

Your 2022 Benefits: What's New?



Be prepared for Open Enrollment! Open Enrollment will be available through MasTec's new benefits portal, UKG Benefits Prime! Download the UKG Pro App via the App Store and log in prior to November 1st so you are prepared for Open Enrollment!

If you are using a computer to log into UKG Pro please visit:

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.

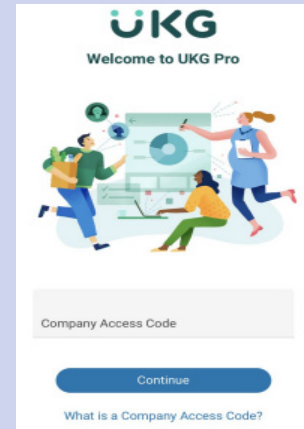
Download the UKG Pro mobile app from the App Store or Google Play

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



What's new or changing in 2022?

Rates • Medical premium rate changes are shown in the 2022 Monthly Health Care Rates table below.

Important Reminders

Health Care FSA & Dependent Care FSA • **You must re-enroll every year if you want to participate in an FSA plan.** Current 2021 FSA elections do not automatically renew.

- Health Care FSA: Annual maximum is \$2,750*. Up to \$500* of unused funds will roll-over into the next calendar year, so the risk of leaving unused funds in your account is reduced.
- Dependent Care FSA: Annual maximum is \$5,000*. Please ensure you have eligible dependents if you are enrolling in this plan.

* Subject to change by the IRS

Short Term & Long Term Disability • **Why do I need Short or Long Term Disability? These benefits provide income replacement for non-job-related injuries or illnesses that render you unable to work and receive your paycheck. Short and Long Term Disability could protect yourself and your family financially if you are unable to work due to a disability.**

- Review your Short and Long Term Disability Options! * Evidence of Insurability will be required for all new enrollments

2022 Monthly Health Care Rates

Medical costs are based on salary level. When you go online to enroll, the 2022 rates you see will be for your salary level.	Medical: BCBS	Standard	Platinum	Dental: Delta Dental	DHMO***	DPPO Low	DPPO High
	Salary Level A: Less than \$72,500						
Employee Only	\$98.01	\$214.52		Employee Only	\$20.26	\$25.54	\$33.88
Employee + One Child	\$201.83	\$372.18		Employee + Spouse	\$36.25	\$51.08	\$67.76
Employee + Children	\$245.92	\$466.11		Employee + Child	\$36.52	\$47.73	\$70.29
Family**	\$397.54	\$637.91		Family	\$54.90	\$76.63	\$101.64
Salary Level B: \$72,500 – \$134,999				Vision: VSP			
Employee Only	\$137.44	\$260.86		Employee Only	\$7.00	***DHMO not available in all states	
Employee + One Child	\$273.01	\$455.02		Employee + Spouse	\$10.55		
Employee + Children	\$332.44	\$575.27		Employee + Child	\$10.55		
Family**	\$522.77	\$801.25		Family	\$18.99		
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					



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.

2022 Benefit Highlights

Medical Plan Features*

Blue Cross Blue Shield of Florida	Standard		Platinum	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible • Individual • Family	\$1,750 \$3,500	\$3,500 \$10,500	\$750 \$1,500	\$3,500 \$10,500
Coinsurance (after deductible has been satisfied) • Plan • Member	70% 30%	50% 50%	80% 20%	50% 50%
Annual Out-of-Pocket Maximum * • Individual • Family	\$6,250 \$12,500	\$12,000 \$13,000	\$5,050 \$10,200	\$12,000 \$13,000
Doctor's Office Visit • Primary Office Visit • Specialist Visit	1st 2 visits covered \$0 copay; then \$35 copay \$45 copay	Member pays 50% after deductible Member pays 50% after deductible	1st 2 visits covered \$0 copay; then \$25 copay \$35 copay	Member pays 50% after deductible Member pays 50% after deductible
Telehealth (MeMD)	\$0 copay	N/A	\$0 copay	N/A
Preventive Care (Annual physical & related labs)	Covered at 100%	Member pays 50% after deductible	Covered at 100%	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

*Includes annual deductible, coinsurance and office visit copays. For more information on covered services, refer to the Summary Plan Descriptions (SPD's) or plan summaries available on the MasTec Benefit Portal website or by reaching out to the MasTec Benefit Service Center.

Dental Plan Features

Delta Dental	DHMO	DPPO: Low	DPPO: High
	DHMO Dentist	In-/Out-of-Network	In-/Out-of-Network
Annual Deductible • Individual • Family	N/A N/A	\$75 \$225	\$50 \$150
Annual Maximum Benefit	N/A	\$1,000	\$2,000
Diagnostic & Preventive Services • Cleaning Frequency	Most services covered 100% 2 per cal. year, 3 rd at \$45 copay	Member pays 20% 4 per calendar year	Member pays 0% 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
Lifetime Orthodontia Maximum (Children & Adults)	See patient charge schedule	Not covered	\$2,000

Vision Plan Features

Vision Service Provider	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 after above copay; then 20% off amount over allowance	Up to \$70 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

Prescription Drug Plan Features

CVS Caremark Prescription Drug Coverage

Standard Plan

	Retail (1-31 Day Supply)	Mail or CVS (90 Day Supply)
• Generic	30% Coinsurance (\$20 Minimum)	30% Coinsurance (\$40 Minimum)
• Preferred Brand	30% Coinsurance (\$20 Minimum)	30% Coinsurance (\$40 Minimum)
• Non-Preferred Brand	30% Coinsurance (\$35 Minimum)	30% Coinsurance (\$70 Minimum)

Platinum Plan

	Retail (1-31 Day Supply)	Mail or CVS (90 Day Supply)
• Generic	20% Coinsurance (\$20 Minimum)	20% Coinsurance (\$40 Minimum)
• Preferred Brand	20% Coinsurance (\$20 Minimum)	20% Coinsurance (\$40 Minimum)
• Non-Preferred Brand	20% Coinsurance (\$35 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%.

Life & Disability Benefits: Prudential

Supplemental Life Insurance

Employee	Elect 1x, 2x, or 3x your annual salary, not to exceed \$500,000 (Evidence of Insurability will apply for any amount over the Guaranteed Issue amount of \$250,000 and any new enrollment or an election increase greater than one increment).
Spouse	Select increments of \$10,000, up to a maximum of \$150,000, not to exceed 50% of your supplemental life election. (Evidence of Insurability will apply for any amount over the Guaranteed Issue amount of \$30,000 and any new enrollment or an election increase greater than one increment).
Child(ren)	Elect a flat \$5,000 or \$10,000

Supplemental AD&D Insurance

Employee	Elect 1x, 2x, or 3x your salary, not to exceed \$500,000
Spouse	Elect a flat \$10,000
Child(ren)	Elect a flat \$5,000

Short Term Disability (STD)

Employee Only	60% of your weekly earnings to a maximum of \$1,000 per week. (Evidence of Insurability will apply for any new enrollment)
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Long Term Disability (LTD)

Employee Only	60% of your monthly earnings to a maximum of \$8,500 per month. (Evidence of Insurability will apply for any new enrollment)
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Telehealth:

Need immediate medical care for yourself or your family for a non-emergency health issue? Consult a healthcare provider 24/7/365 over the phone or online video from the comfort of your own home or when traveling or on the go!

MeMD is a national network of U.S. board-certified healthcare providers available on-demand to diagnose, treat and prescribe medication, if necessary, for many common medical issues such as flu, fever, bronchitis, allergies, pink eye, sinus infections, sore throat, mild abrasions, skin infections (and more!).

Eligibility: Employees must be enrolled in either a MasTec medical plan or Aflac Voluntary benefit plan in 2022 to be eligible for MeMD services.

\$0 visit fee per consultation*

Access MeMD online at <https://patient.memd.me/#/signup> or download the mobile app from the App Store or Google Play.

1. Enter Plan Code **HLS7ZDU6**
2. Complete your profile and medical history
3. Add your dependent(s)
4. Request a telehealth visit
5. Speak with a healthcare provider and discuss your symptoms and treatment options

* Current copay due to COVID-19, subject to change

Note: 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.

¿Necesita información sobre beneficios en español?

Para recibir este boletín en español hable con su administrador o póngase en contacto con el centro de servicio de beneficios MasTec al 1.877.857.0211. Antes de iniciar la sesión en el sistema puede cambiar el idioma del sistema a español en la página de inicio.

¡Recuerde! Si es la primera vez que inicia una sesión, deberá crear un nombre de usuario y contraseña.

What You Need to Do During Open Enrollment

You **must** take action if you want to:

- Enroll, change or drop a medical, dental and/or vision plan
- Enroll in a life or disability plan you were not currently enrolled in or make changes (new enrollments will require Evidence of Insurability)
- Add or drop a dependent - proof of dependency is required for all newly added dependents and must be submitted to the MasTec Benefit Service Center by no later than 1/1/22
- Contribute to an FSA — Your Health Care and/or Dependent Care FSA election(s) **will not** automatically carry over to 2022. You must actively enroll in an FSA each plan year.

You **do not** need to take action if you:

- Wish to maintain your current coverage or waived status (Note: current elections, including your 2021 life and disability elections, will carry over at 2022 rates)
- Do not want to enroll in a new benefit plan
- Do not want to add or drop a dependent
- Do not want to participate in a Health Care and/or Dependent Care FSA in 2022

Important Reminders:

- Review and update your life insurance beneficiary designations. Log onto your UKG Pro account and go to "My Benefits", then to "Profile" and "My Beneficiaries".

Open Enrollment: Key Dates



Open Enrollment Period:
November 1 – November 15, 2021

Open Enrollment Deadline:
November 15, 2021 (11:59 p.m. EST)

Benefits Effective: January 1, 2022

How to enroll/make changes:

Visit • Your UKG Pro Account then "My Benefits"

Create an account if you have not done so already and enroll anytime (24/7) during the enrollment period.

Call or Text • 1.877.857.0211

Speak with a Benefit Specialist and make your elections over the phone.

Live Chat • <https://myteambms.com/benefitservicecenter>

Extended Hours: Monday - Friday, 9:00 a.m. to 7:00 p.m. EST.

Extended Hours: Saturday (11/13) & Sunday (11/14), Noon to 5:00 p.m. EST