PSC Primoris



2026 Open Enrollment

Benefits Guide

#thepowerofprimoris

#ThePowerOfPrimoris

At Primoris, our people are our priority. We know that who you are extends well beyond the workplace—your family, friends, personal goals, and passions all play an important role in your life. That's why our benefits are built to support you at every stage, offering flexibility, protection, and resources that matter most.

Your well-being is central to everything we do. From health and safety to financial security and family care, we provide tools and programs to help you live and work at your best. Whether you're focused on staying healthy, managing medical costs, planning for the future, or finding care for loved ones, Primoris is here to help.

We also know that choosing benefits can feel overwhelming. To make it simple, we've created one easy place where you can explore all your options, get answers, and access helpful resources: **prim.mybenefitsapp.com**.

In this Guide, we use the term company to refer to Primoris Services Corporation. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

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Benefits App

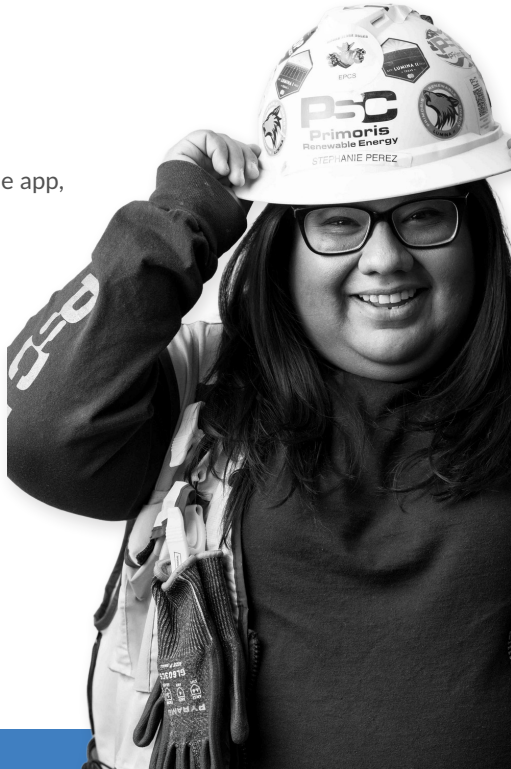
Your Benefits—Right on Your Phone

Use your smartphone or tablet to check your benefits anytime, anywhere!

Get started at **prim.mybenefitsapp.com**, then add to your home screen. With the app, you can:

- See what your plan covers and your estimated cost
- Find contact info fast
- Quickly find service contact information and online resources.

Scan the QR code or visit the site to get started!



A Message From Your CEO

Team,

At Primoris, we are committed to supporting the development, stability, and security of our employees. We take pride in fostering a workplace that actively invests in your well-being, and it is with great pride I share our employee benefits package for 2026—designed with your health and future in mind.

We are continuing our partnership with BCBS of Texas (BCBSTX), offering three medical plan options. For 2026, we've reduced the deductible as well as lowered primary care physician and urgent care copays under the Premier plan. Lantern will remain available, waiving deductibles and coinsurance for certain planned surgeries under the Premier and Core plans, while significantly lowering costs for Base plan members. Members having a non-emergent bariatric, spine or joint related surgery will still be required to go through Lantern in order for services to be covered.

Lantern will continue to serve as a resource to our enrolled medical plan members who are facing a cancer diagnosis. Oncology nurse navigators are available to coordinate care, provide support, schedule in-home infusion therapy and more.

Beginning January 1, 2026, employees enrolled in the medical plan will have pharmacy benefits managed by CVS Caremark. This change will allow medical plan enrollees to continue accessing a broad pharmacy network while enhancing customer support and tools to help manage your medication needs more effectively.

For employees enrolled in a spending account, we are excited to share we will be moving to one vendor to manage all accounts – including Health Savings Accounts (HSA), Healthcare and Limited Purpose Flexible Spending Accounts (FSA) and Dependent Care Flexible Spending Account. With this change, employees will have access to one mobile app, member portal and customer service team ensuring you are able to stay on top of your accounts easier and more efficiently.



These improvements reflect our ongoing commitment to your health, safety, and overall well-being. We understand providing the right resources and tools is essential for helping you thrive both at work and in life. During Open Enrollment, you'll receive detailed information to guide you through these updates—effective January 1, 2026—as well as full access to our Benefits Team for support. I encourage you to carefully review your options and take advantage of the resources available to make the best decisions for you and your family.

Thank you for your dedication to Primoris. If you have questions, please contact the Benefits Team at **benefits@prim.com** or by calling 833. PRIM.BEN (833.774.6236)

Together, we will continue to achieve remarkable success.

David King
Chairman, President and Interim Chief Executive Officer

What's New in 2026

Primoris remains committed to offering best-in-class benefits to support your health and financial well-being. Use this guide to explore your options and make informed choices for the upcoming year. Below are the benefit highlights and changes effective January 1, 2026.

BCBSTX Medical and Pharmacy Benefits:

- **Premier Plan Enhancements:**
  - Lower deductible
  - Reduced copays for primary care and urgent care visits
- **Changes Across Premier, Core, and Base Plans:**
  - Higher out-of-pocket maximums
  - Increased copays for Preferred and non-Preferred medications (Premier & Core)

Lantern: Personalized Care Programs

Available to all employees and dependents enrolled in a Primoris medical plan, Lantern offers three specialized programs to guide you to the right care:

- **Surgical Care:** Personalized surgeon matching and post-op support
  - ***Important Reminder: Nonemergent bariatric, joint, and spine surgeries are only covered if performed through Lantern***
- **Cancer Care:** Oncology Nurse Navigator coordination, appointment coordination, and survivorship support and screening reminders
- **Infusion Therapy:** In-home or nearby options, 1,000+ covered infusions, and a dedicated care team

Prescription Coverage Update: Transitioning to CVS Caremark

- Beginning January 1, CVS Caremark will manage our pharmacy when you elect the Primoris Medical plan with BCBS. This change is designed to provide you with access to a broad pharmacy network, enhanced customer support, and tools to help manage your medications more easily.
- **What You Can Expect**
  - Wide Pharmacy Access: CVS Caremark's network includes thousands of retail pharmacies nationwide.
  - Support When You Need It: Dedicated customer service will be available to help with questions, refills, and medication management.
  - Easy Transition: You'll receive clear instructions on how to transfer existing prescriptions (if needed) and set up your CVS Caremark account.

HealthEquity: One Vendor for All Spending & Savings Accounts

- We're moving to HealthEquity as our single vendor for all spending accounts—including your Health Savings Account (HSA), Healthcare FSA, Limited Purpose FSA, and Dependent Care FSA.
- With one website, one mobile app, and one customer service team, managing your benefits will be simpler and faster. This change makes it easier for you to stay on top of your accounts and get the most value from your benefits.

Who to Contact

Medical

Blue Cross and Blue Shield of Texas
800-521-2227
mybam.bcbstx.com

Pharmacy

CVS Caremark
866-818-6911
caremark.com

$0 Cost International Pharmacy

ScriptSourcing
410-902-8811
scriptsourcing.com

Expert Medical Advice and Second Opinion

Included Health
833-938-9873
includedhealth.com/primoris

Virtual Visits

MDLIVE
888-680-8646
mdlive.com/bcbstx

Online Weight Management Program

WondrHealth
wondrhealth.com/prim

Surgery Care* and Infusion Therapy

Lantern
833-469-2030
my.lanterncare.com
Bariatric, joint, and spine surgeries are **only covered if performed through Lantern*

Cancer Care

Lantern
855-204-3923
my.lanterncare.com

Virtual Physical Therapy and Exercise

Hinge Health
855-902-2777
hinge.health/primorisservicescorp

Chronic Condition Support

Teladoc Health
800-835-2362
teladochealth.com/smile/primoris
Registration code: PRIMORIS

Employee Assistance Program (EAP)

SupportLinc
888-881-5462
supportlinc.com
group code: primeap

Dental

Delta Dental
800-521-2651
deltadentalins.com

Life, AD&D, and Disability

The Hartford
888-301-5615
mybenefits.thehartford.com

Supplemental Benefits - Accident, Critical Illness, Hospital Indemnity

MetLife
800-438-6388
mybenefits.metlife.com

Legal and Identity Theft Protection

LegalShield & IDShield
888-807-0407
benefits.legalshield.com/primoris

Pet Insurance

Nationwide
877-738-7874
benefits.petinsurance.com/primorisservice

Vision

VSP
800-877-7195
vsp.com

Health Savings Account (HSA) and Flexible Spending Accounts (FSA)

Health Equity
866-735-8195
healthequity.com

Medicare Concierge

SmartConnect
833-460-7766
gps.smartmatch.com/prim

Retirement - 401(k)

Fidelity
800-835-5095
netbenefits.com

Enrollment and Qualified Event Changes

Winston Benefits
833-774-6236
hris.prim.com

Primoris Benefits Team

833-PRIM-BEN (833-774-6236)
benefits@prim.com

Eligibility

If you are an active, non-union full-time employee of Primoris, you are eligible to participate in medical, dental, vision, life and disability plans, as well as additional voluntary benefits.

Dependents eligible for coverage include:

- Your legal spouse, common law spouse in states recognized, and domestic partners. (Affidavit and documentation required.)
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- Dependent children 26 or more years old, unmarried, and primarily supported by you and are incapable of self-sustaining employment by reason of mental or physical disability (periodic certification may be required).

Verification of newly enrolled dependents will be required by November 14, 2025.

When Coverage Begins



Current Employees

You can change your benefits each fall during Open Enrollment.

Open Enrollment elections are effective January 1, 2026.



New Hires

Hourly and Salary Administrative employees' benefits are effective upon date of hire. Hourly "Field" employees' benefits are effective first of the month following 30 days. All benefit eligible new hires have 30 days from date of hire to make their benefit elections. If this opportunity is missed, you will only be covered by the company-provided benefits.



Qualified Life Events

Changes outside of Open Enrollment can only be made if you experience a Qualifying Life Event (marriage, divorce, birth, adoption, death). If you have experienced a qualifying life event, please initiate your event in the benefit portal, call the Benefit Call Center or email the Benefit Team. Per IRS guidelines, you have 30 days from the date of the event to make benefit changes and provide supporting documentation before your changes can be approved.

Important Notes

If You Don't Enroll

Open Enrollment will take place October 6, 2025 - October 24, 2025. **If you do not take action, all coverage with the exception of the benefits paid for by Primoris will be terminated effective midnight December 31, 2025.**

If You Are Enrolling Dependents

If you are enrolling dependents for the first time, documentation is required and coverage will not be in effect until it is provided and reviewed. You have until November 14, 2025 to submit the required documentation.

Life Insurance

If your Life Insurance election requires Evidence of Insurability, the effective date of coverage will be the date the insurance company approves insurability. The effective date of coverage may be delayed if you are not actively at work, or if you or your dependent is hospitalized.

Review Your Beneficiaries During Open Enrollment

Open Enrollment is a great time to ensure your beneficiary information is up to date. Primoris requires all employees to designate a beneficiary for the company-provided Life and AD&D coverage to ensure benefits are distributed according to your wishes.

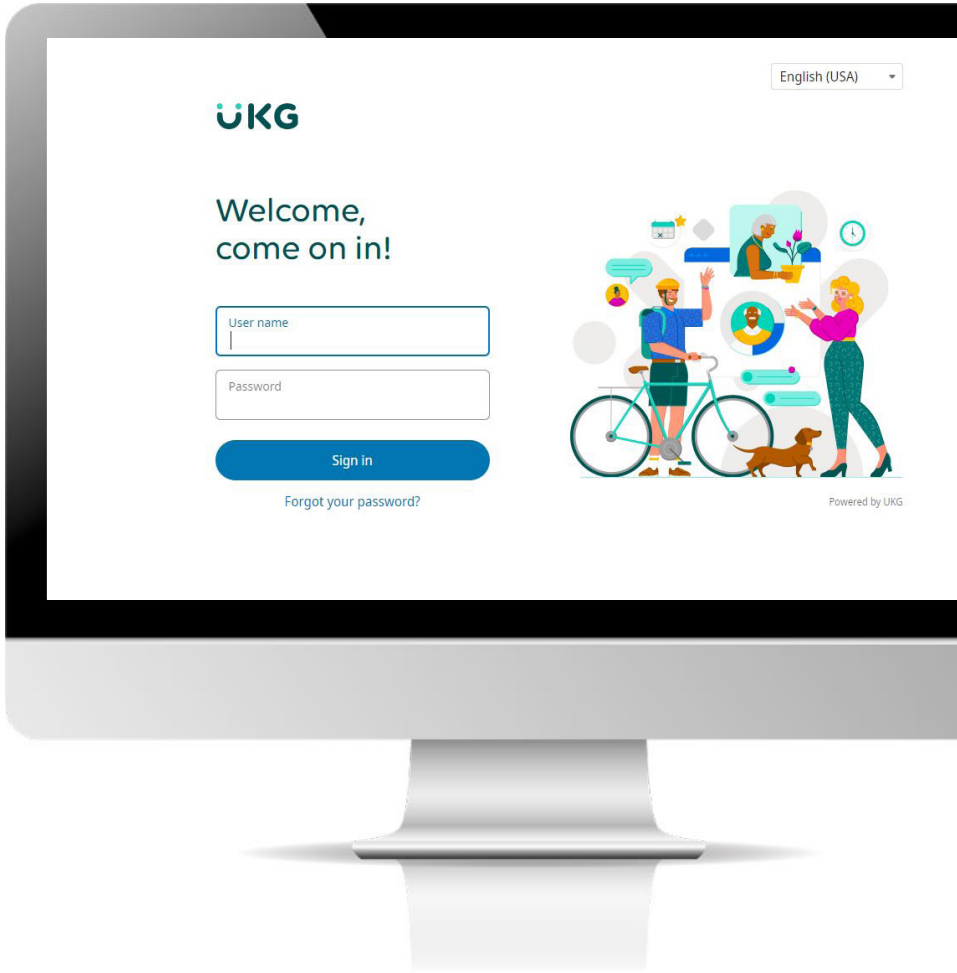
How to Enroll

1. Ready to start your enrollment? Login to your UKGPro account by visiting: hris.prim.com then selecting **Myself > Benefits > Manage my Benefits.**

2. Follow the steps through the end of the module. You will know you have completed your enrollment when you are asked to enter the last four (4) digits of your SSN to confirm your elections along with total cost and click "**Confirm Elections.**"

   A new screen will open with a Benefit Confirmation Statement, which you are strongly encouraged to save for future reference. This statement also instructs you with next steps, if applicable.

3. If you are unable to enroll online, please contact the Benefit Call Center for assistance. Counselors are available Monday - Friday, 8:30 am - 8:00 pm ET and can be reached at 833-774-6236, option 1 for English/2 for Spanish, then option 1 to speak with a counselor.



If you have any questions or wish to enroll over the phone, you can call the Primoris Benefits Team at 833-PRIM-BEN (833-774-6236) or email benefits@prim.com.

Medical Plans

BlueCross BlueShield of Texas

Primoris partners with BCBSTX to offer three medical plans using the **Blue Choice PPO Network**. You can see any provider, but you'll save more by staying in-network—thanks to negotiated rates with BCBSTX providers.

All three plans include:

- **Free** in-network preventive care
- Coverage for the same benefits and medications
- 24/7 Virtual Visit access with MDLIVE
- Non-emergent bariatric, joint, and spine surgeries are only covered through Lantern

Learn more at bcbstx.com or call 800-521-2227 (Select Blue Choice PPO Network).

Note: The costs shown in the chart are based on in-network provider usage. Additional services may incur additional costs. Seeking care outside the network also exposes you to balance billing..

In-Network	Premier Plan	Core Plan	Base Plan
Deductible	$600 Individual $1,200 Family	$2,000 Individual $4,000 Family	$2,000 Individual $4,000 Family
Coinsurance (Plan/Member)	80% / 20%	80% / 20%	70% / 30%
Out-of-Pocket Maximum (includes deductible)	$8,500 Individual $17,000 Family	$8,500 Individual $17,000 Family	$8,500 Individual $17,000 Family
Preventive Care	$0 copay	$0 copay	$0 copay
Primary Care	$10 copay	$30 copay	30%*
Specialist Visit	$30 copay	$50 copay	30%*
Inpatient / Outpatient Care	20%*	20%*	30%*
MDLIVE Virtual Visits	$0 copay	$10 copay	30%*
Urgent Care	$30 copay	$100 copay	30%*
Emergency Room	$300 copay + 20%*	$300 copay + 20%*	30%*

*after deductible

How to Pick a Medical Plan

When choosing a plan, consider you and your family's health needs, expected medical visits, and current prescription medications.

Premier and Core Plans (Traditional PPO plans)

- Pay fixed dollar copays for office visits and prescriptions
- Copays don't count toward your deductible, but they do count toward your out-of-pocket max
- For services like hospital stays or surgeries, pay coinsurance (a % of total cost) after meeting your deductible
- Once you reach your out-of-pocket maximum, all covered services are paid at 100% for the remainder of the plan year

Base Plan (High Deductible Health Plan - HDHP)

- Pay full negotiated cost for all non-preventive care, including medications, until you meet your deductible
- Stay in the network to take advantage of the in-network discounted costs, even though you are paying all costs prior to meeting the deductible
- After meeting your deductible, pay coinsurance (a % of total cost) until you reach your out-of-pocket max
- If covering dependents, one person may meet the full family deductible
- Once the out-of-pocket max is met, all covered services are paid at 100% for the remainder of the plan year

Prescription Plans

Effective January 1, 2026, pharmacy benefits will be administered through CVS Caremark, using the National Pharmacy Network. This change does not limit you to using only CVS pharmacies, but rather it includes major chain and independent pharmacies such as CVS, Walgreens, HEB, Walmart, and Sam's Club. Remember to always ask your provider if there is a generic available to save yourself costs. To find a list of participating pharmacies, visit Caremark.com and click "Locate Pharmacies."

ALL ENROLLEES WILL RECEIVE A SEPARATE PHARMACY ID CARD.

Starting in 2026, medical and pharmacy ID cards will be issued separately. Each family will receive two copies of the new pharmacy ID card, which will include the employee and all covered dependents on each card.

30-day Supply	Premier Plan	Core Plan	Base Plan
Generic	$5 copay	$10 copay	30%*
Preferred	$75 copay	$75 copay	30%*
Non-Preferred	$150 copay	$150 copay	30%*
Specialty Drugs	$300 copay	$300 copay	30%*

90-day Supply	Premier Plan	Core Plan	Base Plan
Generic	$10 copay	$20 copay	30%*
Preferred	$150 copay	$150 copay	30%*
Non-Preferred	$300 copay	$300 copay	30%*
ScriptSourcing	$0 copay	$0 copay	$0 after deductible

*after deductible

See page 11 for more information!

What to Know About Your Prescription Plan

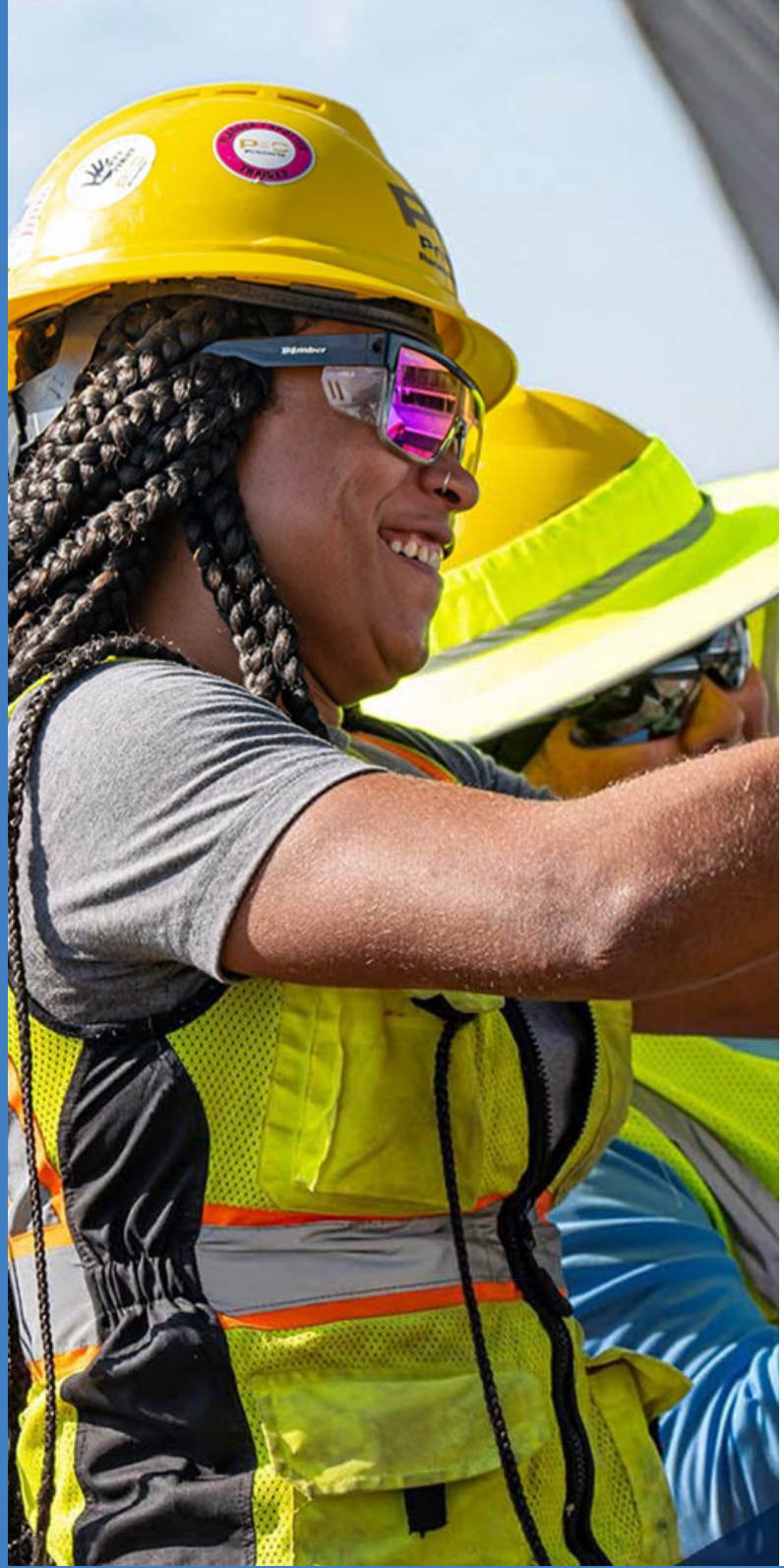
Performance Drug List: Medications not on the Performance Drug List (PDL) are not covered by the plan. The drug list also identifies preferred drugs that are more affordable. Copays and out-of-pocket cost will be higher if you choose a non-preferred drug. If you are taking or are prescribed a drug that is non-preferred or not on the drug list, ask your doctor about therapeutic alternatives.

Prior Authorization: Some prescription drugs require authorization before a prescription can be filled. Prior authorization is designed to promote patient safety and use of the drug as intended by the manufacturer and the FDA.

Mandatory CVS Specialty: Due to the high cost and complexity around Specialty medications, members are required to use the CVS Specialty Pharmacy to fill all specialty medication prescriptions. The CVS Specialty Pharmacy will provide members with the personalized support and care needed to successfully manage their condition to achieve better outcomes.

Non-Sedated Antihistamines Exclusion: Non-sedating antihistamines (i.e. Claritin, Zyrtec, Allegra, Loratadine, etc.) will be excluded from coverage under the Pharmacy Plan due to the abundance of over-the-counter products available on the market.

Additional Programs for Medical Plan Members



$0 Cost International Pharmacy

scriptsourcing

Save on Prescriptions with ScriptSourcing

ScriptSourcing is a **free** international mail-order program that helps you save on brand-name and specialty medications. If your prescription is eligible, you'll get it shipped to you at no cost—no copay, no shipping fees!

Check you and your covered dependent's prescription medications at **scriptsourcing.com/med-finder**. New drugs are added regularly, so check back often!

How to Enroll in the ScriptSourcing Program

It takes less than 5 minutes to enroll!

1. Visit the ScriptSourcing website at **scriptsourcing.com/enroll-now/**
2. Search and identify medications eligible for the ScriptSourcing program.
3. Click "**Schedule Now**" to schedule a call with a member advocate

OR call **410-902-8811** and ask for a member advocate.

Surgery Care, Cancer Care, and Infusion Therapy

Lantern

Available to all employees and dependents enrolled in a Primoris medical plan, Lantern offers expert support for surgery care, cancer care, and in-home infusions. Through a connected platform, Lantern provides access to top specialists, care advocates, nationwide coverage, and cost savings—all designed to help you get the right care and better outcomes.

Surgery Care

- **Required for all Spine, Joint, and Bariatric surgeries**
- Network of highly qualified surgeons for your non-emergency surgical procedures for FREE
- Dedicated Care Advocates help you select your surgeon, manage paperwork, handle pre-authorizations, and schedule travel (if applicable)
- Includes surgeon's fees, facility fees, and anesthesia during surgery

Complete Cancer Care

- Dedicated personal Oncology Nurse works with you to review and understand your diagnosis and treatment plan
- Faster access to leading specialists and institutions for first appointments or second opinions
- Digital tools to keep everything in one place, including automatic updates for loved ones and caregivers
- Survivorship support to assist with continued screenings, guidelines, managing treatments, and transition back into daily life

Infusion Therapy

- Receive treatment at home under the care of a nurse or in an infusion center close to home at low or no out-of-pocket costs
- Care Advocate will provide personalized support specific to your treatment plan
- Many infusion therapies qualify, including those for cancer, autoimmune disease, inflammatory conditions, heart conditions, chronic pain, and infections

Planning a non-emergency surgery?

Lantern helps you get top-quality care at lower costs—so you can focus on your health and healing, not bills.

Included at no cost for employees and dependents enrolled on a Primoris medical plan.

Why Use This Program?

- **REQUIRED FOR SPINE, JOINT, AND BARIATRIC SURGERIES**
- Access to comprehensive network of board certified surgeons, nationwide
- Personalized surgeon matching
- Concierge support for scheduling and travel
- Save time and money with expert guidance

Lantern covers more than 1,500 non-emergency surgeries, including:

Spine	Artificial Disk Replacement, Cervical Disk Fusion, Laminectomy, Laminotomy, Lumbar Interbody Fusion, 360 Spinal Fusion
Orthopedic	Arthroscopy (knee/shoulder), Bunionectomy, Carpal Tunnel Release, Ligament Repair, Rotator Cuff Repair
Joint Replacement	Ankle, Elbow, Hip, Knee, Shoulder, Wrist
Ear, Nose, and Throat	Ear Tube Insertion, Septoplasty, Sinusplasty
Cardiac	Cardiac Ablation, Defibrillator Implant, Pacemaker Implant, Valve Surgery
Gynecology	Hysteroscopy, Hysterectomy, Myomectomy, Ovary Removal
Gastrointestinal	Colonoscopy, Upper GI Endoscopy
General Surgery	Gallbladder/Laparoscopic Cholecystectomy, Thyroid, Hernia Repair
Bariatrics	Gastric Bypass, Sleeve Gastrectomy

Note: Lantern does not cover procedures related to dental care, vision, neurological conditions, cancer treatment, or pregnancy.

Where To Go For Care

Save your wallet, go to the right facility!

Skip the ER for non-emergencies and keep your healthcare costs under control. Review this chart for an at-a-glance look at where to go depending on the care you need.
Note: The costs shown below are based on in-network provider visits. Additional services may incur additional costs.

Virtual Visits with MDLIVE

Connect with a board-certified doctor with video or phone in just minutes from anywhere or any time. Visit mdlive.com/bcbstx to get started.

- Flu or cold; Fever
- Pink eye; Ear infections
- Allergies
- Coughs

Available 24/7

Premier Plan: $0 copay

Core Plan: $10 copay

Base Plan: 30% after deductible



Primary Care

The go-to place for managing your health with regular, preventive care. Your primary care provider knows you best.

- Non-urgent illnesses
- Vaccinations
- Annual exams
- Health screenings

Doctor's normal office hours

Premier Plan: $10 copay

Core Plan: $30 copay

Base Plan: 30% after deductible



Urgent Care

Treatment for urgent but not life-threatening conditions. Use when your PCP's office is closed. Shorter average wait time than the ER.

- Non-life-threatening illness and injuries
- Broken bones
- Cuts requiring stitches

Evenings, weekends, and holidays

Premier Plan: $30 copay

Core Plan: $100 copay

Base Plan: 30% after deductible



Emergency Room

Immediate care for serious health needs. Always call 911 if you have a life-threatening emergency.

- Chest pain
- Shortness of breath
- Uncontrolled bleeding
- Mental health crisis

Available 24/7
Use for emergencies only

Premier Plan: $300 + 20% after ded.

Core Plan: $300 + 20% after ded.

Base Plan: 30% after deductible



Know the Difference: Freestanding Emergency Room (ER) vs. Urgent Care Center

Freestanding ERs look a lot like urgent care centers, but may not be affiliated with an in-network hospital. That means you could end up with a hefty bill (or several bills). Here's how to spot a freestanding ER:

- Look for "Emergency" on the building exterior.
- Check the hours. If it's open 24/7, it's a freestanding ER.
- Confirm it's not connected to a hospital.
- Ask if it follows the copay, coinsurance and deductible payment model.

Virtual Visits

MDLIVE®

24/7 Virtual Care with MDLIVE

Need care after hours or while traveling? MDLIVE gives you and your enrolled dependents in a BCBSTX medical plan access to board-certified doctors anytime via video, phone, or secure email.

It's great for non-emergency issues like colds, flu, or prescriptions.

Note: Virtual visits aren't for emergencies or complex conditions. Some states may limit telehealth prescriptions.

Learn more at mdlive.com/bcbstx.

MDLIVE doctors can treat many medical and behavioral health conditions, including:

- Cold & flu
- Allergies
- Bronchitis
- Bladder infection
- Urinary tract infection
- Respiratory infection
- Pink eye
- Sore throat
- Stomachache
- Sinus problems



Register now so access is quickly available when you need it!

- **Call:** 888-680-8646
- **Log in:** mdlive.com/bcbstx
- **Mobile App:** Get it from the App Store (iOS) or on Google Play (Android)

Using Virtual Visits

1. Visit mdlive.com/bcbstx
2. Register and create your account
3. Request an appointment
4. Pay your portion of the service cost
5. Enter the virtual waiting room
6. Talk to a doctor about your symptoms, concerns, and treatment options

- **Premier Plan:** No Cost!
- **Core Plan:** $10 copay
- **Base Plan:** Deductible & Coinsurance apply

Chronic conditions such as diabetes and hypertension are significant public health concerns worldwide.

Diabetes: A Growing Global Health Challenge

The International Diabetes Federation (IDF) reports:

- **589 million adults** worldwide (ages 20–79) are living with diabetes as of 2025. This number is expected to rise to 853 million by 2050
- **Type 2 diabetes** accounts for over **90%** of all cases
- More than **252 million people** are living with **undiagnosed diabetes**

In the U.S., the CDC reports:

- **38.1 million adults** have diabetes, and **8.7 million are undiagnosed**

Diabetes remains a **leading cause of death** and can lead to serious complications like heart disease, stroke, kidney failure, blindness, and amputations.

Hypertension: The Silent Killer

The World Health Organization (WHO) reported:

- As of 2025, an estimated **1.28 billion adults** (ages 30–79) worldwide have high blood pressure (also known as hypertension)
- Hypertension is a major risk factor for **heart disease, stroke, and kidney failure, and contributes to millions of deaths each year**

In the U.S., the CDC reports:

- Nearly **48.1% of adults (about 120 million people)** have high blood pressure
- Only **22.5%** of those affected have their blood pressure under control

Key risk factors include poor diet, lack of exercise, obesity, alcohol use, and genetics.

Lifestyle changes and medications can help manage and prevent complications.

Chronic Condition Support

Teladoc HEALTH

Teladoc Health: Support for Diabetes & Blood Pressure

Get help managing diabetes, pre-diabetes, and high blood pressure with free tools and expert coaching. You'll receive a blood glucose meter, unlimited test supplies, and/or a blood pressure monitor—at no cost for you or your covered family members.

Program Benefits:

Diabetes Management

- Unlimited strips and lancets
- Connected blood sugar meter
- Personalized insights and more

Healthy Living Management

- Connected scale
- One-on-one coaching
- Guidance on healthy habits and more

Blood Pressure Management

- One-on-one coaching
- Connected monitor
- Real-time tips and more

Contact Teladoc Health

- 800-835-2362
- teladochealth.com/smile/primoris
  Registration code: PRIMORIS



Expert Medical Advice with Included Health

Making healthcare decisions can be tough. Included Health gives you and your covered dependents **free** access to expert second opinions—no extra exams or appointments needed.

Why use it?

- Get advice and second opinions from top specialists
- Find in-network doctors
- Connect from your phone, right from home

To get started

- **Call:** 833-938-9873
- **Visit:** includedhealth.com/primoris
- **Mobile App:** Get it from the App Store (iOS) or on Google Play (Android)

Hinge Health Helps You Feel Better

Hinge Health is a free program available to BCBS members connecting them with online physical therapists to assist with back, joint, and muscle pain. Use it to get ready for a surgery, recover from injuries, or stay healthy and pain-free.

You'll get easy exercises and can talk to a coach or therapist—all from home, anytime you want.

The program includes:

- Personalized exercise therapy to improve strength and mobility in short, 15-minute sessions
- One-on-one health coaching to provide motivation and support via text, email or phone
- Interactive education to teach you how to manage your specific condition, treatment options and more
- **NEW:** a virtual pelvic health therapy program for women

To get started

- **Visit:** hingehealth.com/bcbstx
- **Mobile App:** Get it from the App Store (iOS) or on Google Play (Android)

Eat smart. Feel better. Live well. With Wondr

Wondr is a **free** online program that teaches you when and how to eat—not what to eat—so you can lose weight and feel better without giving up your favorite foods. No calorie counting or food restrictions. Just simple, science-based tips you can follow anytime, anywhere.

Here's how it works:

- Whole-person health: supports weight loss, stress management, better sleep, and improved movement through personalized guidance
- Science-backed: based on clinical research, shown to help reverse conditions like diabetes and high blood pressure
- Flexible and accessible: anytime, anywhere through a mobile app

Get started at wondrhealth.com/prim.

Health Savings Account (HSA)

Health Savings Accounts are a personal savings account used in conjunction with a qualified high deductible health plan that allows participants to save money tax-free for qualified healthcare expenses. Your HSA lets you:

- Pay for eligible expenses for you, your spouse and eligible dependents, even if they are not enrolled in your medical plan
- Invest your contributions, growing your savings with tax-free interest
- Roll over unused funds each year, even if you leave Primoris

How the HSA Works



Primoris contributes
$250 (Employee only) and $500 (Employee + Family)
Prorated based on effective date of coverage



You can contribute up to $4,400 (Employee only) or $8,750 (Employee + Family)



Use your HealthEquity Debit Card for eligible healthcare expenses.

Frequently Asked Questions

HealthEquity

Who administers my HSA?
HealthEquity is the HSA administrator for Primoris employees. After your enrollment is processed, you'll receive an email from HealthEquity to complete your account setup.

Who can contribute to a HSA?
You must be enrolled in a qualified high-deductible health plan (HDHP), like the Primoris Base Plan. You cannot contribute if you:

- Are enrolled in another non-qualified medical plan
- Are claimed as someone's tax dependent
- Are enrolled in Medicare, Medicaid, Tricare, or receiving Social Security benefits
- Receive VA benefits (unless for a service-connected disability)

What expenses can I use HSA funds for?
Eligible expenses are defined by IRS Publications 969 and 502, but in general funds can be used for medical, dental and vision expenses.

Discover what expenses your HSA may cover at healthequity.com/hsa-qme

Note: Non-qualified expenses are subject to a 20% penalty and income tax. After age 65, the penalty is waived, but taxes still apply.

How is an HSA funded?
You can fund your HSA through:

- Pre-tax payroll deductions
- Direct contributions to your account

Can I keep my HSA if I change jobs or health plans?
Yes. Your HSA is yours to keep. If your Primoris employment or enrollment in the HDHP health plan ends, you can:

- Keep your account with HealthEquity
- Roll it into another qualified HSA provider
- Continue using the funds for qualified expenses

Note: You cannot contribute to an HSA unless enrolled in a qualified HDHP.

Can I also have a Health Care FSA if I have an HSA account?
You may enroll in a Limited Purpose Health Care FSA (LPFSA), which covers dental and vision expenses only.

Important: Your spouse cannot be enrolled in a general Health Care FSA (HCFSA) —even if not on your medical plan.

How much can I contribute to an HSA?
For 2026, the IRS limits are:

- Individual coverage: $4,400
- Family coverage: $8,750
- Catch-up (age 55+): Additional $1,000

Primoris contributes:

- $250/year for employee-only coverage
- $500/year for coverage with dependents

Note: IRS limits (noted above) include both employee and employer contributions and are prorated based on months enrolled. Additionally, Primoris' contribution is based on an enrollment effective date of 1/1/2026. If the effective date occurs later, the employer contribution amount will be prorated by remaining pay cycles.



Flexible Spending Accounts (FSA)

HealthEquity

You can participate in a Flexible Spending Account (FSA) administered by HealthEquity. FSAs let you set aside pre-tax dollars to pay for eligible health care and/or dependent care expenses.

Your annual election is split evenly across pay periods and deducted from your paycheck before taxes, helping you save money on everyday expenses.

Flexible Spending Account Types	Health Care FSA (HCFSA)	Limited Purpose FSA (LPFSA)	Dependent Care FSA (DPFSA)
Who can participate?	Full-time employees, not enrolled in the Base Medical Plan	Full-time employees, enrolled in the Base Medical Plan	Full-time employees
Medical plan enrollment required?	No	Yes	No
Max Contribution (2026)	$3,350*	$3,350*	$7,500 (single/head-of-household/married filing jointly) $3,750 (married filing separately)
Eligible Expenses (See notes below)	Medical, dental, vision, prescriptions	Dental and vision only	Child or Adult Dependent day care (medical expenses are not eligible)
What money can I use when I have an eligible expense?	Up to your entire annual election amount	Up to your entire annual election amount	Limited to the funds currently deposited into your account
How do I access my money?	HealthEquity Debit Card	HealthEquity Debit Card	Through the HealthEquity website or mobile app
What if there is money left at the end of the year?	Carry over up to $660* of your unused dollars into 2027	Carry over up to $660* of your unused dollars into 2027	You will lose unused dollars at the end of the year

* Subject to change per IRS guidelines

All FSA types let you make pre-tax payroll contributions to pay for eligible expenses. But what counts as an eligible expense differs between the account types. Here is a summary.

- Healthcare FSAs let you pay for **all eligible medical expenses**, including dental and vision expenses, as well as over-the-counter medications.
- Limited Purpose FSAs restrict **eligible expenses** to dental and vision eligible expenses exclusively.
- Dependent Care FSAs restrict eligible expenses to **dependent care expenses** exclusively. A qualifying 'dependent' may be a child under age 13, a disabled spouse, or an older parent in eldercare. You and your spouse must be working, actively looking for work, or attending school full-time for the expenses to be eligible.

Dental Plans

Primoris offers two dental plans through Delta Dental—both covering routine checkups and a wide range of dental services.

- **Base Plan:** Covers preventive and basic services
- **Buy-Up Plan:** Includes a higher annual maximum and adds coverage for major services and orthodontics

Key Features:

- See any provider, but **save more with Delta Dental PPO dentists**
- Preventive care (like cleanings and exams) is covered at 100% and doesn't count toward your annual maximum
- Find a network dentist at deltadentalins.com or call the number on your ID card

Dental Benefits	Buy-Up Plan In-Network	Base Plan In-Network
Calendar Year Maximum	$1,500 per person	$1,000 per person
Preventive Services *Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays*	100%	100%
Basic Services *Fillings, Endodontics, Periodontics, Oral Surgery, Simple Extractions*	20%	20%
Major Services *Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges*	50%	Not Covered
Orthodontics *Adults and Dependent Child(ren)* *Orthodontic Lifetime Maximum*	50% $1,500	Not Covered

Note: The costs shown in the chart reflect in-network provider rates.
If you choose an out-of-network dentist, reimbursement is based on Delta Dental's maximum contract allowances, not the dentist's actual fees—so your out-of-pocket costs may be higher.

Invest in Your **Smile...**

Dental Health

- **A Confident Smile:** Dental health contributes to a confident smile, enhancing your self-esteem and positively impacting your personal and professional relationships.
- **Preventive Care:** Regular dental check-ups and cleanings can help prevent serious oral health issues, such as gum disease, cavities, and tooth loss. Early detection allows for timely treatment and reduces the risk of complications.
- **Oral-Systemic Link:** Research reveals a significant connection between oral health and overall health. Poor dental hygiene has been linked to heart disease, diabetes, respiratory infections, and other systemic conditions. Taking care of your teeth and gums positively impacts your entire body.
- **Fresh Breath and Better Digestion:** Proper oral hygiene promotes fresh breath and ensures effective chewing, aiding digestion and nutrient absorption.

...and **Sight** for a Lifetime

Vision Health

- Clear Sight: Good vision is vital for performing daily activities, such as reading, driving, and recognizing faces. Regular eye examinations help maintain optimal visual acuity and detect any potential issues early on.
- Eye Disease Prevention: Comprehensive eye exams enable early detection of eye diseases such as glaucoma, cataracts, and age-related macular degeneration. Timely intervention can prevent or slow down the progression of these conditions.
- Digital Eye Strain: In today's digital age, prolonged screen time can lead to eye strain, dry eyes, and discomfort. Regular eye care can help alleviate these symptoms and maintain visual comfort.
- Academic and Professional Success: Good vision is crucial for academic success in children and optimal performance and safety in the workplace for adults. Clear vision enhances learning, productivity, and overall quality of life.



Vision Plans

Primoris offers two voluntary vision plans through VSP. Both plans include savings on eye exams, glasses, contacts, and even discounts on laser vision correction.

- **Base Plan:** Covers standard vision needs
- **Buy-Up Plan:** Includes all coverage within the Base Plan, plus coverage for safety glasses in lieu of regular glasses

Find a provider at vsp.com or call VSP Member Services toll-free number, 800-877-7195

Why Enroll?

- Save on eyewear and exams
- Detect early signs of serious health issues like glaucoma, diabetes, high blood pressure, and more during your WellVision Exam
- Use any provider, but save more with VSP network doctors

In-Network Benefits	PPO Plan
Exam	$10 copay
Material Copay	$25 copay
Single Vision	100% after copay
Bifocal	100% after copay
Trifocal	100% after copay
Contacts*	$230 allowance
Frames	$230 allowance plus an extra $20 if a Featured Frame is selected
Safety Glasses *Available on the Buy-Up Plan Only*	$100 allowance

*Contact lens fitting and evaluation fee applied to contact lens allowance

Benefit Frequency	PPO Plan
Exams	Once every 12 months
Lenses	Once every 12 months
Contacts*	Once every 12 months
Frames	Once every 24 months

*In lieu of lenses and frames

Survivor Benefits

Designed to provide peace of mind for you and financial protection for your loved ones in the event of your passing, survivor benefits are important to have in place helping to cover expenses, replace lost income and ensure financial security during a difficult time.

Basic Life and Accidental Death and Dismemberment (AD&D) Insurance

Primoris provides eligible employees with Basic Life and AD&D insurance through The Hartford. We ask that all employees assign a beneficiary, ensuring your designated loved one continues to receive a benefit in the event of your passing.

- **Salary and Hourly Administrative Employees:** Your Basic Life and AD&D insurance benefit is one times your annual salary, up to $200,000.
- **Hourly Employees:** Your Basic Life and AD&D insurance benefit is 1x your annual salary up to $50,000.



Voluntary Life and AD&D Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life and AD&D insurance through The Hartford. Evidence of insurability (EOI) is required for Voluntary Life elections made during Open Enrollment.

Voluntary Life & AD&D	Employee	Spouse	Child
Coverage Amount	$10,000 Increments	$5,000 Increments	$10,000
Maximum Benefit	8x your annual salary up to $2,000,000	$250,000 or 100% of the employee's coverage	$10,000

Adding or Changing a Beneficiary

Open Enrollment is a good time to confirm your beneficiary information is correct. Be sure you have chosen a beneficiary for your Primoris-provided Basic Life Insurance, even if you do not enroll in the additional Voluntary Life and AD&D Insurance. You can change your beneficiaries during Open Enrollment or any time by logging into the benefit portal via UKG. Click on **Benefits > Manage My Benefits > Change My Beneficiaries.**

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life and AD&D insurance benefits in the event of your death. This includes any benefits payable under both the Basic Life and AD&D as well as any voluntary elections. You are the assigned beneficiary for voluntary dependent elections covering a spouse or child.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact your own legal counsel with any questions.

Income Protection

The Hartford

You and your loved ones depend on your regular income. That's why Primoris offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating illness or injury. A portion of your income is protected until you can return to work or you reach retirement age.

Note: The premium associated with the voluntary STD, company-paid and voluntary LTD are "grossed up". This means you are paying the taxes associated with the employer paid benefit, preventing a claim payment from being taxed. This does not apply to the company provided short term disability.

Short Term Disability Insurance

STD insurance replaces a portion of your income if you become partially or totally disabled for up to 26 weeks. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or the Primoris Benefits Team for details.

Salary and Hourly Administrative Employees

Short Term Disability (STD) benefits are provided by Primoris at **NO COST**.

Salary and Hourly Administrative Employees Short Term Disability	
Weekly Maximum Benefit *	Weeks 1-6: 100% of pre-disability earnings Weeks 7-26: 60% of pre-disability earnings
Who Pays	Employer
Elimination Period	7 days
Maximum Benefit Period	26 weeks

* Maternity benefits are paid without an elimination period for 10 weeks at 100% of pre-disability earnings.

Hourly Employees

Employees can elect to enroll in the voluntary Short Term Disability (STD) plan through The Hartford.

Hourly Employees Short Term Disability	
Weekly Maximum Benefit	60% of pre-disability earnings
Who Pays	Employee
Elimination Period	7 days
Maximum Benefit Period	26 weeks

Initiate an STD Claim or Leave

Contact The Hartford to initiate an STD claim or Leave request and to follow up on the status of a claim.

- 800-595-9543, Monday - Friday 8:00 am - 8:00 pm Eastern
- abilityadvantage.thehartford.com

Long Term Disability Insurance

Long Term Disability (LTD) benefits are provided by Primoris at **NO COST** to you, if you're enrolled in the medical plan. Otherwise, benefit eligible employees are provided the option to elect coverage in the Voluntary LTD plan with Hartford. LTD insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or the Primoris Benefits Team for details.

Long Term Disability	
Monthly Benefit	60% of monthly earnings (up to $10K)
Who Pays	Employer (dependent on medical plan enrollment status)
Elimination Period	180 days
Maximum Benefit Period	Payments will last for as long as you are disabled up to Social Security Normal Retirement Age.

Supplemental Benefits

MetLife

This additional insurance can help cover unexpected expenses, regardless of any benefits you may receive from your medical plan. Coverage is available for yourself and your dependents and is offered at discounted group rates. Below is a high-level overview of coverage. Please see the MetLife Plan Documents for more information.

Accident Coverage

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident coverage provides benefits for you and your covered family members if you have expenses related to an accident that occurs at work or outside of work.

What's covered?

- Emergency transportation
- Initial care (ER, urgent care)
- Diagnostic exams
- Dislocations
- Fractures
- Surgery
- Burns
- Coma
- Paralysis and more

Critical Illness Coverage

Critical illness insurance pays a lump-sum benefit if you or your covered dependent is diagnosed with a condition, illness, or disease as defined in the policy. This benefit can help with unexpected expenses that might occur, such as medical bills, childcare, or household expenses that might not be covered under your medical plan.

What conditions are covered?

- Cancer
- Vascular
- Neurological
- Childhood illnesses
- Major organ transplant
- End stage kidney failure
- Bone marrow transplant

Hospital Indemnity

Hospital Indemnity Coverage[1] pays cash benefits directly to you if you have a covered stay in a hospital or intensive care unit.

What benefits are included?

- Hospital admission / ICU admission
- Hospital confinement / ICU confinement
- Inpatient rehabilitation
- Newborn daily confinement
- Plan enhancements include inpatient mental health and substance abuse hospitalizations

[1] Limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Supplemental Benefits could be an additional layer of protection that can help you pay for expenses not covered by your medical plan, lost wages, childcare, travel, home health care costs or any of your regular household expenses.



Annual Health Screening Benefit

Your Health Screening Benefit Amount is $50 if you are enrolled in the Accident or Critical Illness plan.

Employee Assistance Program (EAP)

As part of Primoris' commitment to your Total Wellness you have access to our customized EAP with SupportLinc. This program combines technology and personalized advocacy to help enhance your health, wealth, and wellbeing. Take advantage of the **5 FREE CONFIDENTIAL** sessions per issue per year, which can help you and your eligible dependents with many work, health, or life concerns. The program is available to all employees and their families at no cost.

Health

- Work-Life Balance Resources
  - Mental/emotional wellness
  - Meditation/mindfulness
  - Sleep fitness
  - Resiliency
- Drug and Alcohol Dependency Counseling

Wealth

- Legal Consultation: Will/Trust preparation
- Financial Counseling and Budgeting
- Identity Theft Recovery
- Resources for Everyday: Home improvement, auto repair, pet care, travel/entertainment services
- Retirement Planning and Assistance

Wellbeing

- 24/7 Access to Licensed Professionals
- Get Help With:
  - Anxiety/depression
  - Burnout/stress
  - Coping/trauma
  - Drug/alcohol concerns
  - Relationship issues

Did you know?

1 in 5 U.S. adults struggle with their mental and/or emotional health

1 in 15 experience substance abuse issues

1 in 20 experience a serious mental and/or emotional health issue

Nearly half of those struggling with mental and/or emotional health concerns don't seek any treatment

Check out José's story and see how the EAP helped him:

JOSÉ is overwhelmed. Not only is his son battling addiction, his wife is struggling with depression and anxiety while both his daughter (who is expecting) and his disabled mother are moving in.

Luckily, our EAP provides connection points via call, text, live chat, email, self-guided options and more!
The EAP didn't just help José. Check out the support his family received for FREE!

HIS WIFE works from home and is struggling with depression and anxiety.
Text Therapy / In-person Counseling (5 **FREE** sessions) / Work-Life Balance Resources

HIS SON has developed an addiction to prescription pain medication after a sports injury.
In-the-moment Support / Short-term Counseling / Virtual Group Therapy

HIS OLDEST DAUGHTER is pregnant, left college and moved back home.
Support for Single Parenting / Childcare Resources / Life Coaching

HIS ELDERLY MOM is wheelchair-bound, needs full time assistance and must move in with José's family.
Family Counseling / Elder Care Assistance / Home-repair Referrals

888-881-5462

supportlinc.com

(group code: primeap)



SmartConnect

Medicare Made Easy!

Medicare eligibility and enrollment can be tricky, if you're **Medicare-eligible**, whether retiring soon or continuing to work, SmartConnect can help you explore your options—even while enrolled in Primoris benefits.

- **Compare plans**, including your current coverage and available Medicare options, to find savings and extra benefits
- **Get answers** to all your Medicare questions
- **Enroll easily** with help from a licensed agent

This service is **free** for you and your family members. Even if you are enrolled in group coverage, you can still explore and enroll in a Medicare plan with no penalty.

Start your Medicare journey with SmartConnect today!

- 833-460-7766
- SmartConnect
- Schedule a phone consultation

Frequently Asked Questions

Who can use SmartConnect?

Anyone who is **Medicare-eligible**—including employees, retirees, spouses, children, parents, neighbors, and friends.

How much does it cost?

SmartConnect is free. There are no hidden fees. The only cost is any monthly premium paid directly to the insurance provider you choose.

Are SmartConnect agents licensed in my state?

Yes! SmartConnect agents are licensed and appointed in **all 50 states.**

When should I contact SmartConnect?

Right now, or anytime you would like! Whether you're new to Medicare, already enrolled, or planning to retire, SmartConnect can help you:

- Understand your options
- Compare plans
- Enroll in coverage that fits your needs

Legal & Identity Theft Protection

Legal Plan

LegalShield offers you and your family access to attorneys for common legal services, such as will preparation, estate planning, family law, and more. You and your family will have direct access to experienced attorneys that will respond within 4 business hours or less.

- Legal Consultation and Advice
- Court Representation
- Dedicated Law Firm
- Legal Document Prep and Review
- Uncontested Divorce
- Speeding Ticket Assistance
- Will Prep
- 24/7 Emergency Legal Access

Identity Theft Protection

Get peace of mind by protecting you and your family against the damage of identity theft. Identity theft protection services from IDShield monitor your identity, detect fraud, and restore your identity in the event of theft. Certified privacy advocates are also available to act as a dedicated case manager on your behalf to resolve any identity theft issues.

- Identity Consultation and Advice
- Dedicated Licensed Private Investigators
- Identity and Credit Monitoring
- Social Media Monitoring
- Child Monitoring
- Comprehensive Identity Restoration
- Identity and Credit Theft Alerts
- 24/7 Emergency Access

Contact LegalShield & IDShield

- 888-807-0407
- benefits.legalshield.com/primoris



Pet Insurance

Pet Insurance through Nationwide can make the unexpected events that come with pets a little easier. Nationwide Pet Insurance provides preferred pricing on coverage for your household pets. You work hard to provide your family with everything they need. So, whether your family includes kids with two feet or kids with four paws, you know what responsibility looks like.

My Pet Protection from Nationwide helps you provide your pets with the best care possible. Plans cover a wide range of medical problems, accidents, illnesses, and hereditary conditions.

To receive a quote or enroll, please visit **benefits.petinsurance.com/primorisservice** or by calling **877-738-7874**.

This benefit is not payroll deducted, but rather direct billed from Nationwide.

At Primoris, we care about you and that includes your financial health too!

Tackling financial stress head on with a practical savings strategy means you will be healthier, happier, and more productive.

Making contributions to a 401(k) account is the first step toward achieving financial security.

Eligible employees can invest for retirement while receiving tax advantages. Administrative services are provided by Fidelity. You may start making pre-tax contributions into the plan upon date of hire.

Retirement

Pre-tax vs. Roth 401(k)

If you contribute to your 401(k) pre-tax, your contributions are taken out before taxes each pay period, which will lower your annual taxable income. Pre-tax contributions grow on a tax-deferred basis and you won't pay taxes on these dollars until a distribution is taken at retirement. If you choose the available Roth 401(k), contributions are deducted from your paycheck after taxes — so although you are paying taxes on those dollars now, you won't pay taxes when you withdraw during retirement.

Investing in the Plan

It's up to you how to invest the assets. The Primoris 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, visit **netbenefits.com**.

Vesting

Vesting refers to how much of your 401(k) funds you can take with you if or when you leave Primoris. All employees are 100% vested on the first day that they are enrolled in the plan; there is no vesting schedule. You always own and are fully vested in your own personal 401(k) contributions.

Contributing to the Plan

The deferred contribution limit is set annually by the IRS and is currently $23,500.*

If you are age 50 or older this year and you already contribute the maximum allowed to your 401(k) account, you may also make a "catch-up contribution". This additional deposit helps accelerate your progress toward your retirement goals.

Not sure if you're getting close to the annual contribution limit? Our payroll system tracks how much you've contributed as a Primoris employee. If you joined the company after January 1st, be sure to factor in any prior plan deferrals to ensure you don't exceed the annual IRS contribution limits. Check your pay statements periodically and adjust your Primoris 401(k) plan contributions accordingly.

Company Match

Primoris matches your contribution dollar for dollar on the first 3% of your deferral. After that, there is a 50% match for the next 2% for a total of 4%.

Changing or Stopping Your Contributions

You may change the amount of your contributions any time. Changes are effective as soon as administratively feasible and remain in effect until you modify them. You may also discontinue your contributions and start them again at any time.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer that account into the plan any time. Contact Fidelity at **800-835-5095** for details.

Regardless of which retirement account you choose or how much you contribute, remember to think of it as a long-term strategy. Dipping into the account early will jeopardize the quality of your retirement and you may be subject to early withdrawal penalties from the IRS.

Retirement Plan Resource

All Primoris employees have access to one-on-one financial coaching through SageView Advisory Group at no cost. SageView can assist with understanding the Retirement plan benefits, selecting investment options, creating a budget and exploring overall financial goals. Visit **mypersonalsage.com** to learn more.
(Organization Code: Primoris00209)

* Subject to change per IRS regulations

Contributions

Medical Plans	Premier Plan		Core Plan		Base Plan	
	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly
Employee Only	$229.67	$53.00	$192.83	$44.50	$106.17	$24.50
Employee + Spouse	$689.00	$159.00	$578.50	$133.50	$318.50	$73.50
Employee + Child(ren)	$459.33	$106.00	$385.67	$89.00	$212.33	$49.00
Employee + Family	$918.67	$212.00	$771.33	$178.00	$424.67	$98.00

Dental Plan	Buy-Up Plan		Base Plan	
	Monthly	Weekly	Monthly	Weekly
Employee Only	$17.84	$4.12	$10.46	$2.41
Employee + Spouse	$34.41	$7.94	$20.17	$4.65
Employee + Child(ren)	$32.49	$7.50	$19.05	$4.40
Employee + Family	$50.50	$11.65	$32.06	$7.40

Vision Plan	Without Safety Glasses		With Safety Glasses	
	Monthly	Weekly	Monthly	Weekly
Employee Only	$6.20	$1.43	$7.78	$1.80
Employee + Spouse	$11.29	$2.61	$12.87	$2.97
Employee + Child(ren)	$11.83	$2.73	$13.41	$3.09
Employee + Family	$18.24	$4.21	$19.82	$4.57



Accident	High Plan Monthly	Low Plan Monthly
Employee Only	$9.75	$4.88
Employee + Spouse	$17.55	$8.78
Employee + Child(ren)	$21.45	$10.73
Employee + Family	$25.35	$12.67

Hospital Indemnity	High Plan Monthly	Low Plan Monthly
Employee Only	$9.75	$4.88
Employee + Spouse	$35.10	$17.55
Employee + Child(ren)	$19.50	$9.75
Employee + Family	$42.90	$21.45

Critical Illness contributions will be calculated during the enrollment process.

Legal & ID Plans	Monthly
LegalShield	$14.00
IDShield	$7.45 Employee $14.05 Family
LegalShield + IDShield	$20.45 Employee $26.05 Family

Voluntary Life Insurance

Rates/$1,000/month	
Age (as of 1/1/25)	Employee/Spouse
Under 25	$0.091
25-29	$0.091
30-34	$0.101
35-39	$0.117
40-44	$0.180
45-49	$0.300
50-54	$0.462
55-59	$0.764
60-64	$0.920
65-69	$1.851
70+	$2.986
Child(ren)	$0.083

Voluntary AD&D	Rates/$1,000/month
Employee	$0.046
Spouse	$0.059
Child	$0.059

How to Calculate What You'll Pay

Voluntary Life and AD&D

$ _____ Coverage Amount

÷ $1,000

=

_____

×

$ _____ Insert Age Based Rate [1]

=

$ _____ Monthly Contribution

How to Calculate What You Pay

$ _____ Monthly Contribution

× 12

=

$ _____

÷ 52 (weekly) or 26 (bi-weekly)

=

$ _____ Your Contribution

Enrollment Notices

Primoris Services Corporation

January 1, 2026

Privacy Officer:

Human Resources
2300 N. Field Street #1900
Dallas, TX 75201
EIN: 20-4743916

Important: Paper copies of the following documents and/or notices are available by request, free of charge, by calling Human Resources at 833-PRIM-BEN.

- Summary plan descriptions and summaries of material modifications
- Summary of Benefits and Coverage

Your Medicare Part D Notice is the first section of this packet. Some other key notices include CHIPRA, HIPAA Privacy, and Notice of Coverage Options (Marketplace Notice). If you have any questions, please reach out to the contact listed above.

Important Notice from Primoris Services Corporation About Your Prescription Drug Coverage and Medicare under the BCBSTX Base, Core, and Premier Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Primoris Services Corporation 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 two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 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.
- Primoris Services Corporation has determined that the prescription drug coverage offered by the BCBSTX plans are, 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 15 to December 7.

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 will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back at the next annual enrollment opportunity or qualified life event.

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 this plan 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...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

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).

Notice of Special Enrollment Rights

This notice is being provided to help you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage 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 toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Marriage, Birth or Adoption

If you have a new dependent as a result of a 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, or placement for adoption.

Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, please contact the plan administrator (See the "Who to Contact" page of this guide for contact information).

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 of 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members. GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic Information" as defined by GINA, includes an individual's family medical history, the results of genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member or an embryo lawfully held by a member receiving assistive reproductive services.

Mental Health Parity & Addiction Act

The Mental Health Parity and Addiction Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more Information regarding the criteria for medical necessity determinations made under your employer's plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at (See the "Who to Contact" page of this guide for contact information).

Women's Health and Cancer Rights Act

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). The Women's Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide certain benefits for mastectomy patients who elect breast reconstruction. 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 was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; Prostheses; and Treatment of physical complications of the mastectomy, including lymphedema.

Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those established for other benefits under the plan. If you would like more information on WHCRA benefits, contact your plan administrator (See the "Who to Contact" page of this guide for contact information).

Patient Protections

Primoris Services Corporation's Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator (See the "Who to Contact" page of this guide for contact information).

Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA)

The Uniformed and Services Employment and Re-Employment rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long Term Disability or Accidental Death & Dismemberment coverage you may have. A full explanation of USERRA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverage or go to this site: **dol.gov/agencies/vets/programs/userra**

An alternative source is VETS. You can contact them at 1-866-4-USA-DOL or visit this site: **dol.gov/vets**

An interactive online USERRA Advisor can be viewed at **dol.gov/agencies/vets/programs/userra**

Premium Assistance Under Medicaid and the 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 **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 **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 **askebsa.dol.gov** or call 1-866-444-3272.

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 directly for more information on eligibility:

ALABAMA – Medicaid
myalhipp.com
1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
myakhipp.com
1-866-251-4861
customerservice@myakhipp.com
Medicaid Eligibility: **health.alaska.gov/dpa/pages/default.aspx**

ARKANSAS – Medicaid
myarhipp.com
1-855-692-7447

CALIFORNIA – Medicaid
Health Insurance Premium Payment (HIPP) Program: **http://dhcs.ca.gov/hipp**
916-445-8322
Fax: 916-440-5676
hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: **healthfirstcolorado.com**
Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711
CHP+: **hcpf.colorado.gov/child-health-plan-plus**
CHP+ Customer Service: 1-800-359-1991 / State Relay 711
Health Insurance Buy-In Program (HIBI): **mycohibi.com**
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid
flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html
1-877-357-3268

GEORGIA – Medicaid
medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
678-564-1162, Press 1
GA CHIPRA Website: **medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra**
678-564-1162, Press 2

INDIANA – Medicaid

All other Medicaid
in.gov/medicaid/
www.in.gov/fssa/dfr/
Family and Social Services Administration
1-800-403-0864
Member Services: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: hhs.iowa.gov/programs/welcome-iowa-medicaid
Medicaid Phone: 1-800-338-8366
Hawki Website: hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki
Hawki Phone: 1-800-257-8563
HIPP Website: hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp
HIPP Phone: 1-888-346-9562

KANSAS – Medicaid
kancare.ks.gov
1-800-792-4884
HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)
Website: chfs.ky.gov/agencies/dms/member/pages/kihipp.aspx
1-855-459-6328
kihipp.program@ky.gov
KCHIP Website: kynect.ky.gov
1-877-524-4718
Kentucky Medicaid Website: chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid
medicaid.la.gov or ldh.la.gov/lahipp
1-888-342-6207 (Medicaid hotline) or
1-855-618-5488 (LaHIPP)

MAINE – Medicaid
https://www.mymaineconnection.gov/benefits/s/?language=en_US
1-800-442-6003
Private Health Insurance Premium: maine.gov/dhhs/ofi/applications-forms
1-800-977-6740
Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
https://www.mass.gov/info-details/masshealth-premium-assistance-pa
1-800-862-4840
TTY: 711
masspremassistance@accenture.com

MINNESOTA – Medicaid
mn.gov/dhs/health-care-coverage/
1-800-657-3672

MISSOURI – Medicaid
dss.mo.gov/mhd/participants/pages/hipp.htm
573-751-2005

MONTANA – Medicaid
dphhs.mt.gov/montanahealthcareprograms/hipp
1-800-694-3084
hhshippprogram@mt.gov

NEBRASKA – Medicaid
accessnebraska.ne.gov
855-632-7633
Lincoln: 402-473-7000
Omaha: 402-595-1178

NEVADA - Medicaid
http://dhcfp.nv.gov
1-800-992-0900

NEW HAMPSHIRE – Medicaid
dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program
603-271-5218
Toll free number for the HIPP program:
1-800-852-3345, ext 5218
DHHS.ThirdPartyLiabi@dhhs.nh.gov

NEW JERSEY – Medicaid and CHIP
Medicaid Website: state.nj.us/humanservices/dmahs/clients/medicaid
Medicaid Phone: 1-800-356-1561
CHIP Premium Assistance: 609-631-2392
CHIP Website: njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid
health.ny.gov/health_care/medicaid
1-800-541-2831

NORTH CAROLINA – Medicaid
medicaid.ncdhhs.gov
919-855-4100

NORTH DAKOTA – Medicaid
hhs.nd.gov/healthcare
1-844-854-4825

OKLAHOMA – Medicaid and CHIP
insureoklahoma.org
1-888-365-3742

OREGON – Medicaid
healthcare.oregon.gov/pages/index.aspx
1-800-699-9075

PENNSYLVANIA – Medicaid
pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html
1-800-692-7462
CHIP Website: pa.gov/en/agencies/dhs/resources/chip.html
CHIP Phone: 1-800-986-5437

RHODE ISLAND – Medicaid & CHIP
eohhs.ri.gov
855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
scdhhs.gov
1-888-549-0820

SOUTH DAKOTA - Medicaid
dss.sd.gov
1-888-828-0059

TEXAS – Medicaid
hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program
1-800-440-0493

UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP): https://medicaid.utah.gov/upp/
upp@utah.gov
1-888-222-2542
Adult Expansion: https://medicaid.utah.gov/expansion/
Utah Medicaid Buyout Program: https://medicaid.utah.gov/buyout-program/
CHIP: https://chip.utah.gov/

VERMONT– Medicaid
dvha.vermont.gov/members/medicaid/hipp-program
1-800-250-8427

VIRGINIA – Medicaid and CHIP
coverva.dmas.virginia.gov/learn/premium-assistance/famis-select
coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs
1-800-432-5924

WASHINGTON – Medicaid
hca.wa.gov
1-800-562-3022

WEST VIRGINIA – Medicaid
dhhr.wv.gov/bms
mywvhipp.com
Medicaid Phone: 304-558-1700
CHIP Toll-free phone: 1-855-699-8447

WISCONSIN – Medicaid and CHIP
dhs.wisconsin.gov/badgercareplus/p-10095.htm

1-800-362-3002

WYOMING – Medicaid
health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility
1-800-251-1269

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 Services
Employee Benefits Security Administration
dol.gov/agencies/ebsa
866-444-3272

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
cms.hhs.gov
877-267-2323, Menu Option 4, Ext. 61565

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved 0MB No. 1210-0149 (expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace").To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings on your premium that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%[1] of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.[1] [2]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

[1] Indexed annually; see irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.
[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application

or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2025, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information.

This information is numbered to correspond to the Marketplace application.

3. Employer Name: Primoris Services Corporation
4. Employer Identification Number (EIN): 20-4743916
5. Employer Address: 2300 N. Field Street #1900
6. Employer Phone Number: 214-740-5600
7. City: Dallas
8. State: TX
9. Zip Code: 75201
10. Contact About Coverage: Employee Services
11. Phone Number: 833-PRIM-BEN
12. Email: benefits@prim.com

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
- All employees. Eligible employees are full-time employees and employees who work an average of 30 hours per week.
- With respect to dependents:
- We do offer coverage. Eligible dependents are spouses/domestic partners and children.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, healthcare.gov will guide you through the process.

Notice of Availability of HIPAA Privacy Notice

Under the Health Insurance Portability and Accountability Act (HIPAA) health plans are required to provide covered individuals with a Privacy Notice that describes, among other things, the uses and disclosures of protected health information that may be received by the plans, your rights regarding that information and the plan's responsibilities.

The Company's Health Plan maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact:

Please contact us for more information:

See the "Who to Contact" page of this guide for contact information.

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775

#ThePowerOfPrimoris