



BENEFIT GUIDE

2025 Plan Year

VP Employee Portal

How to login to your VP Employee Portal:

1. Go to [Legacy Infrastructure Group Employee Portal](#)
2. Click the white and blue “Continue with Viewpoint ID” button.



3. Enter email address, then click “Next”.
4. Confirm email on the next page, and then click “Next” again.

If the above method does not work on your first try, use the steps below:

1. Go to [Legacy Infrastructure Group Employee Portal](#)
2. Click the white and gray “Sign In with Employee #” button.



3. Choose Superior Bowen from the drop down.
4. Enter your employee number in the first box.
5. Enter your password in the second box.
6. Click the blue “Sign In” button.

Note: You can reset your password by clicking “Reset Password” under the “Sign In” button.

Issues logging in? Contact HR at hr@superiorbowen.com

Welcome

Offering a comprehensive and competitive benefits package is one way we recognize your contribution to the success of the organization and our role in helping you and your family to be healthy, feel secure, and maintain work/life balance.

This enrollment guide has been designed to provide you with information about the benefit choices available to you.

Eligibility

You are eligible for benefits if you are hired full time and work 30 or more hours per week. You may also enroll your eligible family members.

When Coverage Begins

New Hires must complete the enrollment process. If you enroll timely, coverage will be effective on the first of the month following 30 days of eligibility.

If you fail to enroll on time, you will not have benefits coverage except for company paid benefits.

If you do not enroll when first eligible, you will have to wait until Open Enrollment to enroll on the plans unless you have a special qualifying event such as loss of other coverage, marriage, birth of child, adoption, ect. You will also lose guarantee issues and/or have pre-existing exclusions applied to the voluntary coverages offered.

Open Enrollment

Changes made during open enrollment are effective January 1st - December 31st, unless you have a special qualifying event.

What's Inside

This booklet is your one-stop resource for your benefits. Inside you will learn about:

Medical Coverage

Dental Coverage

Voluntary Vision Coverage

Life/AD&D Coverage

Voluntary Life/AD&D Coverage

Short Term Disability Coverage

Long Term Disability Coverage

Voluntary Accident Coverage

Employee Assistance Program

Flexible Spending Account

Parental Leave

401k

Learn more about your benefits anytime at your benefits website: <http://LIG.MyBrushKC.com>

This benefit guide is intended for overview purposes only and is not intended to be a complete explanation of all plan provisions. Please refer to the actual plan document or plan certificate for the detailed provisions of the benefit plans.

Special Enrollment Notice

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.

To request special enrollment or obtain more information, contact your HR department.

Medical Plans

We are proud to offer medical plans with Blue Cross/Blue Shield of Kansas City this year. These plans offer comprehensive medical and prescription drug coverage and utilize Blue Cross/Blue Shield of Kansas City's Preferred Care Blue network. For a list of the participating providers, visit www.BlueKC.com or contact customer service at the phone number listed on the back of your ID card.

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the network. The calendar-year deductible must be met before certain services are covered.

How Your Plan Works

Copays: Your PPO plan has copays that you pay when you go to your primary care doctor or specialist. You also only pay the applicable copay when you get your prescriptions filled.

Annual Deductible: For most things that are not covered by a copay, you will need to meet your annual deductible before the plan starts to pay.

Coinsurance: Once you have met your plan's annual deductible, you are responsible for a percentage of your medical expenses. This is called coinsurance. For example, the plan may pay 80% and you may pay 20%.

Out of Pocket Maximum: Once your deductible, coinsurance, and any copays you have paid total the out of pocket maximum, the plan will begin to pay 100% of all eligible expenses for the remainder of the calendar year.

Network: Both plan options utilize Blue Cross/Blue Shield of Kansas City's Preferred Care Blue Network. When you are traveling or out of area, you still have access to network doctors through the Blue Card Network. To find network doctors and facilities, login to the member portal at www.mybluekc.com. You can also download the mobile app from www.mybluekc.com so your plan information is always at your fingertips.

Health Savings Account (HSA)

If you elect the HDHP, you are eligible to set up a Health Savings Account. You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses.

To be eligible for an HSA, you cannot be covered through TriCare, Medicare Part A or Part B. The Health Savings Account belongs to you. The money you accumulate is yours to spend or to save.

There is no "use it or lose it rule". Your account grows tax free and the money saved can be spent on you and your dependents' doctor visits, dental, and vision expenses.

For 2024, if you have employee only coverage, you can contribute up to \$4,300 and if you have your dependents covered, you can contribute up to \$8,550. There is a catch up contribution of \$1,000 allowed for those age 55+.

HSA Contribution Limit	2025
Employee Only	\$4,300
Family (Employee + One or More)	\$8,550
Catch Up (Age 55+)	\$1,000

Medical Plans

BCBSKC Group #TBD	PPO 1000 Plan	Blue Saver HSA 3300 Plan
	Preferred Care Blue In Network Benefits	Preferred Care Blue In Network Benefits
Deductible		
Individual	\$1,000	\$3,300
Family	\$3,000	\$6,600
Coinsurance	80%	100%
Out of Pocket Maximum		
Individual	\$4,000	\$3,300
Family	\$8,000	\$6,600
Primary Care Office Visit	\$30 Copay	Deductible
Specialist Office Visit	\$30 Copay	Deductible
Routine Preventative Care	No Charge	No Charge
Urgent Care Visit	\$30 Copay	Deductible
Emergency Room Visit	\$100 Copay + Deductible + 20%	Deductible
Lab Services	Deductible + 20%	Deductible
Outpatient Surgery	Deductible + 20%	Deductible
Inpatient Hospital Services	Deductible + 20%	Deductible
Retail Prescriptions	Tier 1 - \$15 Copay Tier 2 - \$70 Copay Tier 3 - \$110 Copay	Deductible
Specialty Prescriptions	Preferred - \$110 Copay Non-Preferred - \$200 Copay	Deductible

Cost Sharing	PPO 1000 Plan		Blue Saver HSA 3300 Plan	
	Monthly	Weekly	Monthly	Weekly
Employee Only	\$86.12	\$19.90	\$81.14	\$18.73
Employee + Spouse	\$217.26	\$50.14	\$204.48	\$47.19
Employee + Child(ren)	\$166.39	\$38.40	\$156.61	\$36.14
Family	\$246.57	\$56.90	\$232.07	\$53.55

Dental Plans

Reliance Standard Group #TBD	High Plan	Base Plan
	Network	Network
Deductible Individual Family	\$50 \$150	\$50 \$150
Plan Maximum	\$1,000	\$1,000
Preventative & Diagnostic Services Oral Exams Cleanings Routine X-Rays	Plan pays 100%	Plan pays 100%
Basic Services Fillings Oral Surgery Endodontics Periodontics	Plan pays 80% after Deductible	Plan pays 50% after Deductible
Major Services Crowns Bridges Dentures	Plan pays 50% after Deductible	Not Covered
Orthodontia	Plan pays 50% to \$1,000 lifetime maximum	Not Covered

Cost Sharing	High Dental Plan		Base Dental Plan	
	Monthly	Weekly	Monthly	Weekly
Employee Only	\$16.79	\$3.87	\$11.10	\$2.56
Employee + Spouse	\$34.68	\$8.00	\$23.39	\$5.40
Employee + Child(ren)	\$34.99	\$8.08	\$32.40	\$7.48
Family	\$64.79	\$14.95	\$43.55	\$10.05

Voluntary Vision Plan

EyeMed Group #VC-19-102595	
	EyeMed Insight Network
Exam Copay Materials Copay	\$10 Copay \$10 Copay
Prescription Lenses	Single vision, lined bifocal, lined trifocal, and lenticular lenses Members pay for lens enhancements as an out-of-pocket expense after the copay; they are discounted by EyeMed providers.
Frames	\$130 allowance for frames with 20% savings on the amount over your allowance.
Contact Lenses	\$130 allowance for elective contacts; 15% off balance over allowance for conventional contacts. Medically necessary contact lenses are covered in full for members who have specific conditions.
Extra Discounts and Savings	40% off additional pairs of glasses and a 15% discount on conventional lenses once funded benefit is used 20% off any item not covered by the plan, including non-prescription sunglasses 15% of retail price or 5% off promotional price for Lasik or PRK from US Laser Network
Coverage with Other Providers	Visit www.eyemed.com for details, if you plan to see a provider other than an EyeMed doctor. Standard Reimbursements are as follows: Exam up to \$40, Single Vision Lenses up to \$30, Lined Bifocal Lenses up to \$50, Lined Trifocal Lenses up to \$70, Lenticular up to \$70, Frames up to \$91, Contacts up to \$91, Necessary Contacts up to \$210
<p style="text-align: center;">Frequencies Exams - once every 12 months Lenses - once every 12 months Frames - once every 12 months</p>	

Cost Sharing	Voluntary Vision Plan	
	Monthly	Weekly
Employee Only	\$7.57	\$1.75
Employee + Spouse	\$14.38	\$3.32
Employee + Child(ren)	\$15.14	\$3.49
Family	\$22.26	\$5.14

Life/AD&D Coverage

Reliance Standard Group #TBD		
Benefit Amount	Employee	1x Salary up to \$200,000
	Spouse	\$10,000
	Children	\$2,000

Voluntary Life/AD&D Coverage

Reliance Standard Group #TBD		
	Benefit	Guarantee Issue Amount
Employees	Lesser of 5x annual earnings or \$500,000	Under Age 70: \$100,000 Age 70+: \$25,000
Spouse	Lesser of 100% of employee amount or \$250,000	\$20,000
Dependent Children	Under 6 months: \$1,500 Over 6 months: \$10,000	All child amounts are guaranteed issue

Rate per person per \$10,000 per month	
Age	Undifferentiated
00-29	\$1.10
30-34	\$1.10
35-39	\$1.50
40-44	\$2.50
45-49	\$4.20
50-54	\$6.90
55-59	\$11.80
60-64	\$14.40
65-69	\$21.80
70-74	\$42.00
75+	\$42.00
AD&D	\$0.60

Dependent Children Life/AD&D Insurance Cost	
Coverage Option	1
Live birth to 6 months -	\$1,000
6 months and over	\$10,000
Rate	\$2.90

Short Term Disability Coverage

Reliance Standard Group #TBD	
	Benefit
Benefit Amount	70% of covered weekly earnings
Weekly Maximum	\$2,500
Benefit Duration	11 weeks
Benefits Begin	14th day of sickness or injury

Long Term Disability Coverage

Reliance Standard Group #TBD	
	Benefit
Benefit Amount	66.67% of covered monthly earnings
Monthly Maximum	\$7,500
Own Occupation	24 months
Benefits Begin	90th day of sickness or injury

Voluntary Accident Coverage

Reliance Standard Group #TBD		
Emergency Care Benefits	Ambulance Transportation	\$400 Ground/\$2,000 Air
	Emergency Treatment	\$200
General Treatment Benefits	Inpatient Hospital Admission	\$1,500
	Hospital Confinement	\$400/day (365 day max) ICU \$800/day (30 day max)
	Appliances (crutches)	\$300
	Physician Initial Visit	\$100
Specific Covered Injury & Treatment Benefits	Fractures	Benefit varies by type - up to \$15,000
	Burns	2nd degree (based on size) \$250-\$2,000 3rd degree (based on size) \$2,000-\$16,000
Accidental Death & Dismemberment Benefits	Accidental Death	Employee: \$50,000 Spouse: \$50,000 Child: \$15,000/child

Cost Sharing	Voluntary Accident Plan	
	Monthly	Weekly
Employee Only	\$17.94	\$4.14
Employee + Spouse	\$32.19	\$7.43
Employee + Child(ren)	\$49.04	\$11.32
Family	\$69.05	\$15.93

Employee Assistance Program



Introducing Your Member Portal and App

Browse benefits. Request services.
Enjoy 24/7/365 access.

Your Assistance Program offers a wide range of benefits to help improve mental health, reduce stress and make life easier—all easily accessible through your member portal and app.

Video, Chat and Telephonic Access

24/7/365 access to request mental health sessions and life management referrals

Thousands of Self-Care Articles and Resources

Explore videos, provider resource locators, personal assessments, calculators and tools

Events Calendar and Free Webinars

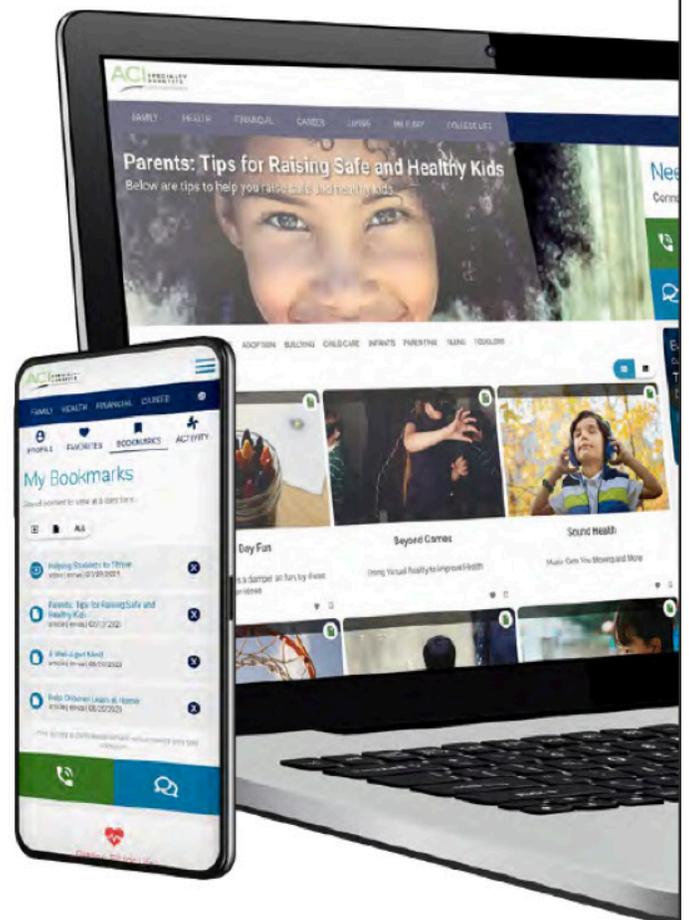
Sign up for the latest webinars and online training sessions

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Save money on entertainment, gifts, travel and consumer goods

Getting Started Is Easy

1. Visit your landing page, <http://rsli.acieap.com>, and click on "Select Portal & App" in the top menu
2. Register to create a new account using your company code: **RSLI859**
3. A confirmation email will be sent to complete the process



Flexible Spending Account

What is a Flexible Spending Account (FSA)?

A Flexible Spending Account (FSA) is a savings account set up by your employer that allows you to contribute a portion of your earnings pre-tax to pay for qualified expenses related to medical and dental costs. The IRS allows up to \$3,300 dollars to be set aside in your FSA for 2025.

Common IRS-Qualified Medical Expenses

- Acupuncture
- Adoption Medical Fees
- Alcoholism Treatment
- Ambulance
- Anesthesia
- Athletic Treatment/Braces
- Bandages
- Birth control prescription
- Blood pressure monitor
- Body Scan
- Breast pumps and lactation supplies
- Breastfeeding Classes
- Childbirth Classes
- Chiropractor
- Cholesterol kits
- Colon Hydrotherapy
- Compression Socks
- Dental
- Diabetic Monitors
- Drug Addiction Treatments
- Eyeglasses
- Fertility Treatment
- Flu shots
- Genetic Testing
- Hearing aids and batteries
- Hospital Fees
- Insulin Supplies
- Laboratory fees
- Lactation Supplies
- Lasik
- Learning Disability Treatment
- Listening Therapy
- Massage Therapy
- Medical Equipment
- Medical Monitoring Devices
- Medical Records Charges
- Nursing Services
- Occupational Therapy
- Optometrist
- Orthodontia
- Oxygen
- Physical Examination
- Pregnancy Test Kit
- Prescriptions
- Prosthesis
- Psychiatric care
- Radial Keratotomy
- Speech therapy
- Stop-smoking programs
- Surgery, excluding cosmetic surgery
- Teeth Grinding Prevention Tools
- Therapy
- Transportation
- Vasectomy
- Vitamins
- Walking Aids
- Weight Loss Surgery
- Wheelchair

What is a Dependent Care Flexible Spending Account (DCFSA)?

A Dependent Care Flexible Spending Account (DCFSA) is a savings account set up by your employer that allows you to contribute up to \$5,000 of your earnings pre-tax to pay for eligible dependent care services for:

1. Dependents younger than 13.
2. A spouse that is unable to care for him or herself.
3. Another dependent who is unable to work and care for him or herself and for whom you claim on your taxes.

Common IRS-Qualified Dependent Care Expenses

- Adult Day Care
- After School Programs
- Babysitting
- Application Fees or Deposits required for obtaining care
- Before School Care
- Child Care
- Extended Care
- In-Home Care
- Nanny
- Nursery School
- Physical Care
- Preschool
- Senior Day Care
- Sick Child Care
- Summer Day Camps
- Transportation to and from Eligible Care

Why should you enroll?

- Reduce out of pocket costs for qualified expenses
- Significant tax savings
- No-hassle reimbursement

Health Savings Account

What is a Health Savings Account (HSA)?

A Health Savings Account (HSA) is an individually owned tax-advantaged savings account that can help you pay for medical expenses tax-free now and in the future. Individuals who are enrolled in a high-deductible health plan are eligible to contribute to an HSA.

What are the maximum contributions limits for 2025?

Self-only: \$4,300

Family: \$8,550

Common IRS-Qualified Medical Expenses

- Acupuncture
- Ambulance
- Artificial limbs
- Artificial teeth*
- Birth control treatment
- Blood sugar test kits for diabetics
- Breast pumps and lactation supplies
- Chiropractor
- Contact lenses and solutions*
- COVID-19 diagnostic testing and treatment
- Crutches
- Dental treatments (including X-rays, cleanings, fillings, sealants, braces and tooth removals*)
- Doctor's office visits and co-pays
- Drug prescriptions
- Eyeglasses (Rx and reading)*
- Fluoride treatments*
- Feminine hygiene products
- Fertility enhancement (including in-vitro fertilization)
- Flu shots
- Guide dogs
- Hearing aids and batteries
- Infertility treatment
- Inpatient treatment at a therapeutic center for alcoholism or drug addiction
- Insulin
- Laboratory fees
- Laser eye surgery*
- Medical alert bracelet
- Medical records charges
- Midwife
- Occlusal guards to prevent teeth grinding
- Orthodontics*
- Orthotic Inserts (custom or off the shelf)
- Over-the-counter medicines and drugs (see more information below)
- Personal protective equipment (PPE) like masks and hand sanitizer
- Physical therapy
- Psychiatric care
- Psychoanalysis
- Psychologist
- Special education expenses that include tutoring for a child with learning disabilities caused by mental impairments (recommended by doctor)
- Speech therapy
- Stop-smoking programs (including nicotine gum or patches, if prescribed)
- Surgery, excluding cosmetic surgery
- Vaccines
- Vasectomy
- Vision exam*
- Walker, cane
- Wheelchair

Services That May Be Eligible with a Letter of Medical Necessity Completed

This list is not all-inclusive:

- Weight-loss program only if it is a treatment for a specific disease diagnosed by a physician (e.g., obesity, hypertension, heart disease)
- Compression hosiery/socks, anti-embolism socks or hose
- Massage treatment for specific ailment or diagnosis
- CPR classes for adult or child
- Improvements or special equipment added to a home or other capital expenditures for a physically handicapped person

Parental Leave

Parental Leave The Company recognizes the importance of bonding with a new child. To support our employees at the time of a birth, adoption or foster care placement, the Company will provide up to two weeks of pay to eligible employees who wish to bond with their newly born, adopted or foster child. Full-time employees working a minimum of 30 hours per week on a regular (52 week) basis are eligible for Parental Leave benefits. This Parental Leave benefit addresses bonding time not related to the birthing mother's medical leave – including bonding time taken by the birthing mother after the conclusion of her medical leave occasioned by the childbirth.

401k



Legacy Infrastructure Group 401(k) Plan FAQ

What is the Legacy Infrastructure Group 401(k) Plan?

The Legacy Infrastructure Group 401(k) Plan (the "Plan") is designed to meet the "safe harbor" contribution and vesting requirements under Sections 401(k) and 401(m) of the Internal Revenue Code. It allows eligible employees to save for retirement and provides certain benefits and protections.

When does this information apply?

This information is relevant for the Plan Year beginning on January 1, 2024.

How can I contribute to the Plan?

You can defer a portion of your Compensation (your salary or wages) on a pre-tax basis, up to the annual limit set by the IRS. You may also make rollover contributions from another qualified retirement plan or IRA under certain circumstances.

What are Catch-Up Contributions?

If you are at least 50 years old or will reach that age during the calendar year, you can make additional contributions known as Catch-Up Contributions, subject to annual limits set by law.

What are the types of contributions I can make?

You can make pre-tax Deferral Contributions or after-tax Roth 401(k) Contributions. Once you choose, it's irrevocable for the year.

How can I make or change my Deferral Contributions?

You can do this online at participant website or by calling 1-800-835-5097.

How is my Plan account invested?

By default, your account will be invested in American Funds, a target retirement date fund. You will receive more investment options in a separate notice.

What is the Qualified Automatic Contribution Arrangement (QACA)?

Effective January 1, 2024, the Plan has a QACA feature, automatically enrolling eligible employees in the Plan. You can choose to participate or opt out. The default initial contribution is 6% of your Compensation, increasing annually to a maximum of 15%.

What are Safe Harbor Matching Contributions?

The Company will make Safe Harbor Matching Contributions based on your deferrals, providing 100% match on the first 1% of your Compensation deferred, and 50% match on the next 5% deferred.

Can the Company reduce or suspend Safe Harbor Matching Contributions?

The Company has the option to do so, but you will be notified at least 30 days before any changes take effect.

401k



What about other employer contributions?

The Company may choose to make discretionary or other employer contributions to the Plan, as explained in the Plan's Summary Plan Description (SPD).

How does vesting work?

You are always 100% vested in your Deferral Contributions. Safe Harbor Matching Contributions become 100% vested after two (2) Years of Vesting Service with the Employer.

When can I access my Plan funds?

You can withdraw vested funds after leaving your job or reaching age 59½. There may be an additional 10% tax on early withdrawals. Beneficiaries can access vested funds upon your passing. Loans and hardship withdrawals may also be options.

Can the Company terminate the Plan?

Yes, the Company has the right to terminate the Plan, which would affect contributions made after the termination date but not your accrued contributions.

Where can I find more information?

For complete details, refer to the Plan's Summary Plan Description (SPD). If you have questions or need Plan documents, please contact the Human Resources Department at HR@superiorbowen.com

Definitions

Term	Definition
Allowed Amount	Maximum amount on which payment is based for covered services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing.)
Balance Billing	When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you for covered services.
Beneficiary	A person or persons you name - using a form accepted by the plan administrator of insurance carrier - to receive benefits in the event of your death
Coinsurance	Your share of the costs of a covered service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay co-insurance plus any deductibles you owe. For example, if the insurance or plan's allowed amount for an office visit is \$100 and you've met your deductible, your co-insurance payment of 20% would be \$20. The health insurance or plan pays the rest of the allowed amount.
Copay	A fixed dollar amount that you pay for a covered service at the time the service is provided
Deductible	The amount you pay for covered services in a plan year before the plan begins to pay benefits
Elimination Period	Amount of time you must be disabled prior to receiving benefits under a disability policy.
Evidence of Insurability	Medical underwriting may be required for amounts exceeding the guarantee issue on Voluntary Life/AD&D policies.
Out of Pocket Maximum	The total of your deductible, copays, and coinsurance that must be accumulated for the year before the plan begins paying 100% of allowable charges.
Preauthorization	A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.
Preferred Provider	A provider who has a contract with your insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your insurance or plan has a "tiered" network and you must pay extra to see some providers. Your insurance or plan may have preferred providers who are also "participating" providers. Participating providers also contract with your insurer or plan, but the discount may not be as great, and you may have to pay more.
UCR (Usual, Customary, and Reasonable)	The amount paid for a service in a geographic area based on what providers in the area usually charge for the same or similar service. The UCR amount sometimes is used to determine the allowed amount.

Contact Information

General Information	Brush Creek Partners	816-523-2323	www.brushkc.com
Medical Information	Blue Cross/Blue Shield of Kansas City	816-395-3558	www.mybluekc.com
Dental Information	Reliance Standard	800-351-7500	www.reliancematrix.com
Vision Information	EyeMed	866-800-5457	www.eyemed.com
Life/AD&D Information	Reliance Standard	800-351-7500	www.reliancematrix.com
Disability Plan Information	Reliance Standard	800-351-7500	www.reliancematrix.com
Accident Plan Information	Reliance Standard	800-351-7500	www.reliancematrix.com
HSA/FSA/Dependent Care FSA Account Information	UMB	866-520-4472 816-474-4472	www.umb.com/benefit-accounts



BRUSH CREEK PARTNERS

benefits • risk management • personal lines • retirement

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