of coverage in \$10,000 increments, up to \$300,000. The guarantee issue amount is \$150,000 and you will be able to elect up to the guaranteed issue amount when you are first eligible for the plan without having to submit evidence of insurability.

If you enroll (during your initial eligibility period) in at least \$20,000 of coverage, you may increase your coverage amount up to \$20,000 with each future annual enrollment period without having to submit **evidence of insurability**.

VOLUNTARY SPOUSE COVERAGE

This benefit is only available if enrolled in employee voluntary life coverage

Those enrolling in employee voluntary life coverage may also elect to purchase \$5,000 increments of life insurance coverage for their spouse, up to 50% of the employee amount of coverage.

You may elect a coverage amount for your spouse up to the guarantee issue amount (\$50,000) when you are first eligible for the plan, without submitting evidence of insurability. The cost of coverage is based on the age of the employee.

VOLUNTARY CHILD COVERAGE

This benefit is only available if enrolled in employee voluntary life coverage

Those enrolling in employee voluntary life coverage may also elect to purchase \$1,000, \$5,000, or \$10,000 of coverage for eligible children. An eligible child is defined as dependent children from birth through 19 years old, or under 25 years old if child is a full-time student. All child life amounts are guarantee issue and no evidence of insurability is required.

IMPORTANT TO KNOW

FREQUENTLY ASKED QUESTIONS

DOES THE COVERAGE AMOUNT CHANGE BASED ON MY AGE?

The amount of coverage will reduce to 50% at age 70.

CAN I CONTINUE THIS COVERAGE IF MY EMPLOYMENT ENDS?

Coverage may be continued through Portability or Conversion if certain criteria is met.

DO I HAVE TO FILL OUT A MEDICAL QUESTIONNAIRE?

Initial elections in excess of the guarantee issue amounts and late enrollees must complete evidence of insurability. Coverage will be effective on the first day of the month following the date your medical questionnaire is approved by the insurance company.

Basic & Voluntary Disability

Eligible employees are automatically enrolled in disability benefits, all other employees have the option to purchase optional disability coverage through **Lincoln**.

SHORT-TERM DISABILITY INCOME BENEFITS

This coverage is to protect you and your family in the event that a short-term disability prevents you from performing the duties of your occupation. STD coverage protects your income due to injury or sickness. To receive benefits, your claim must be approved by Lincoln. See a brief summary of benefits below:

SHORT-TERM DISABILITY INCOME	
Waiting Period	Depending on eligibility and disability, benefit will begin on or before the 8th day of continuous injury or illness.
Max Benefit Duration	13 weeks or 26 weeks; depending on eligibility
Benefit Amount	60% of your weekly earnings
Maximum Benefit Amount	\$1,500 per week

IMPORTANT TO KNOW

WHY DISABILITY COVERAGE IS IMPORTANT

We understand that for most of us our income is the most important financial resource. To be without income for an extended period of time would most likely be devastating for you and your family. We recognize the importance of protecting your income in the event you are unable to work due to an injury or illness.

PLEASE NOTE: If you have previously declined this coverage, you will be subject to Evidence of Insurability (EOI).

LONG-TERM DISABILITY INCOME BENEFITS

LTD is an income replacement program that protects you and your family in the event you become disabled and are unable to perform the material and substantial duties of your job. LTD benefits replace 60% of your monthly earnings, up to a maximum; see a brief summary of benefits below:

LONG-TERM DISABILITY INCOME	
Waiting Period	Benefits begin on the either the 91st or 181st day of continuous injury or illness, depending on eligibility.
Benefits Payable Duration	SSNRA
Benefit Amount	60% of your monthly earnings
Maximum Benefit Amount	\$5,000 or \$10,000 per month, depending on eligibility

**NEW FOR
2024**

Voluntary Benefits

Critical Illness, Hospital Indemnity and Accident plans are now offered through **The Standard** and the Voluntary Cancer plan is offered through **SunLife**. These are benefits which pay directly to you regardless of any other insurance you may have. These plans help with the medical and personal expenses incurred when a person is undergoing treatment. Costs of the plans will vary by employee.

CRITICAL ILLNESS

This coverage can help safeguard your finances by providing you with a lump-sum payment when your family needs it most. The payment you receive is yours to spend as you see fit, in addition to any other insurance you may have.

- Coverage for you is available in increments of \$5,000 up to \$30,000.
- Coverage for your spouse is available in increments of \$5,000 up to \$30,000 but cannot exceed more than your coverage amount.
- Children are automatically covered at 50% of your coverage amount.

EXAMPLES OF BENEFIT PAYMENTS:

- You will receive 100% of your coverage amount for: Heart attack, stroke, cancer (that has spread beyond initial tissue), End stage renal kidney failure, major organ failure, etc.
- You will receive 25% of your coverage amount for: Severe coronary artery disease with recommendation for bypass, Cancer that has not spread beyond initial tissue, also known as Carcinoma in situ.

HOSPITAL INDEMNITY

A hospital admission can have a serious financial impact which may be difficult to recover from. Hospital Indemnity coverage will send a check directly to you, not your medical providers, should you be admitted into the hospital. Once the claim is received and approved, the check will be sent to you and you can then decide how you spend the money.

EXAMPLES OF BENEFIT PAYMENTS:

TREATMENT	LOW PLAN	HIGH PLAN
Hospital Admission	\$1,000	\$2,000
Hospital Confinement (10 days)	\$2,500	\$4,000
Critical Care Confinement (3 days)	\$750	\$1,200
TOTAL PAID TO YOU:	\$4,250	\$7,200

ACCIDENT INSURANCE

If you, your spouse or child have a covered accident, you can receive cash benefits to help cover the unexpected costs. While your health insurance covers some costs, you can use this coverage to help cover accident-related expenses like lost income, child care, deductibles and copays.

Over 70 injuries and treatments are covered such as, burns, dislocations, lacerations, urgent care, major diagnostic exams, skin grafts, rotator cuff, hospital admission, follow-up chiropractic care, transportation, etc.

EXAMPLES OF BENEFIT PAYMENTS:

- Emergency Room Visit = \$600
- X-ray = \$400
- Concussion = \$600
- Leg Fracture (Surgical) = \$3,400
- Knee Cartilage Repair = \$1,000
- Hospital Admission = \$2,500
- 2-Day Hospital Confinement = \$1,400
- Medical Appliance = \$600
- Physician Follow-Up Appointment = \$450
- 2 Physical Therapy Appointments = \$900

CANCER

A cancer diagnosis has a financial impact that can be hard to recover from. Cancer insurance pays you cash benefits for a variety of the ways your cancer is treated. Coverage is available to you and your family.

EXAMPLES OF BENEFIT PAYMENT:

- Initial Hospital Confinement = \$400 daily
- Cancer Screening = \$75
- Ambulance (Ground/Air) = \$250/\$2,000
- Oral or IV Radiation = \$600 weekly
- Extended Care Facility = \$200 weekly
- Hospice = \$100 daily

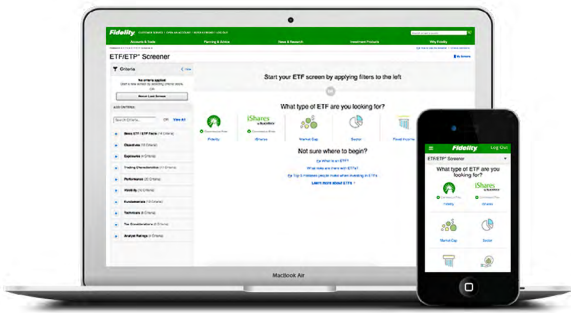
401(k) Information

If you are least 21 years of age and have 60 days of service to Superior, you are eligible to enroll in the 401(k) plan. Annual Employee Deferral Limit is \$22,500 unless you are 50 years or older, then the total contribution limit is \$75,000. Superior will match 100% of the first 3% of compensation plus 50% of the next 2% of compensation.

NetBenefits has evolved to provide help beyond just saving for retirement. Everything from creating emergency savings funds and managing your spending to improving your investing know-how and growing your savings. NetBenefits has the resources you need to help you achieve financial wellness and feel confident about where you stand.

ENROLLING IS EASY!!

Text "Fit" to 343-898 or scan the QR code below to get started!



IMPORTANT TO KNOW

YOUR PERSONALIZED HOME PAGE BY NETBENEFITS!

The NetBenefits home page is where you can see your current status & get prioritized next steps to reach your goals for tomorrow!

401k.com

Provided by **Fidelity NetBenefits**

Español



Get Started

Save & Invest

REGISTERING AS A NEW USER

Visit **401k.com** and click "Register as a new user". Follow the instructions to set your unique username and password. Then, log in to see all of the features and information on your personalized NetBenefits home page.

For additional support, reach out to Fidelity Participant Services: 800.294.4015

Life happens.

Adjusting to an unexpected change or celebrating a big milestone? We can help you navigate these important moments with confidence.

[Explore now](#)



Employee Assistance Program (EAP)

Lincoln offers an employee assistance program (EAP) with up to 5 face-to-face visits for employees. Employees also have access to a 24/7/365 helpline.

- Counseling: Telephonic assistance and face-to-face sessions
- Financial counseling: Scheduled phone counseling session and financial worksheet review
- Legal assistance: Telephonic assistance; up to 25% discount on additional services
- Family information: Telephonic and web access (childcare, eldercare, education)

For more information about the program, visit [GuidanceResources.com](https://www.guidanceresources.com) download the Guidance Now™ mobile app or call 888.628.4824. When visiting [GuidanceResources.com](https://www.guidanceresources.com), use the following login credentials to access your EAP resources:

USERNAME: LFGSupport

PASSWORD: LFGSupport1

Superior Strength Program

The Superior Strength Program will reimburse all eligible employees for covered activities that are submitted for reimbursement, up to \$60 per eligible employee, twice per year (\$120 max per eligible employee) via payroll for approved programs.

COVERED ACTIVITIES:

- Running / Walking Event
- Gym Memberships
- Home Workouts
- Exercise / Fitness Classes
- Active Sports Lesson from a Certified Coach
- Personal Training Memberships
- Fitness subscriptions (Peloton, The Mirror, etc.)
- Sessions with a Registered Dietician or Health Coach
- Weight Management Programs with a Coaching Component

IMPORTANT TO KNOW

ANNUAL SUBMITTAL PERIOD

Jan 1 - June 30, 2024 and July 1 - Dec 31, 2024

SUBMISSION LINK: [CLICK HERE](#)

OR SCAN HERE



Federal Notices

IMPORTANT NOTICE FROM SUPERIOR CONSTRUCTION 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 drug coverage with Superior Construction 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 important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Superior Construction as determined that the prescription drug coverage offered by the Florida Blue Plan 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 coverage with Superior Construction will not be affected. Your current coverage pays for health expenses in addition to prescription drug. If you enroll in a Medicare prescription drug plan, you and your eligible dependents will still be eligible to receive all your current health and prescription drug benefits. [See pages 7-9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at <http://www.cms.hhs.gov/CreditableCoverage/>), 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 Superior Construction coverage, be aware that you and your dependents will be able to get this coverage back only during a qualified life event or during the annual enrollment period.

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 Superior Construction 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 your plan administrator. 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 your employer changes. You also may request a copy of this notice at any time.

For more information about Medicare prescription drug coverage:

- Visit 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 available. For information about this extra help, visit Social Security on the web at socialsecurity.gov, or call them at 1-800-772-1213 (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).

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In

any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

MICHELLE'S LAW

Michelle's Law protects a postsecondary student from losing full-time student status under an employer's medical coverage if the student is (i) a dependent child of a participant or beneficiary under the terms of the plan; and (ii) enrolled in a plan on the basis of being a student at a postsecondary educational institution immediately before the first day of a medically necessary leave of absence from school. A dependent covered under the law is entitled to the same benefits as if the dependent continued to be enrolled as a full-time student. The law also recognizes that changes in coverage (whether due to plan design or a subsequent annual enrollment election) pass through to the dependent for the remainder of the medically necessary leave of absence.

WOMEN'S HEALTH & CANCER RIGHTS ACT OF 1998 (WHCRA) NOTICE

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and physical complications of mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and the patient.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator.

HEALTH CARE REFORM: AFFORDABLE CARE ACT

Summaries of Benefits and Coverage (SBC): The Patient Protection and Affordable Care Act (PPACA) requires health plans and health insurance issuers to provide uniform summaries of benefits and coverage (SBC). These SBCs are provided by our medical insurance carrier. You can access the SBCs in PlanSource. You can request a copy of this notice to be sent to eligible dependents that reside at an address other than your own by contacting Human Resources and providing the separate mailing address.

Health Insurance Marketplace (Exchange): This section provides some basic information about the new Health Insurance Marketplace and employment-based health coverage offered by your employer. The Exchange Notice of Coverage Options is available on the PlanSource system and from the Human Resources Department.

What is the Health Insurance Marketplace? The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. You may also be eligible for a tax credit that lowers your monthly premium. The annual open enrollment period begins each year on November 1st and ends on December 15th for the following year's coverage (these dates are subject to change). An individual generally cannot enroll in a Qualified Health Plan (QHP) outside of the open enrollment period, unless a special enrollment period applies.

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 to you at all or does not offer coverage that meets certain standards. If the cost of the least expensive plan that meets "minimum value" standards offered by your employer that would cover you (and not any other members of your family) is more than 9.69% 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.

Our group medical coverage has been determined to meet affordability and "minimum" value standards as required by the Affordable Care Act. This means that associates eligible for participation in our group medical coverage are not eligible for a premium reduced policy through the Marketplace.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you will lose the employer contribution to the employer-offered coverage. Also, this employer contribution, as well as your associate 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. The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area. Contact Human Resources for additional information.

In accordance with the Affordable Care Act (ACA), all individuals are required to comply with the individual mandate for 2017 and 2018 or pay a penalty when filing end of year taxes. Beginning in 2019, individuals will no longer be penalized for failing to obtain acceptable health insurance coverage for themselves and their family members.

NOTICE REGARDING WELLNESS PROGRAM

The Superior Construction Wellness Program is a voluntary program available to employees enrolled in the medical plan. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including The Americans with Disabilities Act of 1990, The Genetic Information Non-Discrimination Act of 2008, and The Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary personal health assessment or "PHA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a biometric screening, which will include a blood test for blood pressure, cholesterol, height/weight BMI, and blood glucose. You are not required to complete the PHA or to participate in the blood test or other medical examinations.

However, employees who choose to participate in the wellness program may receive an incentive for participating, although you are not required to complete the PHA or participate in the biometric screening, only employees who do so will receive the incentive.

Additional incentives may be available for employees who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Superior Human Resources (HR@superiorconstruction.com)

The information from your PHA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as nutrition, physical activity, and preventive care educational resources. You also are encouraged to share your results or concerns with your own doctor.

PROTECTIONS FROM DISCLOSURE OF MEDICAL INFORMATION

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the well-being program and Superior Construction may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the well-being program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information is a health coach at the time of the screening in order to provide you with an explanation of the testing results.

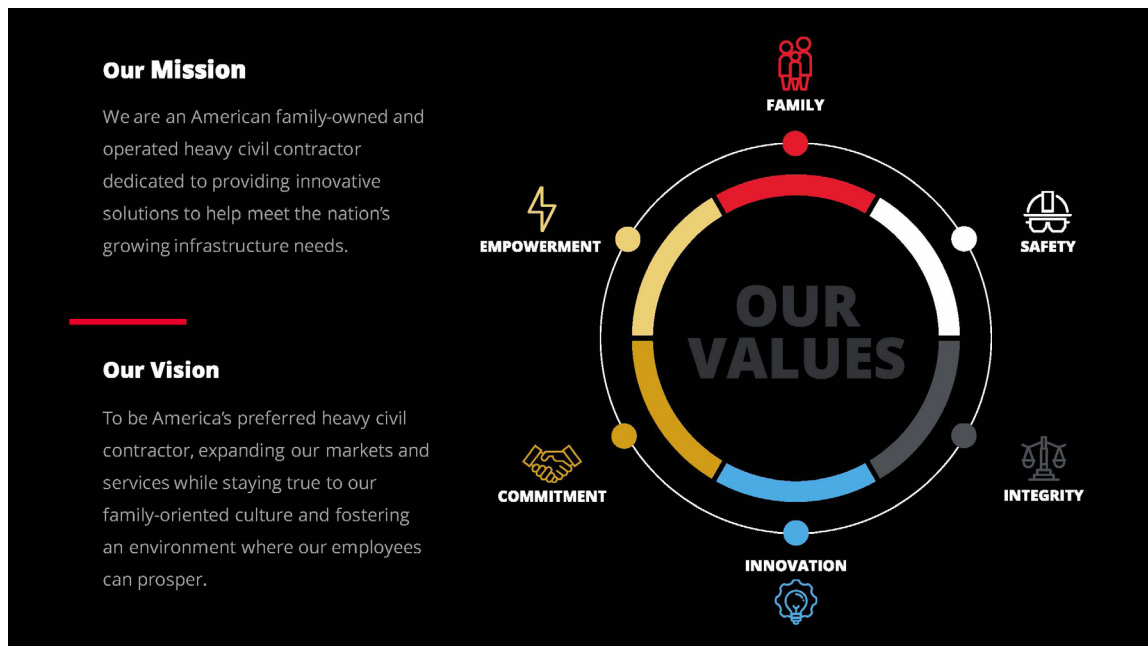
In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact Superior Human Resources (HR@superiorconstruction.com).

Key Contacts

CONTACT	PHONE	EMAIL / WEBSITE	POLICY NUMBER
Superior Construction HR Hotline	904.661.4639	HR@superiorconstruction.com	
PlanSource Benefits Enrollment Website		benefits.plansource.com	
Medical Florida Blue	800.352.2583	floridablue.com	16256
Teladoc	855.835.2362	teladoc.com	
Dental, Vision, Accident, Critical Illness & Hospital Indemnity The Standard	800.547.9515	standard.com	760671
Cancer SunLife	800.786.5433	sunlife.com	934625
Life and Disability Lincoln	877.275.5462	lfg.com	09-LF0480-0000
HSA & FSA Health Equity	866.346.5800	HealthEquity.com	
COBRA WEX Health	833.225.5939	www.wexinc.com	
EAP Lincoln	888.628.4824	guidanceresources.com	
401(k) Plan NetBenefits Plan Advisor: Price Wheeler, AIF	800.294.4015 904.461.2109	netbenefits.com pwheeler@mbaileygroup.com	



Superior Construction
2024 Benefits

The information in this Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. The benefit options selected during Open Enrollment will be binding. The terms and provisions will govern you and restrictions of the plans in which you enroll. Generally, unless you experience a qualifying life event, your elections will remain in effect for the entire plan year. By completing your enrollment you authorize Superior Construction to deduct contributions from your paycheck, now and in the future, as required under each of the plans. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources. Superior Construction reserves the right to change, amend or cease these benefits at any time.

This guide was last updated on 08/30/2022.