



EMPLOYEE BENEFITS

HOURLY EMPLOYEES 2023

BENEFIT PLANS EFFECTIVE JAN 1, 2023 THROUGH DEC 31, 2023



CONSTRUCTION

▶ TOGETHER WE BUILD SUCCESS



Your health and wellness benefits are an integral part of the overall compensation package provided to you by PCL Construction (PCL).

Throughout this guide, you will find important information about the benefits available to you for the 2023 plan year. Take time to review your options and determine which plans make sense for you and your family.



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EMPLOYEE BENEFITS OVERVIEW

PCL is committed to supporting you and your family.

From medical benefits to help you manage your health and a 401(k) thrift plan to help you save for the future to an employee assistance program to support you through challenges, we're here for you.

BENEFITS ELIGIBILITY

Hourly employees working 30 or more hours per week are eligible for benefits on the first day of the month following two months of employment. If you are rehired within 90 days of your separation date, the eligibility waiting period will be waived and benefits will be reinstated as previously elected (or waived) upon your return.

The plans offer coverage for the following eligible dependents:

Your legal spouse/domestic partner

Your children up to age 26, regardless of student, marital, or tax-dependent status, including a stepchild, legally-adopted child, a child placed with you for adoption, a foster child or a child for whom you are the legal guardian

Your dependent children of any age who are physically or mentally unable to care for themselves

Proof of eligibility will be required for your dependents within 31 days of your benefits eligibility date.

Examples of acceptable forms of documentation include a copy of court orders, birth certificates, and marriage certificate. Dependents will not be added for coverage until documentation is received.

ENROLLMENT

Sign up for benefits or change your benefit elections at the following times:

Within 31 days of initial eligibility date as a newly hired employee

During the annual benefits open enrollment period

Within 31 days of experiencing a qualifying life event

MID-YEAR BENEFIT CHANGES

When you have made your benefit elections for the plan year, you cannot make changes until the next annual open enrollment period. The only exception is if you experience a qualifying life event.

Qualifying life events include, but are not limited to:

Marriage or divorce

Birth or adoption of a child

Death of your spouse or covered child

Change in your spouse's work status affecting his or her benefits

Change in child's eligibility for benefits

Qualified Medical Child Support Order

Election changes must be consistent with your life event and you will need to provide proof of the life event.

To request a benefits change, notify Human Resources within 31 days of the qualifying life event.

Change requests submitted after 31 days cannot be accepted.



FOR NEW HIRES IN 2023:

You will enroll in benefits online at mypclbenefits.com.

Make sure you enroll within 31 days of your benefits eligibility date.



BENEFITS 101

Here are three key terms to help you better understand your coverage:

ANNUAL DEDUCTIBLE

Your annual deductible is the amount you will pay out-of-pocket before the plan starts to pay for a portion of services. Both medical plans have an embedded deductible, which means each family member needs to meet the individual deductible before the plan begins paying its share for that individual. Once two or more family members meet the family limit, the plan begins paying its share for all covered family members.

COINSURANCE

Once you meet your annual deductible, Plan 1 will begin paying for a portion of the cost of services (80% for in-network services). Coinsurance is your share of the cost (20% for in-network services). Plan 2 also uses coinsurance for some services, requiring you to pay for 30% of the cost of in-network care and the plan to pay 70%.

ANNUAL OUT-OF-POCKET MAXIMUM

This is the most you will have to pay in the plan year for covered services. It protects you from major expenses. Both medical plans have an embedded out-of-pocket maximum, which means each family member needs to meet the individual out-of-pocket maximum before the plan begins paying 100% of all remaining covered expenses for the rest of the plan year. Once three or more family members meet the family limit, the plan begins paying 100% for all covered family members.



MEDICAL INSURANCE

PCL offers a choice of two medical insurance plans through UMR: Plan 1 & Plan 2.

Both plans cover the same services, use the same UnitedHealthcare Choice Plus provider network, and provide prescription drug coverage. However, only Plan 1 covers out-of-network providers.

COMPARING YOUR OPTIONS

Which medical plan should you choose?

It depends on your personal preferences and your health care needs. There are a few things to think about as you decide.

How do you want to pay for coverage?

Would you rather pay less through paycheck contributions or less when you need medical care? This helps determine whether Plan 1 or Plan 2 is a good fit for you and your life. Plan 1 takes more out of your paycheck every month, whereas Plan 2 requires you to pay more when you need care.

Are you comfortable getting all of your care from in-network providers?

Plan 2 requires you to use only in-network providers (UnitedHealthcare Choice Plus) for care. That means if you see an out-of-network doctor or use an out-of-network facility, you will pay 100% of the cost. Plan 1 allows you to use out-of-network providers, but you will pay more than going to an in-network provider.

In the last two years, have you met your annual out-of-pocket maximum?

The annual out-of-pocket is an important consideration if you've had extensive health care claims the last two years or expect high claims in the future. PCL pays for 100% of eligible health care expenses after you reach the out-of-pocket maximum in a plan year. Plan 1 has a lower out-of-pocket maximum than Plan 2.

MEDICAL INSURANCE

PCL offers you a choice of coverage for you and your eligible dependents: Plan 1 or Plan 2.

You can enroll in either plan, or you can waive coverage, but explore the similarities and differences between the plans before making your decision.

PRO TIP!

The higher the deductible, the less you pay in paycheck contributions. Take a look at how often you meet your annual deductible and factor that in when you choose a plan.

PRO TIP!

Use the mail-order pharmacy via CVS/Caremark for maintenance medications. It will save you time and money!

HOW ARE THE PLANS THE SAME?

Plan 1 & Plan 2

Use the UnitedHealthcare Choice Plus network of doctors, providers and hospitals

Cover the same services; Include prescription drug coverage

Save you money when you use an in-network UHC provider

Include preventive care, including age-appropriate screenings/immunizations; 100% covered

HOW ARE THE PLANS DIFFERENT?

Plan 1

In- & out-of-network coverage

You can go to any physician for covered services, but you will pay less by going to in-network providers

Copays (In-network providers)

\$25: Teledoc

Deductible & Coinsurance

For all other services, you pay for cost of visit until deductible is met, then coinsurance will apply until out-of-pocket maximum is met

Lower deductible (In-network)

Single: \$250 Family: \$750

Lower coinsurance

You pay 20% after deductible is met

Lower out-of-pocket maximum (In-network)

Single: \$1,700 Family: \$5,100

Higher employee contributions

More money comes out of your paycheck for medical insurance coverage

Plan 2

In-network coverage only

You are responsible for all costs when going to out-of-network providers

Copays (In-network providers)

\$0 Teledoc \$25 Primary Care

\$15 Retail Care Clinic \$50 Specialist & Urgent Care

Deductible & Coinsurance

For all other in-network services, you pay for cost of visit until deductible is met, then coinsurance will apply until out-of-pocket maximum is met

Higher deductible

Single: \$1,500 Family: \$4,500

Higher coinsurance

You pay 30% after deductible is met

Higher out-of-pocket maximum

Single: \$3,000 Family: \$9,000

Lower employee contributions

Less money comes out of your paycheck for medical insurance coverage

Prescription Drug Coverage

If you enroll in medical coverage, you automatically receive prescription drug coverage through CVS/Caremark (beginning on January 1, 2023). It is very important that you use a pharmacy in the CVS pharmacy network, which includes many national retail brands.

Visit www.caremark.com to find a network pharmacy convenient for you.

MEDICAL PLAN COMPARISON

The table below summarizes the key features of both medical plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

SUMMARY OF BENEFITS	PLAN 1		PLAN 2	
	In-Network You Pay	Out-of-Network ¹ You Pay	In-Network You Pay	Out-of-Network Not Covered
Annual Deductible				
Individual	\$250	\$1,000	\$1,500	Not Covered
Individual + 1	\$500	\$2,000	\$3,000	
Family	\$750	\$2,000	\$4,500	
Annual Out-of-Pocket Max				
Individual	\$1,700	\$5,000	\$3,000	Not Covered
Individual + 1	\$3,400	\$10,000	\$6,000	
Family	\$5,100	\$10,000	\$9,000	
Annual and Lifetime Max	Unlimited		Unlimited	Not Covered
Preventive Care	0%	40% after deductible	0%	Covered
Physician Visits				
Teladoc	\$25 copay	Not Covered	\$0 copay; Plan pays 100%	Not Covered
Convenience Care/Walk-in Retail	20% after deductible	40% after deductible	\$15 copay	
Primary Care Physician Office Visit	20% after deductible	40% after deductible	\$25 copay	
Specialist Office Visit	20% after deductible	40% after deductible	\$50 copay	
Office Services				
Allergy Testing/Allergy Injections	20% after deductible	40% after deductible	30% after deductible	Not Covered
Occupational, Physical, Speech Therapy	20% after deductible	40% after deductible	30% after deductible	Covered
Hospital Care (facility charges)				
Inpatient Hospitalization	20% after deductible	40% after deductible	30% after deductible	Not Covered
Outpatient Surgery	20% after deductible	40% after deductible	30% after deductible	
Urgent Care	20% after deductible	40% after deductible	\$50 copay	
Emergency Room	20% after deductible		30% after deductible	
Diagnostic Procedures				
Lab & X-Ray	20% after deductible	40% after deductible	30% after deductible	Not Covered
MRI, CT, PET, etc.	20% after deductible	40% after deductible	30% after deductible	Covered
Chiropractic (30 visits/year)				
Spinal Manipulations	Plan pays 100%, up to \$50 max per visit		Plan pays 100% up to \$50 max per visit	Not Covered
All Other Services	20% after deductible	40% after deductible	30% after deductible	Covered
Acupuncture (12 visits/year)				
Acupuncture	Plan pays 100%, up to \$100 max per visit		Plan pays 100% up to \$100 max per visit	Not Covered
All Other Services	20% after deductible	40% after deductible	30% after deductible	Covered
Retail Prescription³ (30-day supply)				
Generic	\$15 copay	Not Covered	\$10 copay	Not Covered
Brand ⁴	30% up to \$50	Not Covered	30% up to \$50	Covered
Mail Order Prescription⁴ (90-day supply)				
Generic	\$45 copay	Not Covered	\$30 copay	Not Covered
Brand ⁴	30% up to \$50	Not Covered	30% up to \$50	Covered







¹ If you go out-of-network, the claim is subject to balance billing (the difference between the billed amount and the allowable amount). Balance billing still applies after the out-of-pocket maximum has been met.

² Prescriptions available via CVS/Caremark. Visit www.caremark.com for participating pharmacies. Prescription copays count toward the annual out-of-pocket maximum under the medical plan.

³ Generic drugs are mandatory when available.

NOTE: Prior authorization may be required for certain complex conditions, including dialysis, chemotherapy, home health care, durable medical equipment and specialty injectables.

WHERE TO GO FOR CARE

 <p>WAIT TIME: 20-30 sec; call answered, on average</p>	<p>NURSELINESM 877-950-5083</p> <p>Speak by phone with a registered nurse any time of day, seven days a week.</p>	<p>When to call¹</p> <ul style="list-style-type: none"> • Help choosing the right health care setting for illness/injury • Information about common health problems/injuries
 <p>WAIT TIME: 17 mins; approx. for doctor to respond</p>	<p>TELADOCSM 800-835-2362/Teladoc.com</p> <p>Teladoc physicians can diagnose routine ailments, recommend treatments and prescribe medications. You may request a consultation from a board-certified doctor any time of day, seven days a week, by phone or online.</p>	<p>When to go¹</p> <ul style="list-style-type: none"> • Cold, flu or sinus problems • Bronchitis/respiratory infection • Allergies • Urinary tract infection • Poison ivy or pink eye
 <p>WAIT TIME: 1 week+; approx. for appt</p>	<p>CLINICAL CARE/DOCTOR'S OFFICE</p> <p>Seeing your doctor is important.</p> <p>Your doctor knows your medical history and any ongoing health conditions.</p>	<p>When to go¹</p> <ul style="list-style-type: none"> • Medical problems that are not an immediate threat to your health/life • Preventive services/vaccinations
 <p>WAIT TIME: 15 mins or less; approx.</p>	<p>RETAIL/CONVENIENCE CARE CLINIC</p> <p>Retail clinics, sometimes called convenient care clinics, are located in retail stores, supermarkets and pharmacies.</p>	<p>When to go¹</p> <ul style="list-style-type: none"> • Cold, flu or sinus infections • Minor sprains, burns or rashes • Vaccinations or screenings • Allergies, headaches or sore throats
 <p>WAIT TIME: 20-30 mins; approx.</p>	<p>URGENT CARE/WALK-IN CLINIC</p> <p>Urgent care centers, or walk-in clinics, are often open in the evenings and on weekends.</p>	<p>When to go¹</p> <ul style="list-style-type: none"> • Sprains/strains, minor broken bones or cuts • Mild asthma attacks • Minor infections or rashes • Sore throats or earaches
 <p>WAIT TIME: 3 to 12 hours; approx. for non-critical cases</p>	<p>EMERGENCY ROOM (ER)</p> <p>Visit the ER only if you are badly hurt. If you are not seriously ill or hurt, you could wait hours and pay more than other places of care listed above.</p>	

¹ This is a sample list and is not intended to be all inclusive.

MEDICAL PLAN RESOURCES



VIRTUAL CARE

Telehealth

Use Teladoc for those times when you have a minor medical issue and can't get to your regular doctor, it's a weekend or you are out of town. You can speak to a physician by phone or video 24/7 and save time and money. They can even call in a prescription.

Teladoc can help with sinus infections, allergies, flu, pink eye, earaches or urinary tract infections.

Behavioral Health

Not all pain is physical pain. Connect virtually with a licensed psychologist, therapist or substance abuse counselor.

Teladoc Behavioral Health treats conditions such as stress and anxiety, grief, addiction or depression.

Dermatology

Connect with a dermatologist through an online message center. Upload photographs of your condition to licensed dermatologists who provide treatment and prescribe medication, when appropriate.

Teladoc Dermatology treats conditions such as acne, shingles, skin infections, psoriasis or rashes.

Register at www.teladoc.com or call **800-835-2362**.



MATERNITY CARE

If you or a covered dependent become pregnant, you can access a free maternity program. This program can be especially helpful for high-risk pregnancies. You will receive a gift for enrolling during your first or second trimester and a gift card once you complete the program.

Call **800-826-9781** for more information.



CHRONIC CONDITION HELP

If you have a chronic condition such as asthma, diabetes, chronic obstructive pulmonary disease (COPD), coronary artery disease, heart failure or hypertension. Registered nurses can help with coaching and resources to better manage your health and help you live better.

Sign up by calling UMR Care Management at **866-575-2540**.



HEARING AID BENEFIT

We at PCL consider hearing protection part of our PPE. But hearing challenges can affect any of us or our family members. PCL will provide benefits for hearing aids with a maximum limit of \$5,000 (every 5 years). Just like other medical care, the hearing aid benefit involves meeting your deductible and coinsurance.

DENTAL INSURANCE

PCL offers a dental insurance plan through MetLife.

PRO TIP!

Medical, prescription drug and dental benefits may be bundled. The amount you pay for coverage is determined by your district and deducted from your paycheck on a pre-tax basis. Contact your HR representative for the coverage rates by district.

The plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a provider in the MetLife PDP Plus network. Expenses from out-of-network providers are reimbursed based on reasonable and customary (R&C) charges. Any charges over the R&C amount will be your responsibility.

The table below summarizes the key features of the dental plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Find a MetLife PDP Plus network provider at www.metlife.com.

SUMMARY OF BENEFITS

MetLife DENTAL PLAN		
	In-Network You Pay	Out-of-Network ¹ You Pay
Annual Deductible		
Individual	\$50	\$50
Family	\$150	\$150
Annual Benefit Maximum	\$1,000	\$1,000
Services		
Preventive/Diagnostic ¹	0%	0%
Basic	10% after deductible	20% after deductible
Major	40% after deductible	50% after deductible
Orthodontia Services	Not covered	

¹ Preventive/diagnostic services are not subject to the deductible and do not count toward the annual benefit maximum.



VOLUNTARY VISION INSURANCE

You can enroll in a vision insurance plan through EyeMed.

PRO TIP!

Vision enrollment is independent of medical and dental enrollment, meaning you can have vision coverage even if you did not enroll in medical/dental coverage.

Similarly, if you enrolled in family coverage under medical/dental, you aren't required to elect the same coverage level under the vision plan. For example, if you elect family coverage under the medical/dental plan, you can choose to just elect employee coverage under the vision plan.

The plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a provider in the EyeMed Insight network. The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Find an EyeMed Insight network provider at www.eyemed.com.

SUMMARY OF BENEFITS

EyeMed VISION PLAN		
	In-Network	Out-of-Network ¹
Eye Exam (once per year)	\$10 copay	Reimbursement up to \$30
Standard Plastic Lenses (once every 12 months)		
Single	\$10 copay	Reimbursement up to \$25
Bifocal	\$10 copay	Reimbursement up to \$40
Trifocal	\$10 copay	Reimbursement up to \$60
Frames (once every 24 mo, instead of contact lenses)	\$150 allowance, 20% off balance over \$150	Reimbursement up to \$75
Contacts (once every 24 months, instead of glasses)		
Conventional	\$150 allowance, 15% off balance over \$150	Reimbursement up to \$120
Disposable	\$150 allowance, plus balance over \$150	Reimbursement up to \$120
Contact Lens Exam (once every 12 months)		
Standard Contact Lens Fit and Follow-Up	Up to \$55 allowance	N/A
Laser Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off retail price or 5% off promotional price	

¹ Must be scheduled for the same visit as the standard eye exam in order to be covered.

WEEKLY VISION RATES

EyeMed VISION PLAN	
	Cost/Week
Level of Coverage	
Employee	\$1.35
Employee + Spouse	\$2.57
Employee + Child(ren)	\$2.71
Employee + Family	\$3.98



FLEXIBLE SPENDING ACCOUNTS

PCL offers two flexible spending account (FSA) options: Health Care FSA and Dependent Care FSA.

Both Plans 1 and 2 allow you to pay for eligible health care and dependent care expenses with pre-tax dollars. Both FSAs are administered by WEX.

HEALTH CARE FSA

The Health Care FSA allows you to set aside money from your paycheck on a pre-tax basis (before income taxes are withheld) to pay for eligible out-of-pocket expenses, such as deductibles, coinsurance, and other health-related expenses not paid by the medical and dental plans. Without a prescription, over-the-counter medications are not eligible for reimbursement.

You may contribute up to the \$2,850 IRS maximum each calendar year. (The limits are subject to change.) In order to open an account, you must contribute at least \$200.

DEPENDENT CARE FSA

The Dependent Care FSA allows you to set aside money from your paycheck on a pre-tax basis for day care expenses to allow you and your spouse to work or attend school full-time. Eligible dependents are children under 13 years of age, or a child over 13 or spouse residing in your house who is physically or mentally unable to care for himself or herself. Examples of eligible expenses are before- and after-school care, day care facility fees and in-home babysitting fees (income must be reported by your care provider).

Currently, you may contribute up to \$5,000 to the Dependent Care FSA if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each currently elect \$2,500. These limits are determined by the IRS and subject to change each calendar year. There is a minimum contribution of \$500 in order to open an account.

CONTRIBUTING TO AN FSA

Choose how much to contribute to each FSA on a calendar year basis up to the maximum allowable amounts. Your annual election will be divided by the number of pay periods (52 per year) or by the remaining number of pay periods in the year if you become eligible mid-year. Your election will be deducted evenly on a pre-tax basis from each paycheck throughout the year.

USING YOUR FSA

If you elect the Health Care and/or Dependent Care FSA, you will receive a debit card from WEX, which can be used to pay for eligible expenses at the point of service. If you do not use your debit card, submit a claim form and a bill, itemized receipt, or an explanation of benefits (EOB) from the provider to WEX.

You can calculate tax savings, view your eligible expenses, transaction history, account balance(s), and more at www.wexinc.com.

THINGS TO CONSIDER BEFORE ENROLLING IN AN FSA:

Your FSA contributions do not roll over to the next plan year. However, you have until March 15, 2024, to incur claims under the Health Care FSA. All incurred claims must be submitted by March 31, 2024.

Dependent Care FSA dollars are "use it or lose it." All claims for the 2023 calendar year must be incurred by Dec 31, 2023.

You cannot take income tax deductions for expenses you pay with your FSA(s).

You cannot change and/or stop your FSA contribution(s) during the calendar year, unless you have experienced a qualifying life event

In the event of a separation of employment from PCL (because you leave PCL, are terminated, laid off, etc.) your last day as an active employee is the last day you can spend your FSA money (incur claims). You can submit claims for 31 days after your separation date, but claims must have been incurred between the date you enrolled in the plan and your last day. Continuation of coverage may be offered for the medical FSA under COBRA.

WELL-BEING SUPPORT

Life has its challenges, and sometimes you need a helping hand.

Our employee assistance program (EAP) provides services that help you and your family manage problems before they impact your personal life, health and/or job performance.

Here are five key things to remember about the EAP:

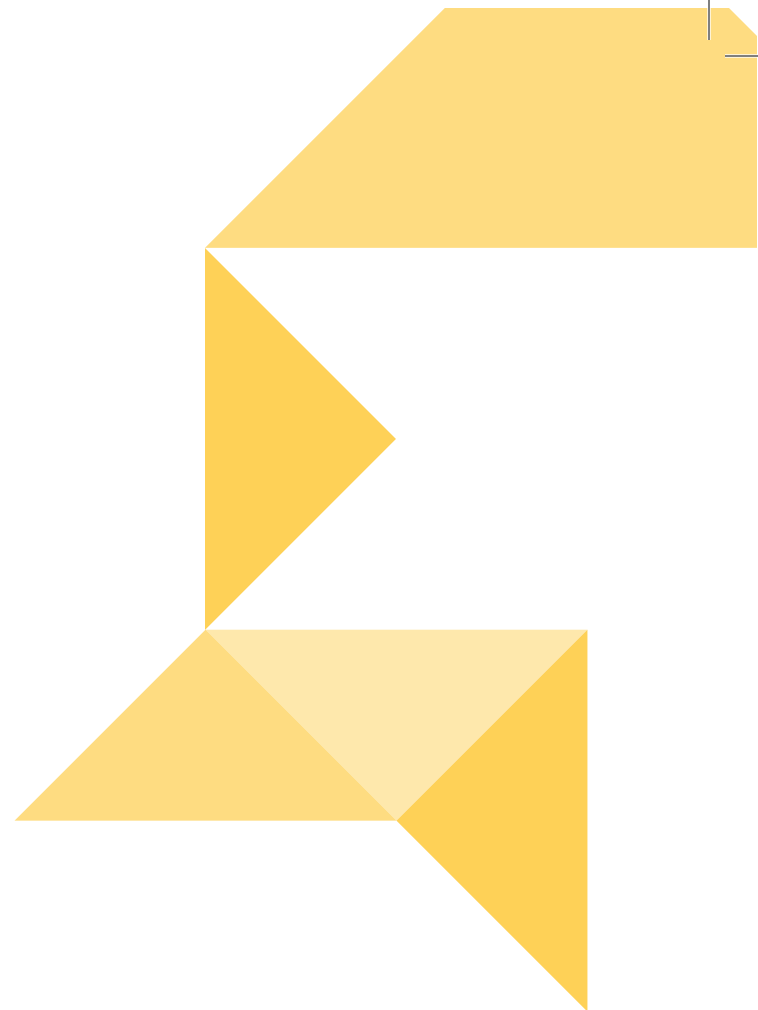
1. All employees and their household members are eligible for no-cost services through the EAP, regardless of whether they participate in other PCL benefit plans.
2. PCL never knows who uses the EAP. This program is managed through a third-party vendor, ComPsych. Your confidentiality is absolute when you use the EAP.
3. EAP is available for anxiety and depression, relationship challenges, substance abuse, family and parenting issues, financial stresses, anger management, and much more.
4. PCL covers the cost of six in-person visits with an EAP therapist or counselor, so you pay nothing.
5. Visit www.guideanceresources.com (org web ID MY5848i and company name PCL C) or call **877-533-2363**.

STRENGTHENING YOUR MENTAL HEALTH

At some point, nearly everyone has too much stress, or gets too little sleep or has chronic pain that interferes with your quality of life. The new Computerized Cognitive Behavioral Therapy (CPPT) program through ComPsych can help you with mental exercises that can reduce stress and help with emotions, pain, insomnia, anxiety and more. The program is free, and it can be done on your time on your device. Call **877-533-2363** for more information.

FINANCIAL GUIDANCE AT YOUR FINGERTIPS

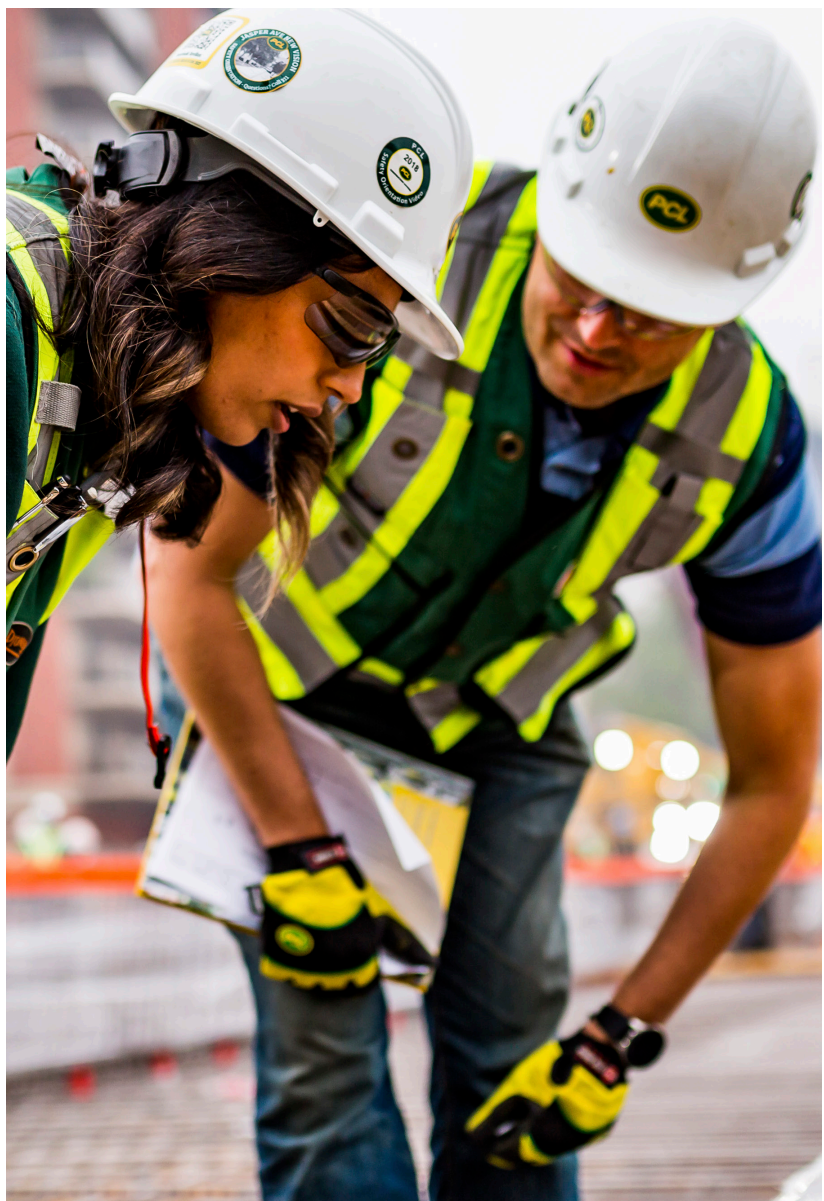
No matter what your goals are or your stage in life, WellthSourceSM through ComPsych can provide you the tools to create and maintain financial well-being. WellthSource is an interactive financial wellness site that helps you and your family members work on budgeting, saving, debt, retirement planning and more. Webinars, podcasts, quizzes and more, including access to financial planners, will help you live a healthier financial life!



Ready to give up tobacco?

When you're ready to quit, and we hope you are, let the HealthyGuidance Tobacco Cessation Program be your partner. The program provides 1:1 telephone counseling, tips on stress management skills help, preventing weight gain, and strategies to help prevent relapse.

Call 800-851-1714 to get started with an assessment that helps you determine why you use tobacco, so the quitting approach is the most effective.



BASIC LIFE AND AD&D INSURANCE

Life and accidental death & dismemberment (AD&D) insurance is an important element of your income protection planning, especially for those who depend on you for financial security.

For your peace of mind, PCL automatically provides basic life and AD&D insurance through Voya to all hourly employees enrolled in the PCL medical plan at no additional cost.

BASIC LIFE AND AD&D INSURANCE

If you die as a result of a covered accident, your designated beneficiary may receive both the life benefit and the AD&D benefit.

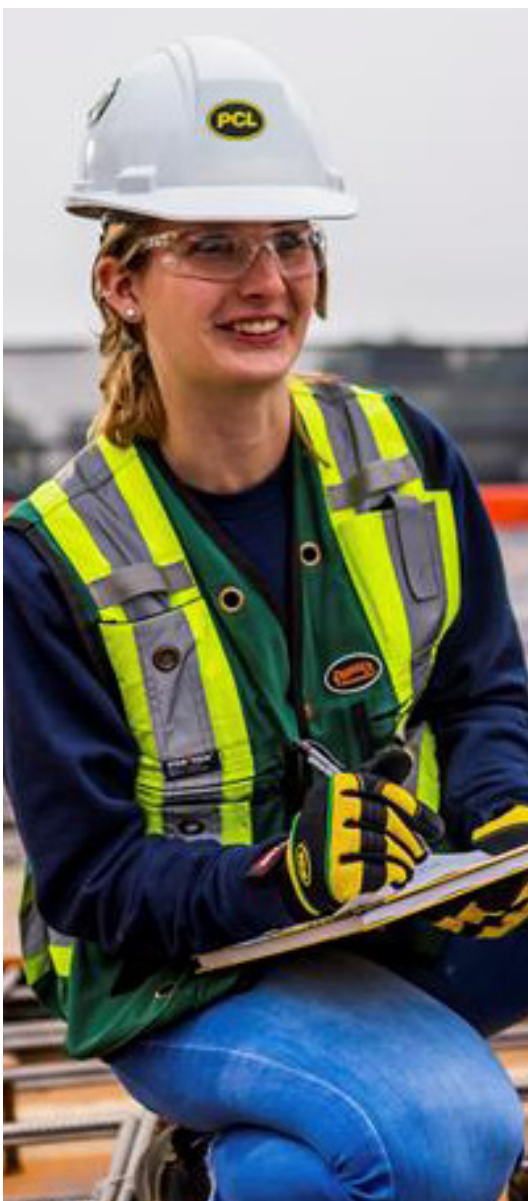
Employee life benefit: \$50,000

Employee AD&D benefit: \$50,000

Benefits will reduce to 65% at age 65, 40% at age 70, and 20% at age 75.

PRO TIP!

Medical, prescription drug and dental benefits may be bundled. The amount you pay for coverage is determined by your district and deducted from your paycheck on a pre-tax basis. Contact your HR representative for the list of coverage rates by district.



THRIFT PLAN 401(K)

PCL provides you with a 401(k) thrift plan designed to help you build the asset base you will need to enjoy a financially secure retirement. Employees who have completed three months of service may take advantage of this plan.

Access your accounts, update beneficiary information, and/or change your deferral amount at www.empowermyretirement.com.

The 401(k) thrift plan allows you to elect how much of your eligible salary you want to contribute up to the IRS limit of \$19,500, or \$26,000 if you are over age 49. (The limits are subject to change.) You can also direct the investments of your plan account to meet your individual retirement needs.

PCL will match 100% of eligible contributions up to the first 3% of eligible compensation and 50% of the next 2% of eligible compensation contributed by the employee. **That means if you contribute at least 5%, you will receive the maximum match of 4%.** Your 401(k) payroll deductions can be taken before federal and state taxes are withheld, saving you tax dollars now while saving for your future. You can also elect the Roth option to contribute post-tax dollars so you can pay taxes now instead of in retirement. Employees may roll over funds from a previous employer's 401(k) or other qualified plans. If you would like to discuss investment options, please contact your local HR/PD manager for more information about PCL's free investment advisor.

PRO TIP!

Enrolling in the 401(k) plan as early as possible allows for you to take advantage of the employer match and maximize the effects of compounding interest. What starts as even a small investment could, over decades, result in exponential growth for your retirement needs.



IMPORTANT CONTACT INFORMATION

If you have any questions regarding your benefits or the materials contained in this guide, please contact the Human Resources department.

Information about your plans is also available on the Hourly Benefit site at: www.pcl.com/us/en/hourly-employee-benefits-information.

HOURLY BENEFITS TEAM

Zayna Robles

Districts: Bakersfield, Civil
 Phone: 303-365-6432
 Email: UHourly@pcl.com

Cheryl Gurule

Districts: Denver, Minneapolis, Orlando, PICCo
 Phone: 303-365-6453
 Email: UHourly@pcl.com

Bridget McNerney

Benefits Manager
 Phone: 303-365-6465

PLAN	POLICY #	PHONE #	WEBSITE
Medical Plans UMR	76411365	800-826-9781	www.umar.com
Prescription Drugs CVS/Caremark	MyPCLRx	877-377-4239	www.caremark.com
Telemedicine Teladoc (includes Telemedicine, Behavioral Health and Dermatology)		800-835-2362	www.teladoc.com
Dental Plan MetLife	304938	800-942-0854	www.metlife.com
Voluntary Vision Plan EyeMed	9923434	866-800-5457	www.eyemed.com
Flexible Spending Accounts WEX		866-451-3399	www.wexinc.com
Life and AD&D Insurance Voya	667889	888-238-4840	www.voya.com
Employee Assistance Program ComPsych		877-533-2363	www.guidanceresources.com
401(k) Thrift Plan Empower Retirement		800-338-4015	www.empowermyretirement.com

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