



Benefits Guide

January 1 - December 31, 2026

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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 benefit enrollment, you have the opportunity to review your coverage needs, consider the benefit 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.

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New for 2026!

TOTAL PET PLAN

We are very excited to offer Total Pet Plan to employees starting in 2026! Our pets are a significant part of our family and we'll do anything to keep them happy and healthy. The costs of pet care is on the rise, so we wanted to extend this discount plan to you in an effort to help keep those costs in line with your budget.

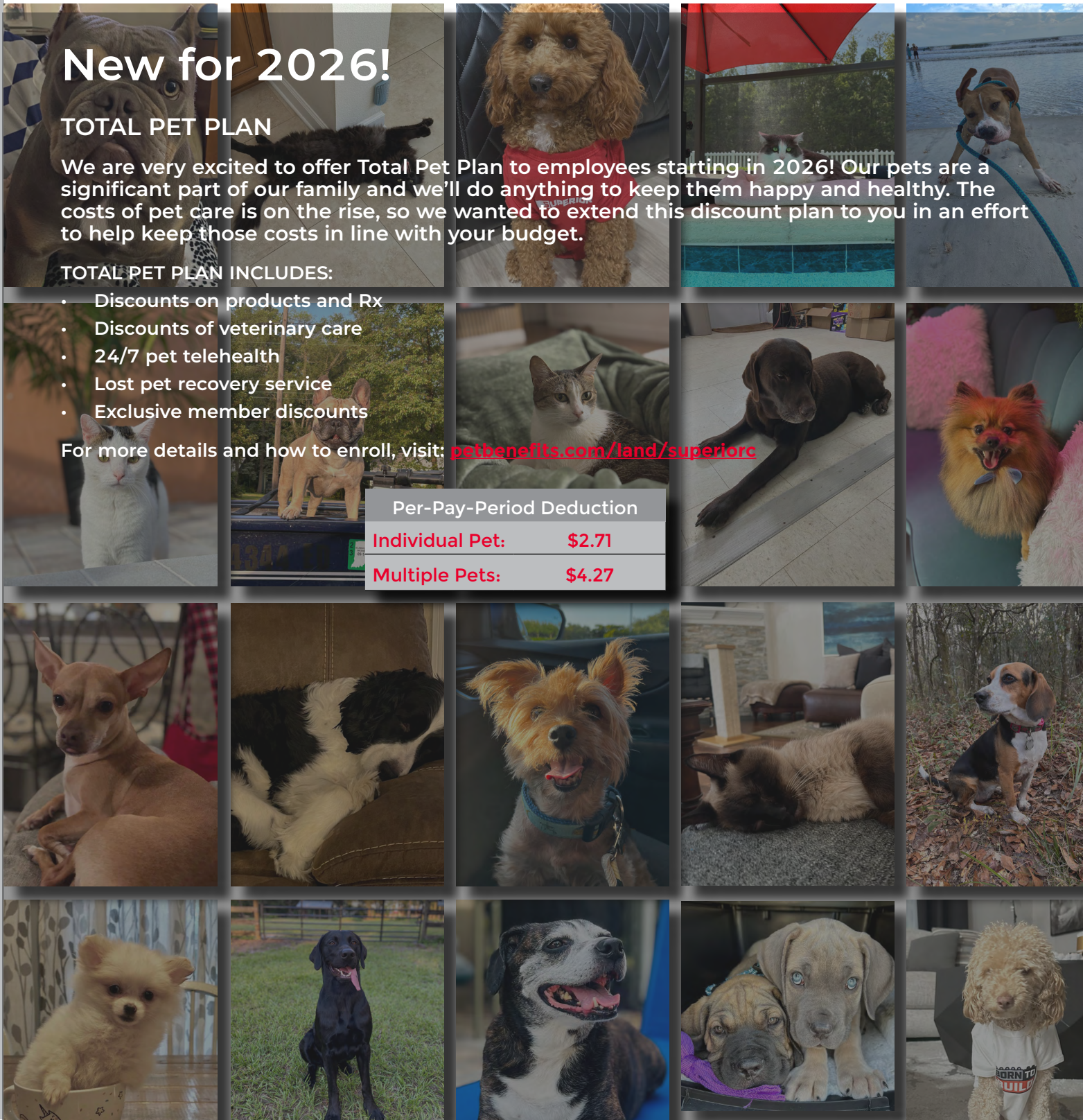
TOTAL PET PLAN INCLUDES:

- Discounts on products and Rx
- Discounts of veterinary care
- 24/7 pet telehealth
- Lost pet recovery service
- Exclusive member discounts

For more details and how to enroll, visit: petbenefits.com/land/superiorc

Per-Pay-Period Deduction

Individual Pet:	\$2.71
Multiple Pets:	\$4.27



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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 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 will be asked if he/she is eligible for medical coverage through his/her employer. If your answer is YES, you will be required to pay a \$100 monthly surcharge. If your answer is NO, you will not pay the monthly surcharge. If your spouse loses medical coverage at some point during the plan year, this is considered a Qualified Life Event (QLE) and your spouse will then become eligible for medical coverage.

DEPENDENT CHILD(REN)

Dependent child(ren) are eligible for medical, dental and vision coverage through December 31 following their 26th birthday.

Dependent child(ren) are eligible for cancer, accident, critical illness and hospital indemnity coverage until their 26th birthday.

Full-time students are eligible for life insurance coverage until their 25th birthday, otherwise life insurance will terminate on their 19th birthday.

NEWBORN CHILDREN OF COVERED DEPENDENT CHILDREN (UNDER AGE 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 a covered dependent.

DISABLED DEPENDENT(S)

Dependent(s) who become disabled before age 26 and rely on you for support may be eligible.

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Enrollment Basics (Con't.)

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 dates.

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

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 an consistent with the qualified life event that occurred.

Mid-year change requests and supporting documentation must be submitted through Workday 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 myworkday.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

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How to Enroll

Employees are asked to complete their enrollment elections online using Workday. This is your online resource for information pertaining to your benefits.

TO START YOUR ENROLLMENT

1. Visit: myworkday.com
2. If you have a Superior email address, select “SSO Login”
3. If you do NOT have a Superior email address, select “Native Login” and follow the instructions below:
 - USERNAME: firstname.lastname (example: John.Smith)
 - PASSWORD: “Sup”+ your birth year + last 4 of your social + “!” (example: Sup19806789!)
4. Navigate to your Workday inbox and select “Let’s Get Started”
5. Your benefit offerings will be displayed on your “Overview” page
6. Navigate through each benefit by selecting “Manage” at the bottom of each benefit box
7. Once you are within each benefit, you will have the ability to elect or waive coverage
8. After navigating through each benefit, you must select “Review and Sign”
9. Scroll to the bottom of the review page and accept the terms to continue, then choose “Submit”
10. You can view, download or save your elected benefits from the submissions page by clicking “View Benefits Statement”

For easier access to your benefit elections, download the Workday app and use company code: “Superiorconstruction”

For help logging into Workday, please see your Project Administrator or contact Superior Human Resources at hr@superiorconstruction.com

CLICK HERE TO BEGIN



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Digital Resources

Employees who elect coverage have access to a variety of account services available through websites and mobile apps. You will be able to find a provider, download digital ID cards, check benefits, review claims, compare costs, access discounts, contact customer service and more!



BCBS
Visit myhealthtoolkitfl.com
[App Store](#)
[Google Play](#)



THE STANDARD
Visit standard.com



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



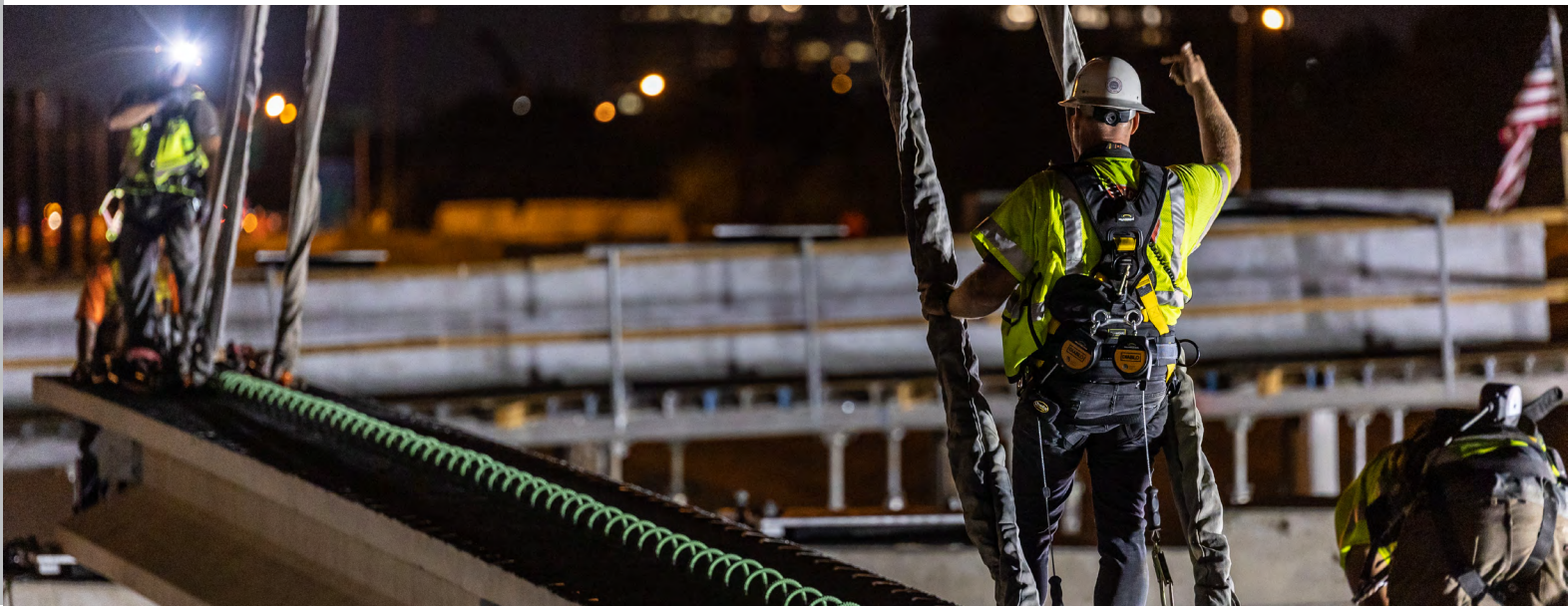
LINCOLN
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[Google Play](#)



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HEALTH EQUITY
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Medical & Prescription Drug Plans

See the summary of in-network medical benefits below. For complete details, exclusions and limitations, and out-of-network benefits, the Certificates of Coverage are available from Human Resources or Workday.

	\$2,500 HSA PLAN	\$4,000 PPO	\$1,000 PPO
MEDICAL BENEFITS	IN-NETWORK		
Deductible *(CYD)			
Individual	\$2,500	\$4,000	\$1,000
Family Maximum	\$5,000	\$8,000	\$2,000
Out-of-Pocket Maximum			
Individual	\$6,550	\$7,900	\$6,550
Family Maximum	\$13,100	\$15,800	\$13,100
Coinsurance (% the plan pays)	80%	80%	80%
Preventive Services	Covered	Covered	Covered
Office Visits			
Primary Care Physician	CYD + 20%	\$30	\$25
Specialist	CYD + 20%	\$60	\$40
Urgent Care	CYD + 20%	\$50	\$50
Emergency Room	CYD + 20%	\$500 copay then 20%	\$500 copay <i>Waived if admitted</i>
Inpatient Hospital	CYD + 20%	\$500 copay then CYD + 20%	CYD + 20%
Outpatient Procedures	CYD + 20%	CYD + 20%	CYD + 20%
Independent Diagnostic Tests			
Lab / X-Ray / AIS	CYD + 20%	CYD + 20%	CYD + 20%
PRESCRIPTION BENEFITS			
Retail Pharmacy			
Generic Preferred Brand Specialty Non-Preferred Brand	CYD + \$10 \$50 \$180 \$90	\$10 \$30 \$40 \$60	\$10 \$30 \$40 \$60

*Calendar Year Deductible

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Medical & Prescription Plan Premiums

Your employee contributions are based on your choice of medical plan and tier of coverage. Listed below are the per-pay-period costs which will be effective from Jan. 1 - Dec. 31.

IMPORTANT TO KNOW

SPOUSAL SURCHARGE

If your working spouse is eligible for medical coverage through their employer but you choose to enroll him/her in a Superior medical plan, you will be subject to a \$100 per month surcharge in addition to the premium.

	\$2,500 HSA PLAN	\$4,000 PPO	\$1,000 PPO
WITHOUT WELLNESS	PER-PAY-PERIOD		
Employee Only	\$22.05	\$18.72	\$59.91
Employee + Spouse	\$31.98	\$26.30	\$112.38
Employee + Child(ren)	\$32.37	\$24.15	\$100.75
Employee + Family	\$45.92	\$49.80	\$171.83

MEDICAL PLAN PREMIUM DISCOUNT WITH WELLNESS CREDIT

Employees who complete the biometric screening are eligible to receive the discounted medical premiums below - see page 13 for details.

	\$2,500 HSA PLAN	\$4,000 PPO	\$1,000 PPO
WITH WELLNESS	PER-PAY-PERIOD		
Employee Only	\$10.51	\$7.18	\$48.37
Employee + Spouse	\$20.44	\$14.76	\$100.84
Employee + Child(ren)	\$20.83	\$12.61	\$89.21
Employee + Family	\$34.38	\$38.26	\$160.29



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Finding a Provider

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

Staying in-network means a group of doctors, hospitals, and other health care professionals have agreed to extend discounted rates to you because you’re a Blue Cross Blue Shield participating member. They have negotiated rates so you’ll have less out-of-pocket costs. More importantly, they can’t send you a bill for more than what has been negotiated. This practice is called ‘balance billing’ and you are protected from it when you stay in-network.



Seeking Care

TELADOC*	CONVENIENT CARE	URGENT CARE	EMERGENCY ROOM
\$	\$\$	\$\$\$	\$\$\$\$
Flu & Cold Sore Throat Earaches & Fever Allergies Rash <small>*Available to employees enrolled in one of Superior's medical plans</small>	Flu & Cold Sore Throat Earaches & Fever Allergies Rash Vomiting Minor Cuts	Flu & Cold Sore Throat High Fever Cuts & Severe Scrapes Dehydration Minor Sprains or Fractures Minor Injuries or Burns	Severe Allergic Reactions Severe Broken Bones Chest Pain Constant Vomiting or Bleeding Shortness of Breath Deep Wounds Head Injuries



How to Set Up Your Teladoc Account

VIA WEB: Log in to your MyHealthToolkitFL.com account and select “PROVIDERS & SERVICES”, then “TELEHEALTH”

VIA MOBILE APP: Download the MyHealthToolkitFL app from the App Store or Google Play, select “FIND CARE”, then “VIDEO VISIT”

VIA PHONE: Call 1-866-789-8155

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Health Savings Account (HSA)

If you enroll in the \$2,500 HSA Medical Plan, you should consider contributing to a Health Savings Account (HSA). With an HSA, you gain more control over your health care related expenses because contributions, interest and withdrawals are all tax-advantaged. These accounts are administered by **Health Equity**.

WHY HAVE AN HSA?

- Contributions are tax deductible
- Withdrawals are not taxed
- Interest earnings are tax deferred
- Balances at the end of the plan year roll over
- Your HSA account balance can be invested
- Superior contributes to your HSA

CONTRIBUTION INFORMATION

	Employee Only Coverage	Family Coverage
Superior's Annual Contribution	\$500	\$1,000
Potential Employee Contribution	\$3,900	\$7,750
2026 IRS Maximum Allowable Contribution	\$4,400	\$8,750
Catch-Up Contribution Age 55 and older	\$1,000	

ELIGIBILITY REQUIREMENTS

- Must be enrolled in the \$2,500 HSA Medical Plan
- Must not be enrolled in Medicare
- Must not be 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 3 months
- May not be claimed as a dependent on another individuals tax return
- Your spouse cannot contribute to a Health Care FSA through his/her employer

DEBIT CARD INFORMATION

HSA participants will receive a debit card from Health Equity. This is how you will pay for qualified health care related expenses. Transactions with your debit card are secure and will only work when purchasing eligible and authorized expenses.

[IRS Publication 502](#) contains a list of eligible and authorized expenses.

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Flexible Spending Account (FSA)

Superior offers two Flexible Spending Accounts, both are administered by **Health Equity** and allow you to pay for eligible expenses with pre-tax, payroll-deducted dollars.

HEALTH CARE FSA

Electing a Health Care FSA allows you to pay for eligible medical, prescription, dental and vision expenses which may not be covered by your medical insurance with pre-tax dollars. This type of account is available to all employees who did NOT enroll in the \$2,500 Medical Plan. Health Care FSA funds are available on the first day of the plan year.

DEPENDENT CARE FSA

A Dependent Care FSA allows you to pay for eligible dependent care using pre-tax dollars. Eligible dependent care expenses include supervision of your child (up to age 13) or adult dependent care for tax dependent adults in your care. These types of expenses include child or adult daycare, after school care, summer camp, etc. Dependent Care FSA funds must accumulate before you can be reimbursed.

[IRS Publication 502](#) contains a list of eligible and authorized expenses.

FSA INFORMATION	Health Care FSA	Dependent Care FSA
Can I enroll?	Yes, if you did NOT enroll in the \$2,500 HSA medical plan.	Yes, this benefit is available to all employees.
How much can I contribute?	\$3,400	\$5,000 if you are single or married filing jointly; \$2,500 if you are married but file individually.
When are these funds available?	The total amount you elect is available on the first day of the plan year.	The amount you elect to have deducted from your paycheck is added to your account each pay period. Once funds accumulate in your account, you can use them.
Do these funds rollover into next year?	A maximum of \$680 will rollover into the next plan year.	No

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Well-Being Program

Superior's well-being program is available to all employees who are enrolled in one of the medical plans. Employees have the opportunity to earn credit toward their monthly medical premiums however participation is completely voluntary.

HOW IT WORKS:

1. Enroll in any of the medical plans offered by Superior
2. Complete one biometric screen during the plan year (Superior hosts multiple screenings throughout the year)
3. Receive a credit on your medical premiums



IMPORTANT TO KNOW

WHAT IS A BIOMETRIC SCREENING?

Biometric screenings provide a quick indicator of potential health risks (diabetes, high blood pressure, heart disease, etc.) based on blood pressure, cholesterol and blood sugar levels obtained by a technician. This is not a preventative exam replacement but rather an opportunity for awareness and encouragement to make responsible lifestyle changes.

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Dental Plan

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

	LOW PLAN	HIGH PLAN
CLASSIC NETWORK		
Calendar Year Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Diagnostic & Preventive		
Cleanings, exams, x-rays, sealants, space maintainers and fluoride treatments	100%	100%
Basic Services		
Fillings (including tooth-colored fillings on posterior teeth), 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	\$2.36	\$4.57
Employee + Spouse	\$6.75	\$11.14
Employee + Child(ren)	\$6.72	\$12.96
Family	\$12.08	\$20.61

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Vision Plan

IN-NETWORK

Eye Exams Once every 12 months	\$10
Frames Once every 12 months	\$130 allowance
Lens Once every 12 months Single, Bifocal, and Trifocal	\$10 copay
Contacts Once every 12 months	\$130 allowance 15% off balance over allowance

OUT-OF-NETWORK ALLOWANCE

Eye Exams Once every 12 months	Reimbursed up to \$35
Frames Once every 12 months	Reimbursed up to \$65
Lens Once every 12 months Single Bifocal Trifocal	Reimbursed up to \$25 Reimbursed up to \$40 Reimbursed up to \$55
Contacts Once every 12 months	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

Your vision coverage is provided through **The Standard**. When you utilize a provider that participates in 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

IMPORTANT TO KNOW FINDING AN IN-NETWORK EYE DOCTOR:

1. Visit standard.com
2. Select "Find an Eye Doctor"
3. Select "EyeMed" (You will be redirected to EyeMed)
4. Choose Insight Network and enter your zip code
5. Select "Search"

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Basic Life Insurance

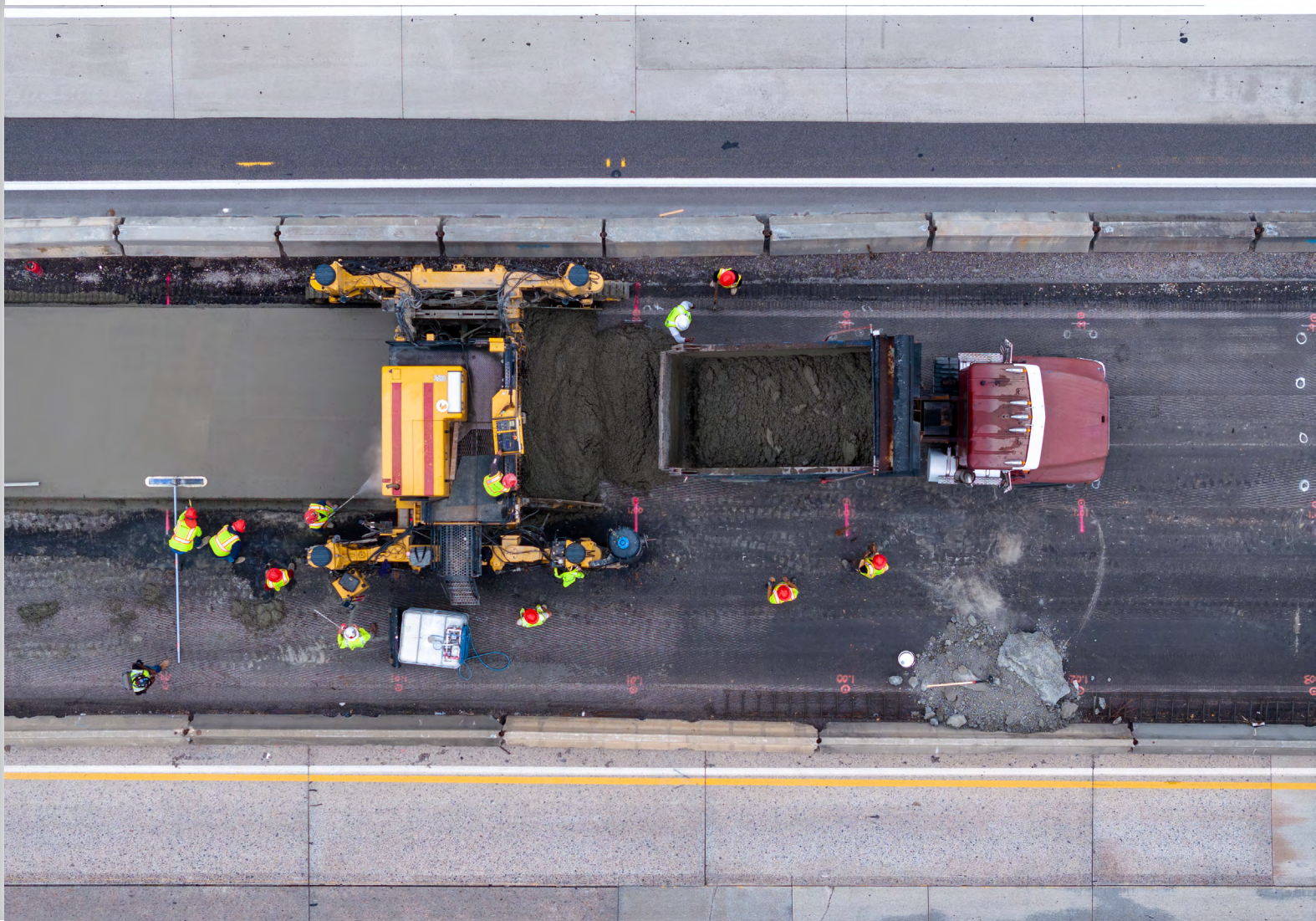
Eligible employees are automatically enrolled in a Basic Life Policy through **Lincoln**.

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.



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Voluntary Life Insurance

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.

If you previously elected this coverage, you can increase your coverage amount by two levels without providing EOI. If you elect an amount higher than this number, you will be required to submit EOI.

VOLUNTARY SPOUSE 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 to a maximum of \$150,000.

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. If you previously elected this coverage, you can increase the coverage amount by two levels without providing EOI.

VOLUNTARY CHILD COVERAGE

Those enrolling in employee voluntary life coverage may also elect to purchase \$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.

2026 OPEN ENROLLMENT

If you have previously declined Voluntary Employee Life or Spouse Life coverage, you will be able to elect up to the guarantee issue amount without submitting evidence of insurability.

This one-time offer only applies to employees who have not previously been denied through EOI or those who started the EOI process but did not complete it.

IMPORTANT TO KNOW

FREQUENTLY ASKED QUESTIONS

1. DOES THE COVERAGE AMOUNT CHANGE BASED ON MY AGE? The amount of coverage will reduce to 50% at age 70.
2. CAN I CONTINUE THIS COVERAGE IF MY EMPLOYMENT ENDS? Coverage may be continued through portability or conversion if certain criteria are met.
3. 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.

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Disability Benefits

Eligible employees are automatically enrolled in disability benefits, all other employees have the option to purchase voluntary disability coverage through Lincoln. If you have previously declined this coverage, you will be subject to Evidence of Insurability (EOI).

SHORT-TERM DISABILITY INCOME BENEFITS

This coverage is to protect your income in the event a short-term disability prevents you from performing the duties of your job. STD coverage protects your income due to injury or sickness. To receive benefits, your claim must be approved by Lincoln.

EXPLANATION OF BENEFIT:	
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
% of Income Replaced	60% of your weekly earnings
Max 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 we have. To be without income for an extended period of time would be devastating. That is why protecting your income is so important in the event you are unable to work due to an injury or illness.

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.

EXPLANATION OF BENEFIT:	
Waiting Period	Benefits begin on either the 91st or 181st day of continuous injury or illness, depending on eligibility
Max Benefit Duration	SSNRA
% of Income Replaced	60% of your monthly earnings
Max Benefit Amount	\$5,000 or \$10,000 per month, depending on eligibility

2026 OPEN ENROLLMENT

If you have previously declined Voluntary Disability coverage, you will be able to elect it during open enrollment without submitting evidence of insurability.

This one-time offer only applies to employees who have not previously been denied through EOI or those who started the EOI process but did not complete it.

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Voluntary Benefits

Critical Illness, Hospital Indemnity & Accident plans are offered through The Standard and the Cancer plan is offered through SunLife. These plans help with the medical & personal expenses incurred when a person is undergoing treatment. Costs of the plans will vary by employee.

HOSPITAL INDEMNITY

A hospital admission can have a serious financial impact which may be difficult to recover from. Should you be admitted in the hospital, once your claim is approved, a check will be sent directly to you, and you then decide how you spend the money.

TREATMENT	LOW PLAN	HIGH PLAN
Hospital Admission	\$1,000 Max 1 per calendar year	\$2,000 Max 1 per calendar year
Daily Hospital Confinement	\$250 per day Max 31 days per stay	\$400 per day Max 31 days per stay
Daily Critical Care Confinement	\$250 per day Max 15 days per stay	\$400 per day Max 15 days per stay

IMPORTANT TO KNOW

FIXED INDEMNITY POLICIES

Fixed indemnity policies may pay you a limited dollar amount if you're sick or hospitalized. You are still responsible for paying the cost of your care.

- The payment you get is not based on the size of your medical bill
- There might be a limit on how much these policies will pay each year
- These policies are not substitutes for comprehensive health insurance
- Since these policies are not health insurance, they do not have to include most Federal consumer protections that apply to health insurance

ACCIDENT INSURANCE

If you or your covered dependent 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, childcare, deductible and copays.

Over 70 injuries and treatments are covered, listed here are some examples of covered accidents and the benefit payment.

EXAMPLES OF BENEFIT PAYMENTS

ER Visit	\$600
X-Ray	\$400
Concussion	\$600
Leg Fracture (Surgical)	\$3,400
Knee Cartilage Repair	\$1,000
Hospital Admission	\$2,500

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Voluntary Benefits (Con't.)

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 CRITICAL ILLNESS ELIGIBLE DIAGNOSIS	
Heart Attack, Stroke, End Stage Renal Kidney Failure, etc.	100% of coverage amount
Severe Coronary Artery Disease (with recommendation for bypass), Cancer (non-invasive), etc.	25% of coverage amount

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 PAYMENTS	
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

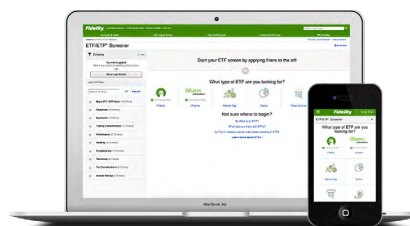
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401(k) Information

If you are at least 21 years of age and have 60 days of service to Superior, you are eligible to enroll in the 401(k) plan. The Annual Employee Deferral Limit is \$24,500 unless you are 50 years or older, then you are able to contribute an additional \$7,500 as a catch-up contribution. 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

WELLCENTS™

Your financial wellness solution that empowers you to build confidence in your financial life. Our primary mission is to guide you in creating a personalized action plan that will lead you to ultimate financial well-being, enabling you to enjoy a secure and prosperous retirement.

Start with an online Financial Wellness Assessment, your responses will be analyzed and you will then be provided with a Financial Wellness Score. Based on your score, you are given tools, resources and guidance that will assist and support you throughout your financial journey.

Email: helpdesk@mywellcents.com for more information!

401k.com

Provided by **Fidelity NetBenefits**

[Español](#)



Get Started

Save & Invest

Life happens.

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

[Explore now](#)

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

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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 download the Guidance Now mobile app or call 888.628.4824. When visiting, use the following credentials to access your EAP resources:

USERNAME: LFGSupport **PASSWORD:** LFGSupport1

Superior Strength Program

This program reimburses employees for covered activities that are submitted for reimbursement, up to \$60 per eligible employee, twice per year. Covered activities include:

Running / Walking Event

Gym Memberships

Home Workouts

Exercise / Fitness Classes

Personal Training Memberships

Registered Dietician / Health Coach Sessions

IMPORTANT TO KNOW

ANNUAL SUBMITTAL PERIOD

Jan 1 - June 30, 2026 and July 1 - Dec 31, 2026

SUBMISSIONS LINK:

CLICK HERE OR SCAN HERE



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Key Terms to Know

Affordable Care Act (ACA)

The Patient Protection and Affordable Care Act, commonly called the Affordable Care Act (ACA) is a United States federal statute signed into law by President Obama in March 2010. The law puts in place comprehensive health insurance reforms.

Annual Maximum

Total dollar amount a plan pays during a calendar year toward the covered expenses of each person enrolled.

Coinsurance

A percentage of the medical costs, based on the allowed amount, you must pay for certain services after you meet your annual deductible.

Copayment

A set dollar amount you pay for network doctors' office visits, emergency room services and prescription drugs.

Deductible

Total dollar amount, based on the allowed amount, you must pay out-of-pocket for covered medical expenses each calendar year before the plan pays for most services. The deductible does not apply to network preventive care if any services where you pay a copayment rather than coinsurance. Some of your dental options also have an annual deductible, generally for basic and major dental care services.

Generic Drugs

These drugs are usually the most cost-effective. Generic drugs are chemically identical to their brand-name counterparts. Purchasing generic drugs allows you to pay a lower out-of-pocket cost than if you purchase formulary or non-formulary brand name drugs.

Maintenance Drugs

Prescriptions commonly used to treat conditions that are considered chronic or long-term. These conditions usually require regular, daily use of medicines. Examples of maintenance drugs are those used to treat high blood pressure, heart disease, asthma and diabetes.

Network

A group of health care providers, including dentists, physicians, hospitals and other health care providers that agree to accept pre-determined rates when servicing members.

Non-Formulary Drugs

These drugs are not on the recommended formulary list. These drugs are usually more expensive than drugs found on the formulary. You may purchase brand-name medications that do not appear on the recommended list, but at a significantly higher out-of-pocket cost.

Open Enrollment

The annual enrollment period which allows you to make changes to your existing benefits without a qualified life event.

Out-of-Pocket Maximum

The maximum amount of coinsurance a Plan member must pay towards covered medical expenses in a calendar year for both network and non-network services. Once you meet this out-of-pocket maximum, the Plan pays the entire coinsurance amount for covered services for the remainder of the calendar year. Deductibles and copays apply to the annual out-of-pocket maximum.

Portability

An employee carries or 'ports' his/her current Group Life coverage after employment ends, without having to answer any medical questions. Portability is for an employee who is leaving his/her job and still wants to maintain the protection that life insurance provides.

Primary Care Physician (PCP)

The health care professional who monitors your health needs and coordinates your overall medical care, including referrals for tests or specialists.

Qualifying Event

An occurrence that qualifies the subscriber to make an insurance coverage change outside of Open Enrollment.

Specialty Drugs

Prescription medications that require special handling, administration, or monitoring. These drugs may be used to treat complex, chronic, and often costly conditions.

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Special 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 has determined that the prescription drug coverage offered by the BCBS 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:

1. Visit medicare.gov
2. 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
3. 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).

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CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health

Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State

Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you

have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272). If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2025. Contact your State for more information on eligibility.

ALABAMA - MEDICAID 1-855-692-5447	ALASKA - MEDICAID 1-866-251-4861
ARKANSAS - MEDICAID 1-855-692-7447	CALIFORNIA - MEDICAID 916-445-8322
COLORADO - HEALTH FIRST COLORADO & CHILD HEALTH PLAN PLUS 1-800-221-3943/STATE RELAY 711	FLORIDA - MEDICAID 1-877-357-3268
GEORGIA - MEDICAID 678-564-1162, OPTION 1 (GA HIPP), OPTION 2 (GA CHIPRA)	INDIANA - MEDICAID 800-403-0864
IOWA - MEDICAID & CHIPD (HAWKI) 800-338-8366 (MEDICAID), 800-257-8563 (HAWKI), 888-346-9562 (HIPP)	KANSAS - MEDICAID 800-792-4884, 800-967-4660 (HIPP)
KENTUCKY - MEDICAID 855-459-6328 (HIPP), 877-524-4718 (KYCHIP)	LOUISIANA - MEDICAID 888-342-6207 (MEDICAID), 855-618-5488 (LAHIPP)
MAINE - MEDICAID 800-442-6003	MASSACHUSETTS - MEDICAID & CHIP 800-862-4840
MINNESOTA - MEDICAID 800-657-3672	MISSOURI - MEDICAID 573-751-2005
MONTANA - MEDICAID 800-694-3084	NEBRASKA - MEDICAID 855-632-7633
NEVADA - MEDICAID 800-992-0900	NEW HAMPSHIRE - MEDICAID 603-271-5218, 800-852-3345 OPTION 15218
NEW JERSEY - MEDICAID & CHIP 800-356-1561 (MEDICAID), 800-701-0710 (CHIP)	NEW YORK - MEDICAID 800-541-2831
NORTH CAROLINA - MEDICAID 919-855-4100	NORTH DAKOTA - MEDICAID 844-854-4825
OKLAHOMA - MEDICAID & CHIP 888-365-3742	OREGON - MEDICAID & CHIP 800-699-9075
PENNSYLVANIA - MEDICAID & CHIP 800-692-7462 (MEDICAID), 800-986-5437 (CHIP)	RHODE ISLAND - MEDICAID & CHIP 855-697-4347

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SOUTH CAROLINA - MEDICAID 888-549-0820	SOUTH DAKOTA - MEDICAID 888-828-0059
TEXAS - MEDICAID 800-440-0493	UTAH - MEDICAID & CHIP 888-222-2542
VERMONT - MEDICAID 800-250-8427	VIRGINIA - MEDICAID & CHIP 800-432-5924
WASHINGTON - MEDICAID 800-562-3022	WEST VIRGINIA - MEDICAID & CHIP 304-558-1700 (MEDICAID), 855-699-8447 (CHIP)
WISCONSIN - MEDICAID & CHIP 800-362-3002	WYOMING - MEDICAID 800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, or for more information on special enrollment rights, contact either:

U.S. DEPARTMENT OF LABOR - EMPLOYEE BENEFITS SECURITY ADMINISTRATION 866-444-3272 www.dol.gov/agencies/ebsa	U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES - CENTERS FOR MEDICARE & MEDICAID SERVICES 877-267-2323, MENU OPTION 4, EXT 61565 www.cms.hhs.gov
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HIPAA NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact Superior Human Resources at 904-661-4639 or HR@superiorconstruction.com.

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:

1. All stages of reconstruction of the breast on which the mastectomy has been performed;
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
3. 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.

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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 Workday 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.

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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).

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CONTACT	PHONE	WEBSITE
Superior Construction HR Hotline	904-661-4639	HR@superiorconstruction.com
Workday		myworkday.com
Medical BCBS	800-830-1501	myhealthtoolkitfl.com
Teladoc	866-789-8155	teladoc.com
Dental, Vision, Accident, Critical Illness & Hospital Indemnity The Standard	800-547-9515	standard.com
Cancer SunLife	800-786-5433	sunlife.com
Life & Disability Lincoln	877-275-5462	lfg.com
HSA & FSA Health Equity	866-346-5800	HealthEquity.com
Total Pet Plan Pet Benefits	800-891-2565	petbenefits.com/land/superiorc
COBRA WEX Health	833-225-5939	wexinc.com
EAP Lincoln	888-628-4824	guidanceresources.com
401(k) Plan NetBenefits	800-294-4015	netbenefits.com



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