Primoris

2020 Benefits Guide

A Comprehensive Reference to Employee Benefits for Primoris Services Corporation Employees (and Subsidiaries)

Welcome

Benefits for You and Your Family

Primoris is pleased to announce your 2020 benefits program. The program is designed to provide you with benefit solutions that help you stay healthy, feel secure and maintain a work/life balance.

During open enrollment, you will have the opportunity to participate in a variety of benefit plans including:

- Medical
- Dental
- Vision
- Basic Life and AD&D
- Voluntary Term Life and AD&D
- Short Term Disability
- Long Term Disability
- Flexible Spending Account
- Employee Assistance Program

The effective date of elected coverage is January 1, 2020.

What's Changing for 2020?

Great news! There will be no change to the plan designed or employee premium cost for the medical, vision and dental for the 2020 Plan Year.

When and How Do I Enroll?

Open enrollment will be conducted November *1, 2019 through November 15, 2019.* This will be your only opportunity to enroll in the benefits program for the 2020 plan year. Be sure to look for internal communication reminders from your Human Resources Department announcing specific dates and times.

This is a **passive** enrollment. If you do not want to make any changes to your current benefit elections you will not be required to take any action as your election will roll over. If you are participating in a Flexible Spending Account, FSA elections require an active enrollment every year and you must re-enroll online to continue participating in this program. If you are making no other changes to your benefits, no action is required. Your current elections will automatically roll over to 2020. At a minimum, we recommend you review your current benefits. Also this is a perfect time of year to check your beneficiary information and make any necessary updates accordingly.

Enrollment will be conducted completely online. There will be no paper forms to fill out. Please see the Benefit Focus instructions in this guide for more information on how to enroll via the web.

Changing Coverage during the Year

You can change your coverage during the year only when you experience a qualified change in status, such as marriage, divorce, birth, adoption, and placement for adoption or loss of coverage. You must notify your Human Resources Department of a qualified change within 30 days of the event and the election must be consistent with the event. For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.

Eligibility

Eligibility

As an active full-time employee working a minimum of 30 hours per week, you are eligible to enroll in the benefits described in this brochure. Benefits begin after the completion of your eligibility waiting period. The effective dates for benefit coverage are outlined below:

Medical & All Other Benefits

1st of the month following 30 days of employment

Spouses are eligible for the medical, dental and vision plans regardless of whether or not they are offered coverage by another employer.

Your children may remain on your insurance until age 26.

Important Telephone Numbers and Websites

Benefit	Contact	Phone Number	Website
Medical	**Blue Cross Blue Shield Texas**	800-521-2227	bcbstx.com
Telemedicine	**MDLIVE**	888-680-8646	Mdlive.com/bcbstx
Health Savings Account	**HSA Bank**	800-357-6246	hsabank.com
Dental	**Delta Dental**	800-521-2651	deltadentalins.com
Vision	**VSP**	800-877-7195	vsp.com
Life & AD&D Insurance Conversion Form / Portability Kit Assignment Forms	**The Hartford**	888-301-5615	mybenefits.thehartford.com abilityadvantage.thehartford.com
Short & Long Term Disability	**The Hartford**	888-301-5615	mybenefits.thehartford.com
Flexible Spending Accounts	**Discovery**	866-451-3399	Discoverybenefits.com
Employee Assistance Program	**The Hartford**	800-964-3577	Guidanceresources.com
Benefits Help	**Benefit Resource Center**	855-874-0110	BRCSouthwest@usi.com

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. For more information, please see page 21 of this guide.

The information in this guide should in no way be construed as a promise or guarantee of employment or benefit coverage. Pricing, underwriting, plan specifics and all other product features are solely that of the Insurance Company. If there is a conflict between the information in this guide and the actual plan document or policies, the documents or policies will always govern Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from the Benefits Department.

Frequently Asked Questions

Q. May I change my benefit coverage at any time?

A. There are only two occasions when you may change your benefits coverage:

- During open enrollment
- Within 30 days of a qualifying event (such as a newborn child, marriage, divorce or change in enrollment status)

Q. Will I receive new insurance cards?

A. New Medical cards will be issued if you make changes to you medical plan elections. Dental and Vision cards will not be issued. Just provide your name and SSN to your provider and let them know that vision coverage is with VSP and dental coverage is through Delta Dental.

Q. Can I change the voluntary life coverage for myself, my spouse, or my child(ren)?

A. Yes, but any increased or newly elected amounts will be subject to Evidence of Insurability (EOI) and approval by The Hartford. Remember, you may never elect spouse or child voluntary life unless you elect an amount yourself (spouse coverage may not exceed your election). EOI is never required for child voluntary life.

Q. How long is my child eligible to stay on my insurance?

A. Your child may remain on your medical, vision, dental and life insurance until he/she turns 26 years of age. You will have 30 days to request the change from the date the dependent child becomes eligible under another plan.

Q. Can I participate in both the Flexible Spending Account and the Health Savings Account simultaneously?

A. If you are in the qualified Health Savings Account (HSA) plan (Primoris' Base Plan), you are eligible to contribute to an HSA. If you are in the Base Plan, you are not eligible for the FSA. If you are enrolled in the Premier or the Core Plan, you are not eligible to contribute to the HSA. Please check with your HR Department for further HSA and FSA contribution requirements and limitations.

Q. The medical plan covers an annual physical wellness exam at 100%. Is there any reason why I would be charged coinsurance?

A. It depends on how the physician codes the exam. If a diagnosis is coded, then a copay or coinsurance may be charged. If the exam is coded as preventive, the exam is covered at no cost.

Medical and Pharmacy Program

Medical Insurance

At Primoris, the group medical plans are offered through Blue Cross Blue Shield of Texas ("Blue Cross"). You may choose from three plan options: Premier Plan, Core Plan, and Base Plan. Blue Cross allows you to choose from a large list of participating providers for all of your health care needs. You may access a list of providers for covered services by visiting the Blue Cross website at **www.bcbstx.com**. Select Blue Choice PPO Plan as your network.

Blue Cross now offers Blue Distinction ratings for certain specialty health care services. Blue Distinction is a designation awarded to hospitals and other medical facilities that have demonstrated expertise in delivering clinically proven specialty health care. The goal is to help members find consistent specialty care, while encouraging health care professionals to improve the overall quality and delivery of care nationwide. When you use a Blue Distinction Center for your specialty care, you will receive the highest level of benefits and reassurance that the facility has a record of providing proven, effective care. Blue Distinction Centers are available for bariatric surgery, cardiac care, knee and hip replacements, complex and rare cancer treatment, transplants, and spine surgery.

Please note that 100% of your contributions to your health plan will be deducted from your paycheck on a pre-tax basis. Co-pay and deductible amounts will accumulate towards the out-of-pocket maximums. Please see the table on the following page for more information.

Pharmacy Program

Your Blue Cross Blue Shield Pharmacy network, the Traditional Select includes many major chain and independent pharmacies throughout the country, including Walgreens, CVS, HEB, Walmart, Sam's Club, and other large chains and small independent pharmacies. To get the best value from your benefit, we recommend using a pharmacy that participates in your network. To find a list of participating pharmacies, visit **www.bcbstx.com** or **myprime.com** and click "Find Pharmacies."

There are some other provisions to your pharmacy program that you should be aware of:

- **Prior Authorization**: Some prescription drugs require authorization. Prior Authorization is designed to promote patient safety and the use of the drug as intended by the manufacturer and the FDA.. You may review the current Drug List buy visiting https://www.bcbstx.com/primoris/prescription-drugs
- **Mandatory Prime Specialty**: Members are allowed two grace fills at a retail pharmacy and will then be required to use Prime Specialty Pharmacy to fill their specialty medications.
- **Non-Sedating Antihistamines Exclusion**: Non-sedating antihistamines (like 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.

NEW! Performance Drug List

Our new drug list (also known as a formulary) is called the Performance Drug List. Beginning on 1/1/2020, if you are prescribed a drug that is NOT on the Performance Drug list it will not be covered by our plan. The drug list also identifies preferred drugs that are more affordable to you. Copays 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. The new drug list will also expand the number of drugs that require prior authorization. The 2020 drug list will be available by mid-December.

Prime will be sending letters in early December to anyone currently taking an excluded drug or a drug that will require prior authorization in 2020. If you receive a letter, ask your physician about drug alternatives.

Virtual Visits

BlueCross BlueShield of Texas

Powered by MDLIVE®

Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross Blue Shield of Texas (BCBSTX) Provides you and your covered dependents access to the care for non-emergency medical issues through MDLIVE.

Whether you're at home or traveling, access to a board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care.[1]

MDLIVE doctors can help treat the following conditions and more:

General Health
- Allergies
- Asthma
- Nausea
- Sinus infections

Pediatric Care
- Cold/flu
- Ear problems
- Pinkeye

Virtual Visits

Connect[2]
Access via telephone 24/7/365

Interact
Real-time consultation with a board-certified doctor or therapist

Diagnose
Prescriptions sent electronically to pharmacy of your choice (when appropriate)

Telephone:

- Call MDLIVE **(888-680-8646)**
- Speak with a health service specialist
- Speak with a doctor

Get connected today!
To register, you'll need to provide your first and last name, date of birth and BCBSTX member ID number.

[1]In the event of an emergency, this service should not take the place of an emergency room or urgent care center. MDLIVE doctors do not take the place of your primary care doctor. Proper diagnosis should come from your doctor, and medical advice is always between you and your doctor.

[2] Internet/Wi-Fi connection is needed for computer access. Data charges may apply when using your tablet or smartphone. Check your phone carrier's plan for details. Service is limited to interactive-audio consultations (phone only), along with the ability to prescribe, when clinically appropriate, in Texas. Service is limited to interactive-audio/video (video only), along with the ability to prescribe, when clinically appropriate, in Idaho, Montana, New Mexico and Oklahoma. Virtual visits are currently not available in Arkansas. Service availability depends on member's location. Virtual visits may not be available on all plans.

MDLIVE is not an insurance product nor a prescription fulfillment warehouse. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.

Health Savings Account (HSA)

What is a Health Savings Account (HSA)?

An HSA is a special, tax-advantaged savings account you can use to pay for qualified medical expenses, including health expenses before your deductible is reached, prescription drug copays, co-insurance charges, non-reimbursed dental and vision expenses and COBRA premiums. Funds are not taxed when withdrawn for qualified medical expenses. The HSA accounts are tied to the employee and are portable. Pre-tax money put into the account can be used either during the year or accumulated in the account to pay for future medical expenses. Money deposited in the HSA earns interest tax-free and can be rolled over year after year. HSA accounts can be rolled over into other HSA accounts.

How does my Primoris HSA work?

If you elect the **Base Plan**, you can contribute up to $3,500 for individual coverage or $6,900 for family coverage on a pre-tax basis. This is the IRS 2020 Annual Contribution Limit for Individual/Family Coverage. You can fund your account by either paycheck deduction or money can be deposited into the account directly. If you are between the age of 55 and 65, you can contribute an additional $1,000 in pre-tax contributions to your HSA account. HSA accounts will be administered by HSA Bank. You will be required to pay a monthly fee to administer your account depending on the balance.

Am I eligible for the HSA?

Government regulations require that to be eligible to open an HSA, you must first be covered by a Qualified High Deductible Health Plan. Only the Base Plan meets this requirement. You cannot participate in the HSA if you are enrolled in one of the other two plans offered by Primoris. You cannot have other health insurance coverage. You must not be claimed as a dependent on another person's tax returns. Finally, you may not be enrolled in Medicare—***those enrolled in Medicare may not make pre-tax contributions to an HSA.***

Flexible Spending Accounts (FSA)

Flexible Spending Account

Whatever your lifestyle status - married with children, single parent, single with no children - a Flexible Spending Account (FSA) offered through Discovery can save you money. It allows you to set aside money before taxes are deducted to pay for certain health and dependent care expenses, thereby lowering your taxable income and increasing your take home pay. Throughout the year, you may be required to submit itemized receipts for eligible expenses to be reimbursed with your own untaxed dollars. You may use your Discovery debit card or submit receipts for reimbursement. Please make sure that you plan your FSA contributions carefully, as funds not used by the end of the year will be forfeited. The FSA is made up of the following three accounts: the Health Care Spending Account, and the Dependent Care Account. Under new IRS guidelines, the Health Care Spending Account will allow a rollover of up to $500 to next year. The Dependent Care Spending Account is not eligible for a rollover of funds. Re-enrollment for all FSA plans is required each year.

<<< REMEMBER to use your FSA Card as "credit" at time of check-out to avoid debit fees >>>

Health Care Flexible Spending Account (FSA)

The health care spending account may be used for medical expenses, dental expenses, vision care, orthodontia and other expenses not reimbursed by any other benefit plans. These expenses may include the copays, deductible, coinsurance, or costs not covered by the plan for you and your eligible dependents. The maximum yearly contribution is $2,700. This plan cannot be used in conjunction with a Health Savings Account (HSA).

Dependent Care Account

The dependent care account may be used to pay for dependent care expenses so that you (or your spouse, if you are married) can work. Your spouse must work or attend school full-time for your expenses to be eligible. An eligible dependent is a child under age 13 or any dependent who is incapable of self-care, whom you claim on your tax return and who spends at least eight hours a day in your home. The maximum yearly contribution is $5,000 ($2,500 per year if married and filing tax returns separately).

<<< REMEMBER: Dependent Care funds must be payroll deducted prior to using; your annual election cannot be spent in advance >>>

Eligible flexible spending account expenses are listed in the IRS Publications 502 and 503, which you can obtain through your local IRS office or from the IRS website at www.irs.gov. Click on Forms and Publications and then select Publication 502 or 503. Keep in mind that expenses incurred during vacation, illness or other times your dependent receives free care are not eligible for reimbursement.

Flexible Spending Account	Annual Maximum
Health Care FSA	$2,700
Dependent Care FSA	$5,000 per year - OR - $2,500 per year if married and filing tax returns separately

Dental Insurance

The dental plan is offered through Delta Dental. The plan offers preventive services such as cleanings and exams covered at 100% of total cost. With the Primoris dental plan, you may choose any dentist to provide your oral care, however, if you choose a preferred provider, claims may be paid directly to your dentist. Out-of-Network providers are only reimbursed a certain percentage of Reasonable & Customary fees, so you could be responsible and pay additional out-of-pocket dollars when utilizing a provider that is Out-of-Network. 100% of your contributions to your dental plan will be deducted from your paycheck on a pre-tax basis.

Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

Plan Features	Benefits	
	In-Network	Out-of-Network
Annual Maximum	$1,500 per person	
TMJ Lifetime Maximum	$1,000 per person	
Diagnostic & Preventive Care	100%	100% of R&C fee*
Basic Care (Endo/Perio included)	80%	80% of R&C fee*
Major Care	50%	50% of R&C fee*
TMJ Benefits	50%	50% of R&C fee*
Orthodontia (Children and Adults)**	50%	50% of R&C fee*
Orthodontia Maximum**	$1,500 per lifetime	

*Reasonable & Customary as determined by the insurance carrier.

Vision Insurance

Primoris offers voluntary vision insurance through VSP. With many years of success in the health benefits industry, VSP offers uncompromising standards of excellence. A comprehensive package of vision benefits designed to promote good eye health includes annual routine eye exams paid at 100% after a $10 copay. For a complete listing of network providers, please visit www.vsp.com. Please review the chart below. Your contributions to your vision plan will be deducted from your paycheck on a pre-tax basis. You will not receive a vision insurance card. You make an appointment by simply calling your provider and telling them you are covered through VSP. You may print a card at **www.vsp.com.**

Plan Features	Benefits
	Participating Provider
Exam | Material Copay	$10 | $25
Frequency	1 per Calendar Year
Exam	100% after copay
Lenses	
Single Bifocal Trifocal	• 100% after copay • 100% after copay • 100% after copay
Frames	• $200 allowance for a wide selection of frames • $220 allowance for featured frame brands • 20% savings on the amount over your allowance
Contact Lenses	
Contact Lenses (instead of glasses)	• $200 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation)
Safety Glasses	• $100 allowance for a safety frame • 20% savings on the amount over your allowance

<<< REMEMBER: You are only covered for glasses OR contacts each year—not both >>>

Life & Disability

Employer Paid Basic Life and AD&D Insurance

Primoris provides a basic life and accidental death and dismemberment (AD&D) benefit through The Hartford at no cost to you. Coverage amounts are reduced for employees age 70 and above. Your coverage amount will be paid to the beneficiary of your choice in the event of your death while you are actively employed at Primoris. See HR for complete details.

The AD&D benefit is equal to the amount of your life insurance benefit. Accident benefits are payable if you die, lose a limb, or have a loss of speech, hearing or eyesight because of a covered accident (either on or off the job) and the loss occurs within one year of the covered accident. The payable amount of your accident benefit depends on the type of loss. In the event of death due to accident, your beneficiary may receive both your life and accident benefits.

Voluntary Life

In addition to the above employer paid life & AD&D insurance, you have the option to purchase additional life insurance through The Hartford at your cost. You may purchase increments of $10,000 to a maximum of $500,000. For the guarantee issue is the lesser of three times your basic annual salary or $300,000. For your spouse, you may purchase increments of $5,000 up to the lesser of $250,000 or 100% of the employee basic and supplemental life amounts. The spouse guarantee issue is $25,000. You may also purchase $10,000 for your children. Age reductions apply beginning at age 70.

Employer Paid Short Term Disability Insurance

Primoris offers short term disability insurance through The Hartford at no cost to you. Short term disability insurance offers income replacement in the event of a non-work related injury or illness. Benefits begin on the 7th day of your accident or illness and pays for up to 26 weeks while you remain unable to work. Contact HR for complete details

Employer Paid Long Term Disability Insurance

Employees enrolled in the BCBS medical plan are offered long term disability insurance, provided to you at no cost through The Hartford. LTD offers income replacement in the event of an extended disability for an accident or illness. Upon approval of a disability claim, you will receive 60% of your monthly salary up to a maximum monthly benefit of $10,000 once you have been out of work for 180 consecutive days. Pre-existing exclusions apply.
Employees not enrolled in the BCBS medical plan will share the cost of the Long Term Disability coverage with the employer. See HR for complete details.

Plan Features	Benefits
Weekly Benefit	60% of Weekly Earnings
Maximum Monthly Benefit	$10,000
Elimination Period	180 days
Maximum Benefit Period	Social Security Normal Retirement Age

Additional Benefits

Employee Assistance Program

Employee Assistance Program services are automatically provided to you and your family members through Hartford at no cost to you. You can call a trained counselor 24 hours a day, seven days a week for confidential assistance with a variety of work/life issues. You also have the option to meet with a counselor face-to-face . There are a number of other services available in addition to counseling.

Naturally Slim®

The Naturally Slim® program has the secret to lasting weight loss and it doesn't include starving, counting calories or eating diet food. This simple online program helps you change how you eat instead of what you eat. Plus, it will help you reduce your chances of getting a serious disease, like diabetes or heart disease, and increase your change of living a longer, healthier life.

Eat what you love AND improve your health!

Thousands of people have completed the Naturally Slim program and achieved their goals, and most importantly, kept weight off. You can, too!

Enrollment begins January 6th and ends February 3rd, 2020 - www.naturallyslim.com/Primoris

Next Steps

Please carefully review this enrollment guide in preparation for your 2020 Open Enrollment Period. This will be your only opportunity to enroll in the benefits program for the 2020 plan year unless you have a Qualifying Life Event.

Be sure to update your dependent and beneficiary information (names, dates of birth, and social security numbers), if applicable. Also, do not forget to check your 2020 paycheck stubs to ensure the proper changes were captured. It is your responsibility to check the changes you make and inform Human Resources immediately if elections were not updated correctly.

Human Resources will announce the enrollment meeting schedule for your specific location, including dates and times. After reviewing the 2020 Employee Benefits Guide, you do not have to do anything should you wish to keep everything the same. Should you wish to make changes, please enroll online via the Benefits Focus site. You will find enrollment instructions in this guide.

Important Legal Notices

Important Legal Notices Affecting Your Health Plan Coverage

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

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

- All stages of reconstruction of the breast on which the mastectomy 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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: on the HSA plan $2,000 Individual deductible, $4,000 family deductible and 70% coinsurance; Core plan has a $1,500 individual deductible, $3,000 family deductible, and 80% coinsurance; Premier plan has a $1,000 individual deductible, $2,000 family deductible and 80% coinsurance.

NEWBORNS ACT DISCLOSURE – FEDERAL

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

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing 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).

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

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:
coverage is lost under Medicaid or a State CHIP program; or
you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact person listed at the end of this summary.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.

Important Legal Notices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

Answer coverage questions from your family and friends

- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records.

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Important Legal Notices

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/**.**
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety

In these cases we *never* share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?
We typically use or share your health information in the following ways.

- **Help manage the health care treatment you receive**
- We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Important Legal Notices

Pay for your health services
We can use and disclose your health information as we pay for your health services.
Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan
We may disclose your health information to your health plan sponsor for plan administration.
Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization
We can use and disclose your information to run our organization and contact you when necessary.
We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
Example: We use health information about you to develop better services for you.

How else can we use or share your health information?
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html**.**

Help with public health and safety issues

- We can share health information about you for certain situations such as:
- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety
- **Do research**
- We can use or share your information for health research.

Comply with the law

- We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.
- **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**
- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

- We can use or share health information about you:
- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

Important Legal Notices

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html**.**

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

January 1, 2020
Emily Heckaman
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Important Notice from Primoris United States Holdings About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Primoris United States Holdings 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 United States Holdings has determined that the prescription drug coverage offered by the Blue Cross Blue Shield of Texas plans (HSA Advantage plan, Advantage Plus plan, and Advantage Gold plan) 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 15thto December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Primoris United States Holdings coverage will not be affected.
If you do decide to join a Medicare drug plan and drop your current Primoris United States Holding Blue Cross Blue Shield of Texas coverage, be aware that you and your dependents will be able to get this coverage back (during open enrollment or in the case of a special enrollment opportunity).

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 Primoris United States Holdings 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,

than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Primoris United States Holdings changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is 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 www.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 1-800-772-1213 (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).

Date: January 1, 2020
Primoris Services Corporation
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PSC Primoris