



HOURLY EMPLOYEE BENEFITS

EFFECTIVE JAN. 1, 2025
THROUGH DEC. 31, 2025



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.

Throughout this guide, you will find important information about the benefits available to you for the 2025 plan year. Take time to review your options and determine which plans make sense for you and your family.

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HOURLY EMPLOYEE BENEFITS OVERVIEW

PCL is committed to supporting you and your family.

From medical benefits to help you manage your health, to a 401(k) thrift plan to help you save for the future and 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 2025:

Human Resources will provide you with your district's enrollment form.

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



BENEFITS 101

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

1. 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.

2. 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%.

3. COPAY

A copay is the fixed amount that a member is required to pay out-of-pocket for a specific healthcare service or prescription drug that is covered by the plan. The deductible is typically waived for services where a copay is due. Copays do not apply towards the annual deductible, but do apply towards annual out-of-pocket maximums.

4. 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 two 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 Anthem: Plan 1 and Plan 2.

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

QUESTIONS TO CONSIDER

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 (Anthem BlueCard PPO) 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 maximum is an important consideration if you've had extensive health care claims within 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 Anthem BlueCard PPO network of doctors, providers and hospitals

Cover the same services; include prescription drug coverage

Save you money when you use an in-network Anthem 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: Telehealth

Plan 2

In-network coverage only

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

Copays (In-network providers)

\$0 Telehealth \$25 Primary Care
\$15 Retail Care Clinic \$50 Specialist & Urgent Care

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

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. 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				
Telehealth (LiveHealth Online)	\$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 800-900-9184</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>TELEHEALTH anthem.com</p> <p>Telehealth 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. 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

With your Anthem plan, you have a variety of tools and one-on-one support from a dedicated Family Advocate to help you engage with your health and connect with specialized health professionals.

Your Family Advocate helps you feel supported and confident in your care. They'll educate you and your family on your health plan benefits and help you get the most out of them. Count on your Advocate to help you:

- Find quality doctors, specialists and care facilities in your health plan's network.
- Stay on top of preventive care and connect you with resources to help you better manage your health
- Understand your benefits, including wellness rewards.

START HERE - 24/7 HELP

PHONE	WEB	SYDNEY HEALTH APP
844-721-0273	www.anthem.com	Download the Sydney Health app on the App Store or Google Play.

PROGRAMS AVAILABLE THROUGH YOUR MEDICAL PLAN

TELEHEALTH	BUILDING HEALTHY FAMILIES	HEARING AID BENEFIT
<p>Through the Virtual Care Center, you can use your smartphone to access virtual care for all of your physical and behavioral health needs, any hour of any day. This one access point guides you to primary care, urgent care, behavioral health, wellness visits, condition management and specialized support.</p> <p>Note: PCL encourages you to have a primary care doctor, but telehealth is a great alternative to urgent care or the ER.</p>	<p>Building Healthy Families focuses on meeting families' needs – no matter who makes up that family. If you're having a baby or planning to grow your family, the program makes it easier to find personalized, on-demand health guidance.</p>	<p>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 five years). Just like other medical care, the hearing aid benefit involves meeting your deductible and coinsurance.</p>
CHRONIC CONDITION HELP	CASE MANAGEMENT	INCLUSIVE CARE
<p>For those who have a chronic condition, such as high cholesterol, diabetes, low back pain or coronary artery disease, you can receive physical and mental health support from a team of doctors, nurses, pharmacists and dieticians.</p>	<p>If you're coming home after surgery or have a serious health condition, a nurse care manager can help answer your questions about your follow-up care, medications and treatment options, coordinate benefits for home therapy or medical supplies, and find community resources to help you. Your nurse care manager will call you, but you also can call the Member Services number on your ID card.</p>	<p>Everyone should be able to trust and feel comfortable with their doctors. With Inclusive Care, LGBTQ+ individuals and families are connected to medical and emotional support and best-in-class healthcare.</p>

DENTAL INSURANCE

PCL offers a dental insurance plan through MetLife.

PRO TIP!

Medical, prescription drug and dental benefits are 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 ¹	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 \$3,200 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, 2026, to incur claims under the Health Care FSA. All incurred claims must be submitted by March 31, 2026.

Dependent Care FSA dollars are "use it or lose it." All claims for the 2025 calendar year must be incurred by March 31, 2026.

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 90 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.

PCL partners with Lyra Health for our employee assistance program (EAP). Our 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 benefit eligible dependents 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, Lyra. 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 pcl.lyrahealth.com or call **877-876-5624**.

STRENGTHENING YOUR MENTAL HEALTH

From an online library of self-care tools to easy access to mental health coaches and therapists, Lyra provides care for your emotional health—how, when, and where you need it. Learn how to get unstuck, improve your communication, strengthen your relationships, and feel more balanced with Lyra Health. Visit pcl.lyrahealth.com to sign up or call **877-876-5624** to learn more.

WORK LIFE SERVICES AT YOUR FINGERTIPS

No matter what your goals are or your stage in life, Lyra's work life services can provide you the tools and resources you need. With Lyra, you will have access to:

- Legal consultations
- Child, elder, and pet care
- Identity theft support
- Financial consultations

Online resources as well as a 30-minute consultation with subject matter experts will help you navigate life's challenges.



PRO TIP!

Employees enrolled in any of PCL's Anthem medical plans are eligible for additional coaching or therapy sessions beyond the six free sessions with your Lyra provider. All Lyra network providers are in-network with Anthem and the additional care will be subject to in-network deductibles and coinsurance as defined under each plan.



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 Securian 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.



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. The 2024 IRS limit is \$23,000 or \$30,500 if you are over age 49. The IRS adjusts the limits annually to account for inflation. 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 or email uhourly@pcl.com.

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

PLAN	POLICY #	PHONE #	WEBSITE
Medical Plans Anthem	174324	844-721-0273	www.anthem.com
Prescription Drugs CVS/Caremark	RX22EQ	877-377-4239	www.caremark.com
TeleHealth Virtual Care Center			www.anthem.com
Dental Plan MetLife	304938	800-942-0854	www.metlife.com
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 Securian	70770	877-491-5265	www.securian.com
Employee Assistance Program Lyra		877-876-5624	pcl.lyrahealth.com
401(k) Thrift Plan Empower Retirement		800-338-4015	www.empowermyretirement.com