

WORK SAFELY+BE HEALTHY+LIVE WELL
Benefit Program Guide
2022





A Message from Jose R. Mas, Chief Executive Officer

Welcome to your MasTec Benefits Program! MasTec is committed to expanding its presence in some of the strongest and fastest growing infrastructure markets in the country such as oil and natural gas pipelines, renewables and wireless. We are well positioned to take advantage of future growth opportunities. Each of you should be proud to know that you are an important part of MasTec's growth and success. You are our most valued asset!

As a MasTec employee, you earn more than just your paycheck. Benefits are an important part of your Total Rewards package. Our comprehensive and competitive benefits program offers flexibility, financial protection and a foundation for future security.

We also encourage everyone to take an active role in living a healthy lifestyle. Our health care benefits offer several wellness tools and resources to help you and your family get and stay healthy. When we're healthy, we're more productive.

We hope you will take advantage of the benefits available to you and your family.

Here's to your health!

WORK SAFELY+BE HEALTHY+LIVE WELL

Benefit Program Guide

**Medical & Prescription
Insurance**

Telehealth

Dental Insurance

Vision Insurance

Flexible Spending Accounts

- **Health Care**
- **Dependent Care**

Disability Insurance

- **Short Term**
- **Long Term**

Life and AD&D Insurance

- **Basic**
- **Supplemental**

Employee Assistance

Legal Plan

Supplemental Benefits (Aflac)

- **Critical Illness Insurance**
- **Accident Insurance**
- **Hospital Indemnity Insurance**

**401(k) & Employee Stock
Purchase Plan**

MasTec

MasTec

Benefit Program



MasTec offers you choices in benefits to match your needs, whether you are single, married or have others depending on you for their well-being. Please take the time to consider your benefit choices and enroll or change your elections before the enrollment deadline.

WELCOME

Choosing the right benefits makes a difference.

WHAT WE DO

Follow these steps to be sure you enroll in your benefits for 2022.



1 REVIEW this guide and visit “Manage My Benefits” in your UKG Pro account (see page 4 for login instructions) or call 1.877.857.0211 for information about your benefits.

2 QUESTIONS? ask your Human Resources department or the MasTec Benefit Service Center. Find out if and when your location will hold orientation or benefit information sessions.

3 CHOOSE benefits that best meet your needs.

4 ENROLL by logging into your UKG Pro Account (see page 4 for login instructions) and navigate to “Benefits” then “Manage My Benefits” or by calling the MasTec Benefit Service Center at 1.877.857.0211 and completing the appropriate steps by the deadline.

ELIGIBILITY AND MAKING CHANGES

GUIDELINES

If you are a full-time employee who is regularly scheduled for 30 hours a week, you are eligible for benefits on the first day of the month following or coinciding with one full calendar month of full time employment. Once you have completed your waiting period, you are eligible for the following benefits:

- Medical and Prescription Insurance
- Telehealth
- Dental Insurance
- Vision Insurance
- Flexible Spending Accounts
 - Health Care
 - Dependent Care
- Life Insurance (Basic & Supplemental)
- Disability Insurance (Short & Long Term)
- Legal
- Employee Assistance Program
- Safe Harbor 401(k) Plan
- Employee Stock Purchase Plan (ESPP)
- Supplemental Benefits (Aflac)
 - Accident Insurance
 - Critical Illness Insurance
 - Hospital Indemnity Insurance

Employees are eligible for benefits on the first day of the month following or coinciding with one full calendar month of full-time employment. **You must enroll on or before your eligibility date. You will not be able to submit claims prior to the effective date of your coverage.**

YOUR SPOUSE/DOMESTIC PARTNER*

You can also enroll your spouse or Domestic Partner in Medical, Dental, Vision, Life and/or AD&D. Proof of Dependency is required.

YOUR CHILD(REN)

If you are eligible and enroll in a plan and have a child under the age of 26, you can enroll them regardless of their employment or student status. If a dependent turns 26, coverage will terminate at the end of the month they turn 26. Proof of dependency is required.

Proof of Dependency Required Documents Include:

- Spouse - Marriage Certificate/Affidavit or prior year tax return (first page)
- Domestic Partner - Affidavit of Domestic Partnership or Certificate of Domestic Partner Registration
- Children - Birth Certificate, Proof of Legal Guardianship, QMCSO or prior year tax return (first page)

Required documentation must be provided on or before your effective date



MAKING CHANGES

Once you enroll, your elections remain in effect until the end of the Plan Year (December 31 of each year) or until you have a Life Event, as long as you remain a full-time employee. You have 30 days from the date of your qualifying life event to make a change to your benefits.

Common Life Events include:

- Marriage, divorce or legal separation
- Birth or adoption of your child
- Death of your spouse or dependent child
- Termination or commencement of your spouse's employment that results in a loss of coverage or eligibility for new coverage
- Loss or gain of a dependent's eligibility

Your request for a change in benefits election must correspond to the Life Event. For example, if you get married, you can add your spouse to your coverage or drop your coverage to enroll in another plan elsewhere. When a Life Event occurs, you can only switch coverage within a plan, like moving from Employee Only to Employee plus Family. You cannot switch to a different plan offered by MasTec except during Open Enrollment.

WHEN COVERAGE ENDS

Coverage under the medical, dental, and vision plans will end on the last day of the month in which you and/or your dependents no longer meet the eligibility requirements of the plan.

Examples are:

- Covered dependent turns 26
- Termination of employment
- Change to part-time employment
- Failure to make regular premium payments

IMPORTANT: If you miss the 30-day deadline to make a benefit election change following a Life Event, you cannot make a change to your benefits until the earlier of another Life Event or the next Open Enrollment period.

*MasTec offers Domestic Partner benefits for both same and opposite sex unions. In order to qualify for eligibility, the Domestic Partnership must meet the following criteria for purposes of MasTec's benefits eligibility: (1) both Parties must be 18 years of age or older and legally competent to consent to the relationship; (2) neither Party may be legally married to another person or a Partner in another Domestic Partnership; (3) the Parties must not be related more closely than would be allowed for a legal marriage under applicable state law; (4) the Parties must share a common place of residence and; (5) the Parties must be able to demonstrate financial interdependence (examples: joint bank account; common ownership of a vehicle; joint ownership of real property; common leasehold interest in real property, etc.).

ENROLLMENT



ONLINE ENROLLMENT

You have access to your benefit elections at any time through your UKG Pro account. Simply login and navigate to "Benefits" then "Manage My Benefits" to enroll in benefits, view your current elections, make changes during Open Enrollment or for a Life Event.

1

Log into your UKG Pro Account or call the MasTec Benefit Service Center at 1.877.857.0211.

2

Select "Benefits" then "Update My Benefits" menu option to modify benefits information.

3

Select "Get Started" to complete your benefit elections.

4

Follow the prompts to complete all required steps

Please follow the below instructions if you are using a computer to log into UKG Pro:

If you have a company email address (MasTec AD Account): <http://ukgsso.mastec.com>

If you DO NOT have a company email address (MasTec AD Account): <http://ukg.mastec.com>

*Note: This will only work on a desktop. If you want to access benefits using a mobile or tablet device, please follow the below steps to download the app.

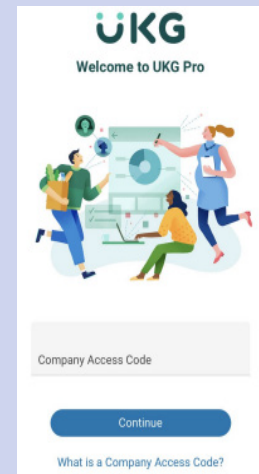
Download the UKG Pro mobile app from the App Store or Google Play

1. Enter Company Access Code: **mastecinc**
2. Enter your username: First three letters of first name + full last name (example: John Smith is johsmith)
3. Enter your password: Your home zip code + your birth year (example: 480001990)
4. Complete the 2-step verification process (UKG token code)

If you have trouble with your UKG Pro mobile app login, please contact your HR or Payroll team

Access your Benefits in the UKG Pro App

1. Select the "Benefits" icon
2. Select "Update My Benefits"
3. Sign in again using your UKG credentials (created in previous steps)
4. Click "Get Started" OR "Update My Benefits"
5. Follow the prompts to walk you through your benefit enrollment



If you need assistance with your UKG Log in please contact the MasTec UKG Pro Support Team at: ukgsupport@mastec.com. Should you need assistance with benefit enrollment, please contact the MasTec Benefit Service Center at 1.877.857.0211 or via email at mastecbenefits@yourbenefitsmanager.com.

ENROLLMENT ASSISTANCE

If you need assistance, please contact the MasTec Benefit Service Center at 1.877.857.0211. All forms and Benefit Summaries will be available under "Manage My Benefits" in UKG Pro.

Important Reminder Regarding Your Dependents

You must provide the correct Date of Birth, Social Security number, and gender information in the system for every dependent you want to include under your coverage. Make sure you have this information handy when you enroll, so you can provide or confirm it for all of your dependents. Also, remember to submit supporting documentation for proof of dependent eligibility by their effective date as outlined on page 3 of this guide.

MEDICAL BENEFITS

CHOOSING A PLAN

Medical plans provide you with financial protection against the high cost of treating a serious illness or medical condition. Consider your coverage needs so you can make the best choice for you and your family. You have a choice between two medical plans administered by BlueCross BlueShield of Florida — Standard and Platinum. While both options cover the same types of medical services, each provides coverage at a different level of deductible, out-of-pocket maximum, coinsurance and copays. Each plan also requires that you contribute a different amount per pay period toward the premium. Take the time to consider the options available before you enroll in a plan.

1 REVIEW the two medical plan options:

- Standard Plan
- Platinum Plan

2 COMPARE COVERAGE between the plans or for a different plan (Medicare, spouse's employer plan, etc.)

3 ESTIMATE EXPENSES for the year and determine if the plan covers your expected needs.

4 ESTIMATE PRESCRIPTION EXPENSES to determine how this will impact you.

5 USE A PRE-TAX FLEXIBLE SPENDING ACCOUNT (FSA) to help offset your deductible and coinsurance with pre-tax dollars.

Payroll Contributions

Your contributions for all group health plan premiums will be conveniently paid through payroll deductions and be effective for the plan year — January 1, 2022 through December 31, 2022.

Your benefit contributions will be deducted based on the pay period that applies to you:

- If you have 26 pay periods, contributions will be deducted from 24 pay periods. The two months with three check dates will not have deductions taken from the third check.
- If you have 52 pay periods, contributions will be deducted from 48 pay periods. The four months containing five check dates will not have deductions taken from the fifth check.

Note: Not all of MasTec's entities follow the above pay period frequency. To see your per pay period deductions, log on to the MasTec Benefit Portal.

EXCEPTION: 401(k) and Employee Stock Purchase Plan (ESPP) will be taken from all paychecks while actively enrolled in the plans.

Contributions for medical, dental, vision, 401(k), FSA and Aflac plans are deducted on a pre-tax basis. This means you experience tax savings on the money you spend for your benefits.

Contributions for supplemental life, disability, legal and ESPP are deducted on a post-tax basis.

Covering your Domestic Partner: If you choose to cover a domestic partner you will be subject to imputed income tax on the portion of premiums paid by the company toward their coverage.

2022 Monthly Health Care Rates

Medical: BCBSFL	Standard	Platinum	
Salary Level A: Less than \$72,500			Medical costs are based on salary level as noted at left. When you go online to enroll, the 2022 rates you see will be for your salary level. Salary levels are subject to change each year (annual consideration is based on a look back period of either an exempt employee's annual base salary or a non-exempt employee's annualized hourly rate + overtime).
Employee Only	\$98.01	\$214.52	
Employee + One Child	\$201.83	\$372.18	
Employee + Children	\$245.92	\$466.11	
Family*	\$397.54	\$637.91	
Salary Level B: \$72,500 – \$134,999			
Employee Only	\$137.44	\$260.86	
Employee + One Child	\$273.01	\$455.02	
Employee + Children	\$332.44	\$575.27	
Family*	\$522.77	\$801.25	
Salary Level C: \$135,000 or More			
Employee Only	\$213.88	\$338.28	
Employee + One Child	\$325.14	\$529.39	
Employee + Children	\$435.35	\$686.77	
Family*	\$623.18	\$879.42	

*Includes Employee + Spouse Coverage



Visiting your doctor. Remember, the first two primary care office visits are covered at \$0 copay each year for each member covered under your plan. Preventive care services are covered at 100% when you see an in-network provider. Be sure you and your family take advantage of routine physicals and preventive screenings.

MEDICAL BENEFITS

IN-NETWORK

You have the option of using in-network providers or out-of-network providers. You typically pay less when you use the in-network providers. Always be sure you access your in-network providers first. Visit www.myhealthtoolkitfl.com to find a provider.

Employees will receive an ID card representing elected coverage. There are not separate ID cards for dependents.

Note: ID card is not a guarantee of coverage.

FIND A DOCTOR

No matter where you are, as long as you have Internet access, you can find a doctor or specialist who participates in your medical plan.

Find a Network Provider

Visit www.MyHealthToolkitFL.com; enter the first 3 letters of your member ID (EMA for Florida, NMA for Georgia, and MAO for all other states); enter your location. You can also contact BCBSFL Member Services at **1.800.830.1501**.

Blue Cross Blue Shield of Florida	Standard		Platinum	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
• Individual	\$1,750	\$3,500	\$750	\$3,500
• Family	\$3,500	\$10,500	\$1,500	\$10,500
Coinsurance (after deductible has been satisfied)				
• Plan	70%	50%	80%	50%
• Member	30%	50%	20%	50%
Annual Out-of-Pocket Maximum*				
• Individual	\$6,250	\$12,000	\$5,050	\$12,000
• Family	\$12,500	\$13,000	\$10,200	\$13,000
Doctor's Office Visit				
• Primary Office Visit	1st 2 visits covered \$0 copay; then \$35 copay	Member pays 50% after deductible	1st 2 visits covered \$0 copay; then \$25 copay	Member pays 50% after deductible
• Specialist Visit	\$45 copay	Member pays 50% after deductible	\$35 copay	Member pays 50% after deductible
Telehealth (MeMD)	\$0 copay	N/A	\$0 copay	N/A
Preventive Care (annual physical & related labs)	Member pays 0%	Member pays 50% after deductible	Member pays 0%	Member pays 50% after deductible
Inpatient Hospital Care: Inpatient/Outpatient (precertification required)	Member pays 30% after deductible	Member pays 50% after deductible	Member pays 20% after deductible	Member pays 50% after deductible
Emergency Room Visit	Deductible, \$500 copay, then member pays 30% (copay waived if admitted)		Deductible, \$500 copay, then member pays 20% (copay waived if admitted)	
Urgent Care	\$20 copay	Member pays 50% after deductible	\$20 copay	Member pays 50% after deductible
Maternity Services				
Prenatal Care & Postnatal Care	\$35 copay (first office visit) then 30% coinsurance after deductible	Member pays 50% after deductible Member pays 50% after deductible	\$25 copay (first office visit) then 20% coinsurance after deductible	Member pays 50% after deductible Member pays 50% after deductible
Inpatient Hospital Services				
Mental Health				
Inpatient And Outpatient Services	Member pays 30% after deductible	Member pays 50% after deductible	Member pays 20% after deductible	Member pays 50% after deductible

*Includes annual deductible and office visit copays

PRESCRIPTION DRUG PLAN

CVS Caremark

When you enroll in one of the Blue Cross Blue Shield medical plans, you will also receive prescription drug benefits through CVS Caremark.

Standard Plan

	Retail (1-31 Day Supply)	Mail or CVS (90 Day Supply)
<ul style="list-style-type: none"> • Generic • Preferred Brand • Non-Preferred Brand 	30% Coinsurance (\$20 Minimum) 30% Coinsurance (\$20 Minimum) 30% Coinsurance (\$35 Minimum)	30% Coinsurance (\$40 Minimum) 30% Coinsurance (\$40 Minimum) 30% Coinsurance (\$70 Minimum)

Platinum Plan

	Retail (1-31 Day Supply)	Mail or CVS (90 Day Supply)
<ul style="list-style-type: none"> • Generic • Preferred Brand • Non-Preferred Brand 	20% Coinsurance (\$20 Minimum) 20% Coinsurance (\$20 Minimum) 20% Coinsurance (\$35 Minimum)	20% Coinsurance (\$40 Minimum) 20% Coinsurance (\$40 Minimum) 20% Coinsurance (\$70 Minimum)

***Note: If the cost of your prescription is less than the minimum, you will pay for the actual cost of the prescription.**

The Annual Out-of-Pocket Maximum in 2022 for covered Prescriptions is \$2,300 per Individual or \$4,600 per Family.

Each individual family member must meet the individual Out-of-Pocket Maximum unless the family Out-of-Pocket Maximum has been met by any two or more covered family members. Once your Out-of-Pocket Maximum is met, your covered prescriptions are paid at 100%.

WONDERING HOW MUCH YOUR MEDICATIONS COST?

You can check the cost of your medication by visiting www.caremark.com. The cost of the prescription can vary by location and it is common for the price to fluctuate. To save money, have your prescriptions filled with generic equivalents which are virtually the same as the more expensive brand name medications.

Mail Order Program

For medications you take on an ongoing basis, you have the option of getting a 90-day prescription filled at a local CVS pharmacy or utilize the FastStart mail order service. Either way you benefit by paying a lower coinsurance.

For More Information

Once your coverage becomes effective, you can visit www.caremark.com or contact customer service at **1.800.334.8134**.

Note: Employees will receive a separate CVS/Caremark ID card for prescription drug benefits. There are not separate ID cards for dependents. Card is not a guarantee of coverage.

GENERIC:

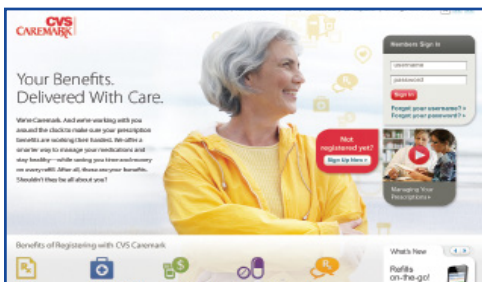
Less expensive prescriptions that are chemically identical to the brand name prescription.

PREFERRED BRAND:

A preferred prescription list. These are often available in generic form.

NON-PREFERRED BRAND:

More expensive prescriptions that are not on the formulary list.



Getting started is easy at www.caremark.com

1. Have your prescription card handy (You will need your prescription benefit ID number).
2. Follow the online instructions to enter your personal information, set up your account security, and review your registration.
3. Click **Submit**- You will then have 24/7 access to the facts, help and tools you need to make the most of your prescription benefit plan.

If you have any questions about signup please call 1.877.460.7766

Visit the iTunes App Store or Google Play to download the CVS/caremark Mobile App!

TELEHEALTH



When you enroll in either a MasTec medical plan or an Aflac supplemental benefit plan, you are automatically eligible for MeMD. MeMD is a national network of U.S. board-certified healthcare providers available on-demand 24 hours a day, 7 days a week, 365 days a year to diagnose, treat and prescribe medication, if necessary, for many common medical issues. This service is available at no cost to you! MasTec will pay the \$35 visit fee each time!

MeMD medical providers do not replace your primary care physician. You should use MeMD when you need immediate care for non-emergency medical issues. It is an affordable, more convenient alternative to urgent care and emergency room visits.

For a **\$0 visit fee**, consult a medical provider over the phone or online video for non-emergency medical care such as:

- Sinus problems, nasal congestion, allergies
- Urinary tract infection
- Sore throat
- Upper respiratory infection, cough, flu, bronchitis
- Prescriptions, if needed
- Mild abrasions, skin infections, and more!

Did you know? MeMD also improves access to mental health care via its telebehavioral health service. Connect with a licensed clinician via phone, computer or mobile device to receive confidential, convenient and affordable therapy wherever you are. Per session visit fee is \$65.

How does MeMD work?

Set up Account

Step 1 **Register.** Visit <https://patient.memd.me/#/signup>. Click "New Patient? Sign Up". Enter Plan Code **HLS7ZDU6**.

Step 2 **Complete Your Profile and Medical History.** Provide your medical history to ensure this information is available when you request a consultation.

Step 3 **Add Dependents.** Enter your dependent(s) basic information.

Access Care

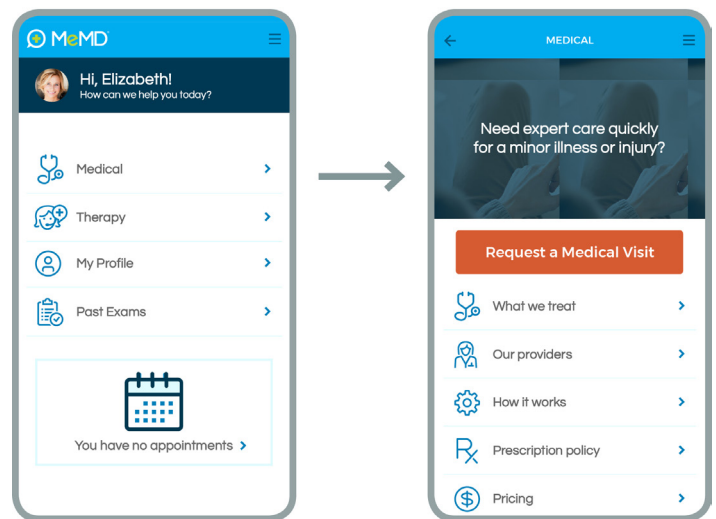
Step 4 **Contact MeMD.** Call 1.855.636.3669 or visit <https://patient.memd.me> to request a consultation. First-time users will receive a call back from a Care Coordinator within 2-3 minutes to assist with any logistical questions and assign a medical provider.

Step 5 **Enter Payment Information.** Pay your visit fee (if a telebehavioral health service) over the phone with a credit, debit, FSA or HSA card when making your consultation request.

Step 6 **Talk with a medical provider.** A MeMD medical provider will call you back or initiate a video consultation within an average of 8 minutes.

Step 7 **Resolve the issue.** If the MeMD medical provider prescribes you medication, they will send an electronic script to the pharmacy you select.

Step 8 **Close the loop.** Provide consultation information to your primary care physician by downloading it from your online MeMD account.



<https://patient.memd.me> • 1.855.636.3669 • Download the mobile app from the App Store or Google Play

WELLNESS INCENTIVES, TOOLS AND RESOURCES

Diabetes Management Support

- Automatic Blood Sugar Tracking, food and medication logging, and activity tracking via the mySugr app
- Certified Diabetes Coaches that help you stay on track for short and long-term wins
- Unlimited Accu-Chek Guide test strips automatically delivered to your door
- Estimated A1c so you always know how you're doing
- Fun and motivating in-app challenges

MasTec
Infrastructure that Delivers

Roche Diabetes
HEALTH CONNECTION

Support. Supplies. Success.

*Not an actual patient or healthcare provider.

FREE Diabetes Management Support
Included in your benefits plan!
mastec.mysugr.com
Company Code: MASTEC20

mySugr

Where Do I Access Care?

You have many different options available to you when you need to access care. Make sure you know the differences so you choose the appropriate and most cost effective option for the care you need.

Telehealth (\$) When you experience non-emergency symptoms such as sinus problems, pink eye, ear infection, allergies, urinary tract infection, cough, flu, bronchitis etc. MeMD doctors are available 24 hours a day, 7 days a week, 365 days a year.

Your Doctor (\$\$) When you become sick or injured (non-life threatening) and you need medical care.

Urgent Care (\$\$\$) When you become sick or injured (non-life threatening) and your regular doctor is not available or open for an appointment.

Emergency Room (\$\$\$\$) When you experience life and/or limb threatening situations ranging from heart attack and stroke to traumatic injuries.

For participating providers visit www.MyHealthToolkitFL.com; enter the first 3 letters of your member ID (EMA for Florida, NMA for Georgia, and MAO for all other states); enter your location. You can also contact BCBSFL Member Services at 1.800.830.1501.

Home | Education Center | Member Discounts | Health & Wellness

Welcome to My Health Toolkit.
Tools, information, resources and more.

You Just Got Insurance. Now What?
Here's what new members can expect.

Watch Now

Find a Doctor or Hospital

Member Login
myHealth Toolkit
mySugr

NEW MEMBERS | TOOL AND RESOURCES | NEARBY CARES

www.MyHealthToolkitFL.com

For gym discounts, fitness on demand and more check out: www.blue365deals.com

Tools & Resources

With Blue Cross Blue Shield of Florida (BCBSFL), you have access to online wellness tools and health resources — all with one goal in mind: to help you and your family get and stay healthy. Here's a summary of what's available.

- Personal Health Assessment
- Personal Health Record
- Education Center
- Member Discounts
- Health & Wellness
- Treatment Cost Estimator

DENTAL BENEFITS

MasTec offers you a choice of dental plans through Delta Dental.

Before selecting a plan, determine if there are any providers in your area by visiting www.deltadentalins.com (DPPO network: Delta Dental PPO, DHMO network: DeltaCare USA). You may also call Delta Dental at **1.800.521.2651** (DPPO) **1.800.422.4234** (DHMO).

2022 Monthly Dental Rates			
Dental: Delta Dental	DHMO*	DPPO Low	DPPO High
Employee Only	\$20.26	\$25.54	\$33.88
Employee + Spouse	\$36.25	\$51.08	\$67.76
Employee + Child	\$36.52	\$47.73	\$70.29
Family	\$54.90	\$76.63	\$101.64

- The **DPPO** plan offers a **High and Low option**. Both allow you the flexibility to see the dentist of your choice. Choosing a dentist in the plan's network will allow you to benefit from lower negotiated fees. Co-payments and/or coinsurance typically apply for most services.
- The **DHMO** requires you to select a primary dentist for each family member from the plan's network of providers. This dentist will serve as the main provider and coordinator of your dental needs. **There are no out-of-network benefits** with the DHMO plan. This is a co-payment arrangement with a set fee for each service provided. **This plan is not available in all areas.**

Delta Dental Plan Features

	DHMO	DPPO: Low	DPPO: High
	DHMO* Dentist No Out-of-Network available	In-/Out-of-Network**	In-/Out-of-Network**
Annual Deductible			
• Individual	N/A	\$75	\$50
• Family	N/A	\$225	\$150
Annual Maximum Benefit	N/A	\$1,000	\$2,000
Diagnostic & Preventive Services	Most services member pays 0%	Member pays 20%	Member pays 0%
• Cleanings Frequency	2 per cal. year, 3rd at \$45 copay	4 per calendar year	4 per calendar year
Basic Services (e.g., anesthesia, fillings, simple extractions)	See patient charge schedule	Member pays 20% after deductible	Member pays 20% after deductible
Major Services (e.g., crowns, bridges and dentures, inlays/onlays)	See patient charge schedule	Member pays 50% after deductible	Member pays 50% after deductible
Orthodontia Services (Children & Adults)			
Lifetime Orthodontia Maximum	See patient charge schedule	Not covered	\$2,000
Orthodontic Evaluation	See patient charge schedule	Not covered	Member pays 50% after deductible
Active Orthodontic Treatment	See patient charge schedule	Not covered	50% after deductible

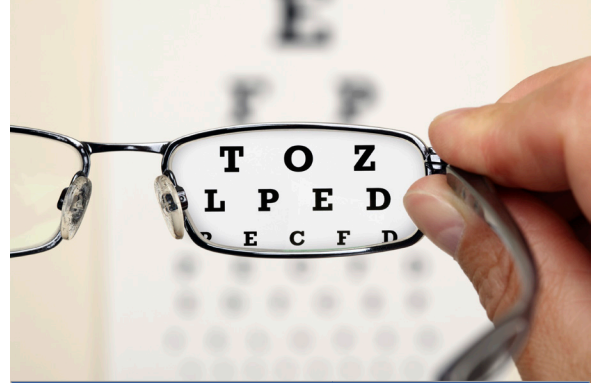
* DHMO Plan is not available in all areas.

**Fees are based on PPO contracted fees for PPO dentists, Delta Dental Premier® contracted fees for Premier dentists and the 80th percentile for non-Delta Dental dentists.

VISION BENEFITS

Vision Service Plan (VSP)

The MasTec vision program is a voluntary benefit program administered by VSP. Through this program, you will receive great coverage on your exam, eye wear and contact lenses. With a WellVision Exam® from a VSP provider, they'll look for vision problems and signs of other health conditions. With open access to see any eye-care provider, you can see the one who's right for you and still get a VSP discount! Visit www.vsp.com for a VSP Provider Listing. Use the "VSP Signature Network" for best coverage.



2022 Monthly Vision Rates

Employee Only	\$7.00
Employee + Child	\$10.55
Employee + Spouse	\$10.55
Family	\$18.99

Members will not receive ID cards. Simply provide Group Number: 12122210 and your Social Security Number when making an appointment

Safety Eye Protection

Enrollment Tip: If you require Safety Glasses for work, be sure to enroll in the "Vision with Safety Glasses" Plan. If you do not require Safety Glasses for work, choose the standard "Vision Plan."

	In-Network	Out-of-Network
WellVision Exam (once every 12 months)	\$15 copay	Plan pays up to \$45
Prescription Eyeglasses	\$25 copay	N/A
Lenses (once every 12 months) Single vision, bifocal and trifocal lenses	Included in prescription eyeglasses copay*	Allowance: Up to \$45 single vision; up to \$65 bifocal; up to \$85 trifocal
Frames (once every 24 months)	\$170 allowance for a wide selection of frames \$190 allowance for featured frame brands 20% savings on the amount over your allowance** \$95 Costco® frame allowance	Up to \$45 allowance
Contact Lenses (in lieu of eyeglasses) (once every 12 months instead of lenses/frames)	\$200 allowance for contacts and contact lens exam (fitting and evaluation)	Up to \$105 allowance
Extra Savings & Discounts		
• Glasses and Sunglasses	30% off additional glasses and sunglasses	N/A
• Retinal Screening	Guaranteed pricing on retinal screening as enhancement to your WellVision Exam	N/A
• Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discount only available from contracted facilities	N/A

*Additional charges will apply for items such as UV protective coatings, scratch resistant coatings, etc.

**The patient may choose from a large selection of quality frames. If requested, the provider will show the patient frames that are covered in full. Patients who choose a frame that exceeds the allowance will be responsible for the additional cost of the selected frame.

FLEXIBLE SPENDING ACCOUNTS (FSA)



Did you know you can put aside pre-tax money to use on eligible medical, dental, vision and prescription drug care and dependent care expenses? Each year, you have the option to enroll in a Health Care FSA and a Dependent Care FSA administered by P&A Group. A brief summary of each program is below. For a list of covered services visit www.irs.gov and search for Publication 502.

HEALTH CARE FSA

Eligible Expenses:

- Medical or dental plan deductible
- Coinsurance or copays
- Prescription cost/expenses
- Orthodontics or major dental work
- Contacts, eyeglasses, Lasik eye surgery
- Hearing aids

The maximum annual amount you may put into your Medical FSA is \$2,750 per employee.

DEPENDENT CARE FSA

Eligible Expenses:

- In-home day care
- Nursery school
- Day-care centers
- Nursing care and Adult day care
- Dependent care that allows you to continue employment (and your spouse, if you are married)

The maximum annual amount you may put into this account is \$5,000 per household.

Where's the savings? The tax laws allow MasTec to deduct the money automatically from your paycheck before payroll taxes are withheld. It's tax-free money you use to pay expenses. See the example below that shows savings through a Flexible Spending Account.

EXAMPLE: Saving with a Flexible Spending Account		
TOTAL SAVINGS = \$480	WITHOUT FSA	WITH FSA
Annual Taxable Income	\$25,000	\$25,000
Out of Pocket Health (or Dependent) Care Expenses	\$3,000	\$3,000
Contributions to the FSA	(\$0)	(\$2,000)
Taxable Income after FSA payroll deductions	\$25,000	\$23,000
Federal & State Taxes & Social Security	(\$6,000)	(\$5,520)
After-tax Income	\$19,000	\$17,480
After-tax dollars spent on the \$2,000 expenses	\$2,000	\$0
Take-home pay	\$17,000	\$17,480
Increased Take-home pay	N/A	\$480

HOW TO GET STARTED

1 Estimate

Estimate your eligible expenses for next year.

2 Decide

Decide how much to set aside in your account during enrollment. Avoid having money leftover in your account at the end of the year. Participants will be able to rollover up to \$500 of unused funds in a Health Care Flexible Spending Account for the next calendar year. Any amount over \$500 will be forfeited according to Federal law. Funds in a dependent care account cannot be rolled over.

3 Enroll

Complete the FSA section in MasTec Benefit Portal

Get your money faster

Life happens. And if you need to use the money in your account to pay for a medical expense, you want fast, easy access to it. That's why P&A Group offers reimbursement options that are fast and easy.



Debit Card

The debit card is the ultimate reimbursement, because it gives you real-time and immediate access to your account.



Online Reimbursement and Bill Pay

Use the Online Member Service Center to request a reimbursement or to pay health care providers directly from your account.



Direct Deposit

Sign up for direct deposit and get your online reimbursement requests automatically deposited into the checking or savings account of your choice.

IMPORTANT: The IRS requires substantiation of all FSA claims. You may be asked by P&A Group to substantiate your FSA Debit Card transaction. Keep your receipts and provide the required back up to P&A Group as soon as possible!

FLEXIBLE SPENDING ACCOUNTS (FSA)

Plan Features

The chart below highlights the features of a Health Care FSA and Dependent Care FSA.

P&A Group	Health Care FSA	Dependent Care FSA
Maximum Annual Contribution	Contribute up to \$2,750 per year	Contribute up to \$5,000 per year
Examples of Eligible Expenses	Deductibles, copays, coinsurance, eyeglasses and contact lenses, dental work, hearing aids, prescriptions, and medical tests. To view a full list of eligible/ineligible expenses see IRS Publication 502.	Daycare, babysitters, nannies, nursery school, preschool, adult day care, before and after school care. Note: Maximum dependent age for day care is 12, unless your dependent is certified as disabled.
Examples of Ineligible Expenses	Teeth whitening, health insurance premiums, over-the-counter (OTC) medicines without prescription, and cosmetic procedures.	Care for children not listed as your dependent; child care if you or your spouse are not working or looking for work.
Reimbursed Expenses	For you, your spouse and your eligible tax dependents; you do not have to be enrolled in the MasTec benefits plans.	For your eligible tax dependents; they do not have to be enrolled in MasTec's benefits plans.
Access to Funds	Use a special debit card or pay out-of-pocket and submit a claim form as well as itemized receipts.	Use funds that have accrued in your account at the time of the request. You must submit a claim form along with an itemized receipt to be reimbursed.
Rollover Feature	Carry over up to \$500 of your unused Health Care FSA funds from the current plan year to be used in the next plan year. For example, if you have \$500 or less in your Health Care FSA at the end of 2022, you can carry it over and use anytime during 2023.	Not applicable.
2022 Reimbursement Timeline	Submit claims against your balance in excess of \$500 until March 31, 2023 for expenses incurred through December 31, 2022. A balance of \$500 or less will carry over to the following plan year.	Submit claims until March 31, 2023 for expenses incurred through March 15, 2023.
	Note: Expenses are considered incurred when services are received not when they are billed or paid. You will not be able to submit claims prior to the effective date of your coverage.	
Use-It-or-Lose-It	Forfeit, or lose, any remaining balance over \$500 if expenses incurred by December 31, 2022 are not submitted by March 31, 2023.	Incur eligible expenses by March 15, 2023 and submit no later than March 31, 2023; otherwise, you will forfeit, or lose, any remaining balance.

Note: If you leave the company and have remaining funds in your Health Care FSA, you have 90 days from your termination date to submit your claim. Claims must be incurred from plan start date to termination date. If you have remaining funds in your Dependent Care FSA, you can submit claims incurred before your employment termination date until the end of the plan year. Eligible Dependent Care FSA reimbursements will be made up to the dollar amount of year-to-date deductions at time of termination.

DISABILITY INSURANCE

SHORT-TERM DISABILITY

Short-term disability benefits are available to all full-time employees. This benefit provides 60% of your weekly earnings, up to \$1,000 a week if you become unable to work due to a sickness, accident or maternity. Coverage begins 15 days after the event that causes your disability and will last up to 24 weeks. **Pre-existing exclusion may apply.***

LONG-TERM DISABILITY

Long-term disability benefits are available to all full-time employees. This benefit begins after 180 days of disability and provides for 60% of your monthly earnings, up to \$8,500 a month maximum benefit. You need to enroll if you want to have Long-Term Disability coverage. The coverage is available through Prudential. **Pre-existing exclusion may apply.***

Short and Long Term Disability benefits may provide income replacement for non-job-related injuries or illness that leave you unable to work and receive your paycheck. **Enroll when you are first eligible!** If you decide to waive coverage when first eligible and apply at a later time, you will need to answer medical questions.

Short-Term Disability		Long-Term Disability																											
Definition of Disability	If you become disabled because of a non-occupational illness or injury and cannot work at your "own occupation"	You are still unable to work at your "own occupation" after the maximum period for STD coverage has expired																											
Benefit as % of Salary	Up to 60% of your basic WEEKLY earnings (subject to reduction for income you may receive from other sources)	Up to 60% of your basic MONTHLY earnings (subject to reduction for income you may receive from other sources)																											
Maximum Benefit	\$1,000 per WEEK	\$8,500 per MONTH																											
When Coverage Begins	15 days after an accident or illness that causes your disability	180 days after disability begins																											
How Long Coverage Lasts	Up to 24 weeks (after that time you may qualify for LTD benefits, if you are enrolled in LTD)	Salaried Employees																											
		<table border="1"> <thead> <tr> <th>Your Age on Date Disability Begins</th> <th>Your Maximum Benefit Duration</th> </tr> </thead> <tbody> <tr> <td>Less than age 62:</td> <td>Up to the SSNRA¹</td> </tr> <tr> <td>Age 62:</td> <td>60 months</td> </tr> <tr> <td>Age 63:</td> <td>48 months</td> </tr> <tr> <td>Age 64:</td> <td>42 months</td> </tr> <tr> <td>Age 65:</td> <td>36 months</td> </tr> <tr> <td>Age 66:</td> <td>30 months</td> </tr> <tr> <td>Age 67:</td> <td>24 months</td> </tr> <tr> <td>Age 68:</td> <td>18 months</td> </tr> <tr> <td>Age 69 and over</td> <td>12 months</td> </tr> </tbody> </table>	Your Age on Date Disability Begins	Your Maximum Benefit Duration	Less than age 62:	Up to the SSNRA ¹	Age 62:	60 months	Age 63:	48 months	Age 64:	42 months	Age 65:	36 months	Age 66:	30 months	Age 67:	24 months	Age 68:	18 months	Age 69 and over	12 months	<table border="1"> <thead> <tr> <th>Your Age on Date Disability Begins</th> <th>Your Maximum Benefit Duration</th> </tr> </thead> <tbody> <tr> <td>Less than age 67:</td> <td>36 months</td> </tr> <tr> <td>Age 67 through 68:</td> <td>To age 70, but not less than one year</td> </tr> <tr> <td>Age 69 and over:</td> <td>12 months</td> </tr> </tbody> </table>	Your Age on Date Disability Begins	Your Maximum Benefit Duration	Less than age 67:	36 months	Age 67 through 68:	To age 70, but not less than one year
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¹SSNRA: Social Security Normal Retirement Age

Cost of Coverage

Your level of earnings determines your cost, according to the following formula:

Short-Term Disability:	Your Weekly Earnings (up to a limit of \$1,666.67/week) x 60% x .035 = Monthly STD Cost Example: \$600 weekly pay x 60% x .035 = \$12.60 per month
Long-Term Disability:	Your Monthly Earnings (to maximum limit of \$14,166.66) x .00582 = Monthly LTD Cost Example: \$3,000 monthly pay x .00582 = \$17.46 per month

To file a claim contact Prudential at 1.877.FOR.PRU (1.877.367.7781)

*You have a pre-existing condition if you received medical treatment, consultation, care or services, including diagnostic measures, or took prescribed drugs or medicines, or followed treatment recommendation in the 3 months just prior to your effective date of coverage and your disability begins within 12 months of the date your coverage under the plan becomes effective.

BASIC LIFE/AD&D INSURANCE



Life insurance is important to your financial security, especially if others depend on you for support. Prepare for life's challenges by enrolling in Life and/or Accidental Death & Dismemberment insurance at work, which provides financial protection to you and your dependents in the event of death or accidental death/injuries. The MasTec life insurance plans are managed by Prudential.

AD&D insurance coverage offers you and your family financial protection if you die or are injured as a result of an accident.

MasTec pays the cost for your basic term life and AD&D insurance equal to one-times your annual salary up to a maximum of **\$50,000**, rounded up to the nearest \$1,000. You are automatically enrolled in this benefit.

COVERAGE TYPE	BENEFIT AMOUNT
Employee Only	1-times annual salary to a maximum of \$50,000.

Beneficiary Designation

In the event of your death, it is necessary to have an accurate record of which beneficiaries should receive payments from your life insurance plans. You may designate anyone you wish as a beneficiary, including one or more individuals.

You can update your beneficiaries at any time! Log onto your UKG Pro account, go to "My Benefits", "Profile", "My Beneficiaries".

If your employment terminates, you may be eligible to remain insured for Basic and Supplemental Life at your expense. You must complete an application and apply within 31 days of your coverage termination. To obtain an application, please contact **Prudential** at **1.800.778.3827**.

TRAVEL ASSISTANCE OFFERED BY INTERNATIONAL MEDICAL GROUP®

Traveling Far from Home?

Take your worldwide emergency travel assistance phone number with you!

Whenever you or your dependents travel 180 miles or more from home to another country or just another city, be sure to pack your worldwide emergency travel assistance phone number. International Medical Group (IMG) speaks your language with an onsite 24/7/365 US-based call center available day or night to provide you with medical services and assistance and support for travel concerns when they arise. Add the number to your cell phone contacts so it's always close at hand! You automatically receive this benefit at no cost to you.

Use your travel assistance phone number to access services such as:

Medical Assistance Services:

- Medical monitoring
- Medical payments
- Prescription transfer and shipping
- Dispatch of medical professional

Emergency Medical Transport Services:

- Emergency medical evacuation
- Repatriation
- Care and transport of unattended minor children
- Emergency hospitalization

Travel Assistance Services:

- Lost document & lost luggage assistance
- Identity theft assistance
- Language interpretation services
- Pre-trip & cultural information

IMG Travel Intelligence App

24/7 support, giving you the tools and information you need to stay informed and minimize risk when away from home.

- Timely security & travel-related incident alerts
- Travel disruptions, including airline delays & cancellations
- Locate hospitals, police stations & other safe haven information, as well as local emergency phone numbers.
- In-app emergency hotline in the event of a crisis

Contact International Medical Group 24/7/365

Within the U.S: 1.855.847.2194

From anywhere in the world: 1.317.927.6881

Via e-mail: assist@imglobal.com

SUPPLEMENTAL LIFE AND AD&D INSURANCE

You can also add to your company-paid basic life insurance coverage with a supplemental life and/or AD&D insurance plan. You can purchase supplemental life for yourself, your spouse and/or your dependent children. Your children are eligible from birth to age 26. You can elect 1x, 2x or 3x your annual salary up to a maximum of \$500,000. Newly-hired employees can elect up to a maximum of \$250,000 without evidence of insurability. New employees wishing for more than \$250,000 will need to submit evidence of insurability. Spouse coverage can be elected in \$10,000 increments, up to a maximum of \$150,000 not to exceed 50% of your supplemental life election. Any amount above the guaranteed amount of \$30,000 will require evidence of insurability. Prudential coverage for your child(ren) can be elected at \$5,000 or \$10,000 benefit.

VOLUNTARY LIFE COVERAGE TYPE	COVERAGE	GUARANTEED ISSUE (Election above this amount will require Evidence of Insurability)
Employee Only	1x, 2x or 3x salary (\$500,000 maximum)	\$250,000
Spouse	Elect \$10,000 increments up to a maximum of \$150,000 not to exceed 50% of your supplemental life election.	\$30,000
Child(ren)	\$5,000 or \$10,000	N/A

VOLUNTARY AD&D COVERAGE TYPE	COVERAGE
Employee Only	1x, 2x or 3x salary (\$500,000 maximum)
Spouse	\$10,000
Child(ren)	\$5,000

Calculate Your Monthly Supplemental Life Insurance

Step 1: Elect the level of coverage you want.	Sue is 38 and her annual rate of pay is \$20,100. She wants to elect 3-times her annual rate of pay for Life Insurance coverage.
Step 2: Take your annual rate of pay (hourly rate x 2080) and multiply it times the level of coverage you want.	$\$20,100 \times 3 = \$60,300$
Step 3: Round the result in Step 2 to the nearest \$10,000.	\$60,300 rounds to \$60,000
Step 4: Divide the result in Step 3 by \$1,000.	$\$60,000 \div \$1,000 = 60$
Step 5: Multiply the result in Step 4 by the applicable rate.	$60 \times \$0.11 = \6.60 It will cost Sue \$6.60 a month (or \$3.30 bi-weekly) to have \$60,000 worth of Supplemental Life Insurance.

MONTHLY FACTOR PER \$1,000 OF EMPLOYEE AND SPOUSE LIFE COVERAGE

Employee Age	Rate
Less than 30	\$0.08
30 – 34	\$0.08
35 – 39	\$0.11
40 – 44	\$0.17
45 – 49	\$0.28
50 – 54	\$0.47
55 – 59	\$1.07
60 – 64	\$1.34
65 – 69	\$2.09
70 & Up	\$3.26

MONTHLY FACTOR PER \$1,000 OF CHILD LIFE COVERAGE

Coverage Type	Rate
Child Life	\$0.08

MONTHLY FACTOR PER \$1,000 OF AD&D COVERAGE

Coverage Type	Rate
Employee AD&D	\$0.017
Spouse AD&D	\$0.017
Child AD&D	\$0.017

* Your rates are based on your salary as a New Hire then as of January 1st each year thereafter.

Employee Assistance Program

ComPsych® is the provider of Guidance Resources benefits which gives you and your dependents confidential support, resources and information for personal and work-life issues. MasTec pays for the cost.



Guidance Resources Service examples include:

Work-Life Solutions

Too much to do, and too little time to get it all done? The work-life specialists at ComPsych can do the research for you, and provide qualified referrals and customized resources for child and elder care, moving, pet care, college planning, home repair, buying a car, planning an event, selling a house and more. Six phone consultations per issue, per year, per family member. You and your dependents are covered for up to 6 in person sessions per issue, per year, per family member. There are no limits to the number of times you or your immediate family members can contact Guidance Resources.

Legal Support

With Guidance Resources, you have an attorney “on call” whenever you have questions about legal matters. Speak with on-staff licensed attorneys about legal concerns such as divorce, custody, adoption, real estate, debt and bankruptcy, landlord/tenant issues, civil and criminal actions and more. If you require representation, you can be referred to a qualified attorney for a free 30-minute consultation and a 25 percent reduction in customary legal fees.

Financial Information

Everyone has financial questions. With your Guidance Resources benefit, you can get answers to your questions about budgeting, debt management, tax issues and other money concerns from on-staff CPAs, Certified Financial Planners® and other financial experts, simply by calling your toll-free number.

Call **1.844.533.0382**

or

Visit **www.guidanceresources.com** and enter Company ID: MasTec

Remember, your Guidance Resources benefits are strictly confidential
Guidance Resources is available 24 hours a day, 7 days a week

LEGAL PLAN

MasTec offers you a voluntary legal plan, which gives you access to a broad range of legal services available to you at group rates. If you are a Florida resident, you have access to the Preferred Legal Plan™. All other employees can enroll in the Legal Club of America®. Below is a summary of each plan.

Preferred Legal Plan™ (Florida residents)

The Preferred Legal Plan (PLP) is a licensed legal expense organization providing members with full service and representation on all types of legal matters, including:

- Divorce
- Traffic tickets
- Buying/selling a home
- Bankruptcy
- Credit report issues
- Child support
- Custody and visitation
- Loan modifications
- Foreclosures
- Litigation
- Small claims court
- Personal injury

The Preferred Legal Plan cost is \$9.95 per month.

You get free unlimited legal advice via phone consultations and free face-to-face consultations with attorneys. You can also get several other services including legal document review, letters and phone calls to third parties on your behalf, credit report analysis and repair, identify theft information, simple wills, legal forms and notary services.

Plus, you get 40% to 70% reduced legal fees for more in-depth attorney representation.

The PLP is available 24/7 and all information is strictly confidential. For more information, you can visit PLP at www.preferredlegal.com or call toll-free at **1.888.577.3476**.

Legal Club of America® (non-Florida residents)

With the Legal Club of America's Family Protection Plan, you can take advantage of:

- Free and discounted legal care on matters such as:
 - Buying/selling a home
 - Traffic tickets
 - Divorce
 - Child support
 - Foreclosures
 - Bankruptcy
 - Litigation
 - Personal Injury
- Tax preparation (1040, 1040A, 1040EZ) and advice
- Financial education
- Credit counseling
- Identity theft protection
- Life events counseling
- Online legal resources and forms

The Legal Club of America cost is \$14.00 per month.

You get free and discounted legal care from the nation's largest network of plan attorneys. Network attorneys charge a reduced hourly rate, or 40% of their usual and customary hourly rate, whichever is greater.

Plus, you get 40% to 70% reduced legal fees for more in-depth attorney representation.

The Legal Club of America is available 24/7 and all information is strictly confidential. For more information, you can visit Legal Club of America at www.legalclub.com or call toll-free at **1.800.305.6816**.



SUPPLEMENTAL BENEFITS

Supplemental Products give you the ability to customize your insurance program to more closely fit the needs and exposures of you and your family. Supplemental products can increase your security and peace of mind by supplementing MasTec's core medical plans. These products are offered by Aflac.



For a full description of these benefits*, costs of each plan or to enroll, visit the "Manage My Benefits" section in your UKG Pro account or call the MasTec Benefit Service Center at 1.877.857.0211.

Accident Insurance

The financial impact of an accident is often surprising. The Accident plan pays for any accident on-or-off the job, 24 hours, worldwide. Benefits are paid regardless of any health benefits you may receive and there are no limits on claims. Examples of coverage include:

- Initial Treatment once per accident, per covered person
- Hospital Admission Benefit
- Hospital Confinement Benefit
- Benefits for specific injuries such as fractures, dislocations, lacerations, etc.
- Follow-Up Treatment
- Therapy
- Wellness Benefit - Once per calendar year per covered person
- Accidental – Death Benefit

Hospital Indemnity Insurance

Most major medical insurance is not designed to cover all hospitalization costs, and when a hospital stay is necessary, the immediate cost of care can be more than many people are prepared for. Aflac's Hospital Indemnity plans can help to cover those unforeseen costs. Some examples of coverage include:

- Hospital Admission
- Hospital Confinement
- Hospital Intensive Care
- Outpatient Doctor's Visits
- Major Diagnostic Exams
- Inpatient and Outpatient Surgery and Anesthesia

Critical Illness Insurance

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

Aflac Critical Illness insurance helps employees recuperate without the stress or worry over financial setbacks.

- Initial Diagnosis benefit for diagnosis of a covered critical illness such as cancer, heart attack, stroke, kidney failure, bone marrow transplant, sudden cardiac arrest, major organ transplant, non-invasive cancer or coronary artery bypass surgery.
- Health Screening Benefit payable once per calendar year for the covered employee and spouse only.

This is a brief product overview only. The plans have limitations and exclusions that may affect benefits payable. Refer to the plans for complete details.

Group Accident, Critical Illness, and Hospital Indemnity insurance is underwritten by Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers. CAIC is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands. AGC1902662 IV (10/19)

2022 Monthly Aflac Rates*

Coverage Type	Accident Insurance	Hospital Indemnity Insurance
Employee Only	\$17.05	\$40.54
Employee + Spouse	\$28.91	\$79.98
Employee + Children	\$38.94	\$66.00
Family	\$50.80	\$105.44

* Critical Illness Insurance: Please visit "Manage my Benefits" in your UKG Pro account to view coverage options and rates.

Why consider an Aflac plan? In case of an accident or illness, Aflac insurance plans pay cash benefits directly to you (unless otherwise assigned), regardless of any other insurance you may have for:

- Deductibles, copayments, out of network charges, and any other expenses not picked up by your medical coverage.
- Travel related expenses for treatment in distant medical centers, including airfare, hotels, and meals.
- Everyday living expenses like house (or rent) payments, car notes, groceries, and utility bills.
- Plan is portable.

* Note: Aflac products are voluntary.

RETIREMENT - SAFE HARBOR 401(k)

Most of us would like to envision where we will be and what we will be doing when we retire. MasTec values your career contribution to the success of the company, and we believe it's important to help you achieve your retirement goals. That's why we offer you a Safe Harbor 401(k) retirement savings plan. Below is a brief overview of the plan features.

ELIGIBILITY

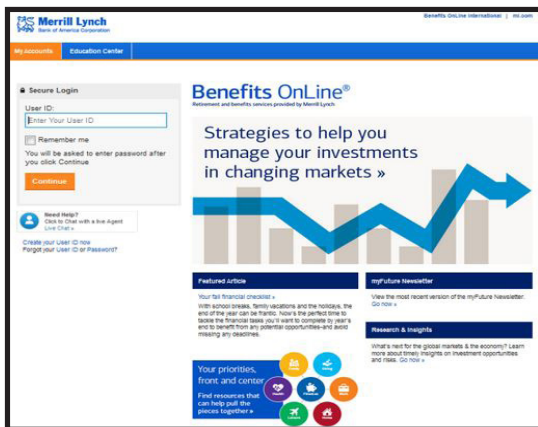
You are eligible on the first day of the month following or coinciding with 30 days of employment. You can enroll at any time following your eligibility date. Start saving today by contacting Merrill Lynch at www.benefits.ml.com or via phone at 1.855.MTZ.8107.

CONVENIENCE

Your contribution is automatically deducted from your eligible earnings each pay period. You may contribute up to 75% of your gross earnings each pay period up to the annual IRS maximum and starting at age 50 or older, a "catch-up" provision. You may change the amount you contribute at any time.

TWO GREAT TAX ADVANTAGES

Your contributions can be made on a Pre or Post-Tax Roth basis. Pre-tax contributions reduce your taxable income now and Roth contributions reduce your tax burden during retirement.



EMPLOYEE MATCH

To get your retirement savings plan off to a good start, MasTec's Safe Harbor 401(k) plan will match 100% of the first 3% and 50% of the next 2% of your plan contributions up to a maximum 4% employer match.

Employee Contribution	Employer Contribution
1%	1%
2%	2%
3%	3%
4%	3.5%
5%	4%
6+%	4%

Employer match is paid quarterly and paid 50% in MasTec stock and 50% in employee's investment directive. Taking full advantage of the employer match enables your retirement account to grow more quickly.

SERVICE PROVIDER

Merrill Lynch offers performance reporting and transactions any time you need them via an interactive website. They also provide easy-to-read statements and helpful education materials. Merrill Lynch gives you a wide variety of investment choices with a range of risk and return characteristics. Once you decide what asset allocation works best, your money will begin to work for you.



GO ONLINE TO MANAGE YOUR 401(K)

You can manage your 401(k), change your investment options and access educational materials wherever you are by accessing your account via the Internet or phone. Visit www.benefits.ml.com to get started and you will be on your way to managing your future retirement! For more information, call Merrill Lynch at 1.855.MTZ.8107.

EMPLOYEE STOCK PURCHASE PLAN (ESPP)

OVER 1,900 EMPLOYEES HAVE ALREADY ENROLLED! ARE YOU NEXT?

MasTec's Employee Stock Purchase Plan (ESPP) is another way for employees to take charge of their financial future. One of the advantages of working at MasTec is the ability to purchase our common stock at a discount. You have the opportunity to invest in our company and potentially realize a benefit if our stock increases in value over time.

- Participation in the program is open to any U.S. employee of MasTec or its subsidiaries who is scheduled to work at least 20 hours per week and has been employed for a minimum of 30 days. Employees that satisfy those requirements for thirty days will be eligible to participate in the ESPP beginning with the first offering period that occurs during the first month that begins after such thirty-day period.
- To enroll, eligible employees can set up a Merrill Lynch account online at www.benefits.ml.com. (MasTec employees in Three Phase Line, Transmission and Substation, EC Source, T&D Power, Energy Erectors, Kingsley, Bottom Line Services, Casey Industrial, Condotte America, FNF Construction, Byers Engineering, Intren and Phoenix Industrial, should obtain an enrollment form from your Human Resources/Payroll department.)
- You may stop participating in the plan at any time by accessing your Merrill Lynch account online. (MasTec employees in Three Phase Line, Transmission and Substation, EC Source, T&D Power, Energy Erectors, Kingsley, Bottom Line Services, Casey Industrial, Condotte America, FNF Construction, Intren and Phoenix Industrial, may stop participating by completing a withdrawal form and delivering it to their designated Human Resources/Payroll Manager.)
- Employees can purchase MasTec, Inc. common stock at a 15% discount through convenient after-tax payroll deductions, allocating from 1% to 15% or \$1 to \$500 of their compensation each pay period. You also have the option to make lump sum contributions that can apply to future Offering Periods. (If you receive communication indicating you are an 'Insider', you may only enroll, make enrollment changes, make lump sum contributions and/or sell your shares during an open window with appropriate approvals.)
- Stock purchased through ESPP can be sold at any time, through your Merrill Lynch account. (MasTec employees in Three Phase Line, Transmission and Substation, EC Source, T&D Power, Energy Erectors, Kingsley, Bottom Line Services, Casey Industrial, Condotte America, FNF Construction, Intren, Byers Engineering and Phoenix Industrial, can sell their shares by calling Merrill Lynch at 855-MTZ-8107.) As with any sale of stock, there will be tax consequences connected with the sale, and the length of time you hold the stock will affect the tax rate applied. Plan participants will not be subject to any income tax at the time the shares are purchased. Taxes will be assessed at the time shares are sold.

MasTec's recordkeeper will purchase the common stock on your behalf. The purchases are made on a bi-weekly basis (on every second Wednesday, beginning on January 13, 2021) at a 15% discount from the price of MasTec's common stock at market close on the purchase date. The shares you purchase under the plan will be credited to a brokerage account set up in your name. Through this account, you are free to sell or transfer your MasTec stock within the guidelines of program participation. In addition to accumulating significant stock purchase savings through the plan, participants will also have an 'ownership' investment in the company.

For a full explanation of how the ESPP works (including possible tax implications), please review the available plan documents. These documents are posted on the [MasTec Benefit Portal](#). You may also contact your designated Human Resources/Payroll Manager to obtain copies or ask additional questions; you may contact Merrill Lynch directly at **1.855.MTZ.8107**. This document shall not constitute an offer to sell or the solicitation of an offer to purchase any securities. Any such offer of solicitation may be made only by means of the ESPP offering Memorandum.

IMPORTANT INFORMATION & NOTICES

As your plan sponsor, MasTec is required to provide the following federal notices regarding your benefits:

- **Coordination of Benefits:** If you or one of your covered dependents are covered by more than one medical and/or dental plan this notice describes how those plans work together.
- **Continuing Coverage through COBRA:** This notice describes your ability to extend certain coverages through the Consolidated Omnibus Budget Reconciliation Act.
- **HIPAA Notice of Privacy Practices:** This notice describes how medical information about you may be used and disclosed and how you can get access to this information.
- **Notice of Special Enrollment Rights:** If you are declining enrollment in the MasTec medical plan for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in the plan if you or your dependents lose eligibility for that other coverage.
- **Women's Health and Cancer Rights Act of 1998 Annual Notice:** Coverage is available under the MasTec medical plan for participants receiving eligible services in connection with a mastectomy and who elect breast reconstruction in connection with such mastectomy.
- **Newborns' and Mothers' Health Protection Act:** Federal law (Newborns' and Mothers' Health Protection Act of 1996) prohibits the plan from limiting a mother's or newborn's length of hospital stay to less than 48 hours for a normal delivery or 96 hours for a Cesarean delivery or from requiring the provider to obtain preauthorization for a stay of 48 or 96 hours, as appropriate.
- **Mental Health Parity:** The Mental Health Parity and Addiction Equity Act of 2008 requires plans to provide mental health and substance abuse benefits at the same level that benefits for medical and surgical related benefits are offered.
- **Medicaid and the Children's Health Insurance Program (CHIP):** If you are eligible for health coverage from MasTec, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. This notice provides important information about these programs.
- **Important Notice about Your Prescription Drug Coverage & Medicare:** This notice has information about prescription drug coverage available under the MasTec benefit program and prescription drug coverage available for people with Medicare. It also explains the options you have under Medicare prescription drug coverage and can help you decide whether or not you want to enroll.

Summary Plan Description (SPD)

The Summary Plan Description, or SPD, is an important document that tells participants what the plan provides and how it operates. It provides information on when an employee can begin to participate in the plan, how service and benefits are calculated, when benefits become vested, when and in what form benefits are paid, and how to file a claim for benefits. The SPD is the main vehicle for communicating plan rights and obligations to participants and beneficiaries. As the name suggests, it is a summary of the material provisions of the plan document, and it should be understandable to the average participant of the employer. You may obtain a copy of the SPD free of charge by visiting the MasTec Benefits Portal via your UKG Pro account or email a written request to mastecbenefits@yourbenefitsmanager.com.

Summary of Benefits and Coverage

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options. The SBC is available on the web at: www.mastec.hrntouch.com. A paper copy is also available, free of charge, by calling the Benefits Service Center at **1.877.857.0211**.

These notices are posted in their entirety on the **MasTec Benefit Portal**, to which all MasTec employees have access. Employees also have the right to request printed copies of these notices from the MasTec Benefit Service Center at **1.877.857.0211** or their local HR representative.

REMINDER NOTICE

Action: Has it been a while since your last checkup? Start making calls to schedule your annual medical, dental, and vision exams!

Preventative Care

Preventative Medical Services

Covered 100% In-Network for both Standard and Platinum plans

Preventative Dental Services

DHMO plan: Most services member pays 0% (2 per calendar year, 3rd at copay)

DPPO Low plan: Member pays 20% (4 per calendar year)

DPPO High plan: Member pays 0% (4 per calendar year)

Well Vision Exam

In-Network, \$15 copay (once every 12 months)



CONTACT INFORMATION

MasTec Benefit Service Center	Benefit Management Solutions Inc.	Call or Text: 1.877.857.0211 Live Chat: https://myteambms.com/benefitservicecenter Mon – Fri, 9:00 am to 5:00 pm EST	MasTecbenefits@yourbenefitsmanager.com
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Benefit	Provider	Telephone	Website/Email
Medical	Blue Cross Blue Shield of Florida	1.800.830.1501	www.MyHealthToolkitFL.com
Prescription Drug	CVS Caremark	1.800.334.8134	www.caremark.com
Telehealth	MeMD	1.855.636.3669	https://patient.medmd.me Plan Code HLS7ZDU6
Diabetes Management	RocheDiabetes	1.888.866.2908	Company Code MASTEC20
Flexible Spending Accounts (FSAs)	P&A Group	1.800.688.2611	https://www.padmin.com
Dental • DPPO • DHMO	Delta Dental Group #15610 Group #76628	1.800.521.2651 1.800.422.4234	www.deltadentalins.com
Vision	Vision Service Plan (VSP) Group #12122210	1.800.877.7195	www.vsp.com
Life Insurance	Prudential 59948	1.800.778.3827	www.prudential.com/mybenefits
Disability Benefits	Prudential STD 59948 LTD 59948	1.877.FOR.PRU (1.877.367.7781)	www.prudential.com/mybenefits
Employee Assistance Program (EAP)	ComPsych	1.844.533.0382	www.guidanceresources.com Company ID: mastec
Legal Plan	Preferred Legal Plan (FL residents only) Legal Club of America (non-FL residents)	1.888.577.3476 1.800.305.6816	www.preferredlegal.com www.legalclub.com
Supplemental Benefits	Aflac	1.800.433.3036	www.aflacgroupinsurance.com
401(k) Savings Plan	Merrill Lynch	1.855.MTZ.8107	www.benefits.ml.com
Employee Stock Purchase Plan (ESPP)	Merrill Lynch	1.855.MTZ.8107	www.benefits.ml.com

Did You Remember to:



- Review the benefits available to you carefully
- Determine the benefits that are right for you and your family
- Enroll in all desired benefit plans prior to your effective date
- Enroll your eligible dependents in coverage and provide proper documentation for each dependent covered
- Designate beneficiaries for life insurance
- Consider participating in an FSA
- Enroll in Aflac supplemental benefits, if desired
- Print a copy of your final enrollment
- Contact Merrill Lynch to enroll in the 401(k) Plan