GRANITE®

Benefit Guide Guam

2027 HOURLY EMPLOYEE BENEFIT PLANS



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INTRODUCTION



Despite rising healthcare costs nationwide, Granite remains committed to offering strong benefits, investing in new plans and programs, and providing coverage options that help employees and their families access quality care.

Our goal is to provide industry-leading benefits that are easy to use and help you and your family stay healthy, manage costs, and plan for the future.

Enrollment: What You Need to Do

Where to enroll: Elect your benefits in Workday.

When coverage begins: Complete your elections by the deadline shown in Workday. Coverage generally begins on the first day of the month following your date of hire.

Confirm your elections: After submitting, review your confirmation statement in Workday and verify that your plans, covered dependents, and coverage levels are correct.

Dependent documentation: Upload required documents, such as a marriage certificate, birth certificate, or other proof of eligibility, to the applicable benefit event in Workday.

IMPORTANT

Do not miss your enrollment deadline.

If you miss it, you will be enrolled only in the employer-paid Life benefit. You generally cannot elect or change other benefits until the next Annual Enrollment period unless you experience a qualifying life event.

When You Can Change Your Benefits

After you enroll, your elections generally stay in place for the plan year. You may change them only if you experience a qualifying life event, such as:

- Marriage/Divorce
- Birth, adoption, or placement of a child
- Gain or loss of other health insurance (including Medicaid or the Children's Health Insurance Program (CHIP))
- Change in address that affects available benefit plans

Deadline: Notify Benefits and submit the change in Workday within 31 days of the event, or within 60 days for Medicaid or CHIP events.

ELIGIBILITY



Employee Eligibility

You are eligible if you are on the hourly non-union payroll—or on temporary assignment in Guam—and are classified as an hourly, non-union Granite employee.

Who is not Eligible

- Employees covered by a collective bargaining agreement
- Employees covered under a Davis-Bacon health and welfare plan
- Individuals classified or treated as leased, temporary, or staffing agency employees

No Duplicate Coverage

A Granite employee cannot be covered both as an employee and as another Granite employee's dependent.

If both you and your dependent work for Granite, you may either enroll separately in employee-only coverage or have one employee waive coverage and enroll as the other employee's eligible dependent.

Example 1: If Granite employs a mother and her 22-year-old daughter, they may enroll separately, or the daughter may waive employee coverage and enroll as her mother's eligible dependent.
Example 2: If both spouses or domestic partners work for Granite, either employee may cover their eligible children, but both employees cannot cover the children.

Eligible Dependents

- Spouse: Your lawfully married spouse, as defined under the laws of the state, territory, or country in which the marriage was performed.
- Domestic partner: Your eligible same-sex or opposite-sex domestic partner who is registered with a state or local government domestic partnership registry or has a valid civil union.
- Children up to age 26: Eligible children include your biological children, stepchildren, legally adopted children, children of your domestic partner, and children under court-appointed guardianship.
- Disabled children of any age: Your unmarried children who are unable to support themselves due to a mental or physical disability that began before age 26, who reside with you, and who receive more than half of their support from you.
- Children whom you are required to cover under a Qualified Medical Child Support Order (QMCSO).

Dependent Documentation Required

Upload proof of eligibility in Workday. Acceptable documentation may include a marriage certificate, Affidavit of Domestic Partnership, birth certificate, or tax return.

Please visit www.graniteconstruction.com/guam-hourly for a complete list of acceptable documentation.



DOMESTIC PARTNERS

Domestic Partner Coverage: What to Know

Important tax impact: If your domestic partner is not your qualified tax dependent, the value of their coverage may be treated as taxable income and subject to federal and state income and payroll taxes.

Imputed income is added to the earnings reported on your W-2, and applicable taxes are withheld from each paycheck.

Under federal law, your domestic partner's coverage premium must be paid on an after-tax basis.

To enroll: In Workday, submit either an Affidavit of Domestic Partnership Form or a Registered Domestic Partner document. The affidavit is available in the Benefits section of Granite Insiders.

Domestic Partner Eligibility Checklist

- Neither partner is currently married.
- The partners are not related by blood in a way that would prohibit marriage.
- Both partners are at least age 18.
- The partners share a common residence.
- Neither partner is currently registered as a domestic partner with another person.

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Health Insurance



Understanding Your Medical Plan Options

The section is organized to help you understand the basics first, compare your total costs, and then learn how to use your benefits.

Five Terms to Know

Deductible

The amount you pay for covered services before the plan begins sharing the cost.

Copay

You pay a fixed amount for certain services, such as an office visit or prescription.

Coinsurance

A percentage of the cost you pay after meeting the deductible. For example, if the plan pays 80%, you pay 20%.

Annual maximum

The most you pay during the year for covered, in-network care. After you reach it, the plan pays 100% of covered, in-network services for the rest of the year.

Premium

The amount you pay from each paycheck for health coverage. Premium payments do **not** count toward your deductible or out-of-pocket maximum.

The main difference is when and how you pay for care.

BASE PLAN ADVANTAGE $1,200 COPAY PLAN No paycheck deductions; fixed costs for common care.	BUY UP PLAN PRIME PLAN Paycheck deductions; no deductible, just coinsurance
How you pay ✓ In-network preventive care is covered at 100%. ✓ You pay a set copay for office visits, urgent care, and prescriptions after the deductible. ✓ You have to meet the deductible before these copays apply. ✓ Copays do not count toward the deductible, but they do count toward the out-of-pocket maximum. ✓ Other services like hospital and emergency room use the deductible and 20% coinsurance.	**How you pay** ✓ In-network preventive care is covered at 100%. ✓ You pay the negotiated cost for non-preventive care. ✓ The plan pays 80%, and you pay 20%. ✓ Other services like hospital and emergency room use the deductible and 20% coinsurance. ✓ Pharmacy has copays for generic and preferred brand drugs.
Advantage No paycheck deductions. Only pay for the care you receive.	**Advantage** No deductible to meet before insurance starts paying.



Find In-Network Care

Using in-network providers generally lowers your cost. Before scheduling care, confirm that the doctor, facility, and other providers involved are in your plan's network.

HOW TO SEARCH

1. Go to https://takecareasia.net/directories/provider_directory/
2. Search by specialty, facility or country.

Provider participation can change. Call the provider before your appointment to confirm the provider and facility are in-network.

TakeCare member website: https://takecareasia.com/

AT-A-GLANCE

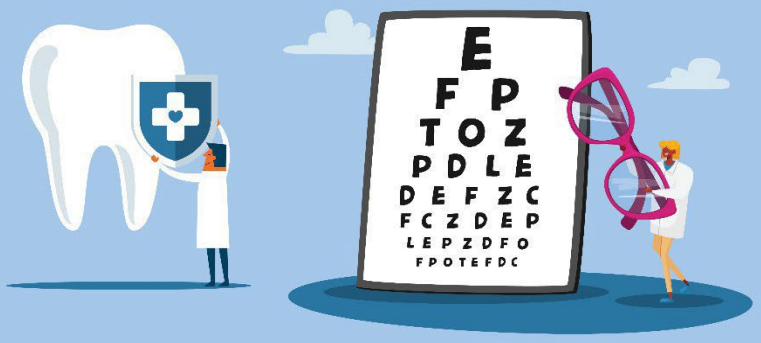


Compare The Medical Plans

In-Network Coverage	Advantage $1,200 Copay	Prime Plan
Deductible (Single/Family)	$1,200 / $2,400	$0 / $0 In-Network $1,000 / $3,000 Out-of-Network
Out-of-Pocket Max (Single/Family)	$2,000 / $6,000	$2,000 / $6,000
Primary Care Office Visit	You pay the negotiated cost until the deductible; then you pay $10	You pay 20%
Specialist Visit	You pay the negotiated cost until the deductible; then you pay $25	You pay 20%
Urgent Care	You pay the negotiated cost until the deductible; $25 copay at outpatient clinic; $100 copay at hospital facility	You pay 20%
Emergency Room	You pay 20% after the deductible.	You pay 20%
Outpatient Surgery	You pay the negotiated cost until the deductible, then $100 copay	You pay 20%
Inpatient Hospital	You pay the negotiated cost until the deductible, then $100 copay per day, up to 5 days for room & board; other inpatient services generally 20%	You pay 20%
Prescription Drug	**Copays after deductible** Generic: $5 Preferred brand: $15 Non-preferred brand: You pay 30% Specialty: You pay 20% up to $250	**Copays** Generic: $5 Preferred brand: $15 Non-preferred brand: You pay 30% Specialty: You pay 20% up to $250

Employee Semi-Monthly Per Paycheck Deductions	Advantage $1,200 Copay	Prime $1,200 Copay Weekly	Prime $1,200 Copay Semi-Monthly
Employee	$0	$46.15	$100.00
Employee + 1 Dependent	$0	$51.92	$112.50
Employee + 2 or More Dependents	$0	$57.69	$125.00

DENTAL PLAN



DENTAL: TakeCare Dental Smiles	
In-Network • **Deductible:** $0 • **Annual maximum:** $1,000 per person. Additional $500 at FHP Dental Center. • **Preventive:** Plan pays 100% of the approved rate. • **Basic services:** Plan pays 80%, including oral surgery, fillings, tissue removal, and root canals. • **Crowns:** Plan pays 80%. • **Dentures/Bridges:** Plan pays 50%. • **Braces:** Not Covered.	**Out-of-Network** • **Deductible:** $0 • **Annual maximum:** $1,000 per person. Additional $500 at FHP Dental Center. • **Preventive:** Plan pays 60% of the approved rate. • **Basic services:** Plan pays 60%, including oral surgery, fillings, tissue removal, and root canals. • **Crowns:** Plan pays 25%. • **Dentures/Bridges:** Plan pays 25%. • **Braces:** Not Covered.

Using the Plan
Provider: You may use any dentist, but in-network dentists use fees approved in advance.
Out-of-network claims: Ask the dentist to submit the claim. If needed, submit a TakeCare Dental Smiles claim form with the itemized statement.

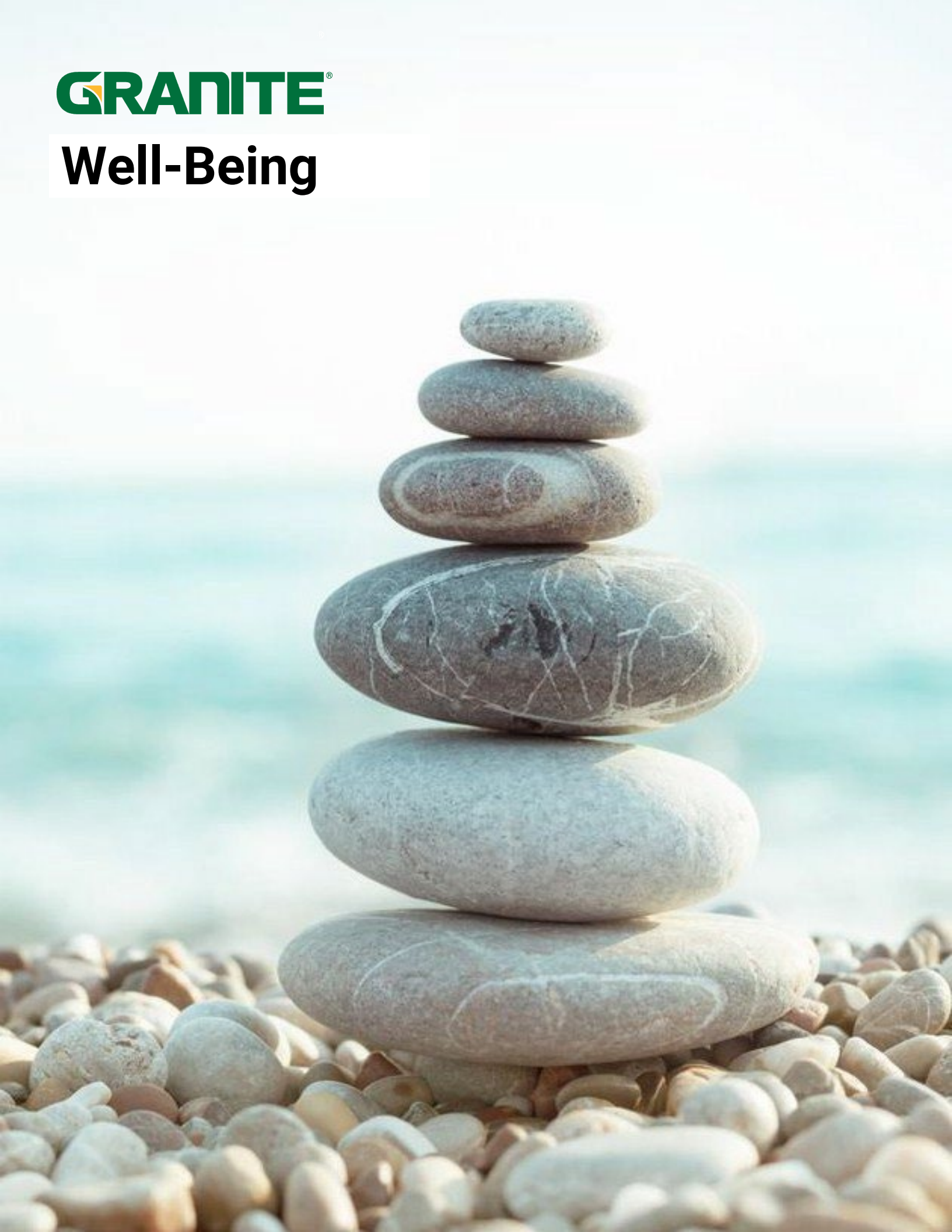
Customer Service: (671) 647-3526

Out-of-Network Claims: Members pay their stated coinsurance **plus any difference between TakeCare's eligible charge and the dentist's billed charge**.

Employee Per Paycheck Deductions		
Coverage Tier	**Dental Weekly**	**Dental Semi-Monthly**
Employee Only	**$6.90**	**$14.95**
Employee + 1 Dependent	**$13.80**	**$29.89**
Employee + 2 or More Dependents	**$20.69**	**$44.84**

GRANITE®

Well-Being





Well-Being Benefits Available to all Employees

You do not need to be enrolled in a Granite medical plan to use these benefits. Each program supports a different part of your well-being:

Mental health and everyday support: Spring Health

Financial wellbeing: SmartDollar

Personal wellbeing expenses: Espresa Lifestyle Spending Account

Spring Health: Mental Health and Employee Assistance

Confidential mental health and everyday support for employees and household members age 6 and older.

- ✓ **Eligibility and cost:** Available to all employees, regardless of medical plan enrollment, at no cost for the services included.
- ✓ **Counseling:** Each eligible person receives 8 free sessions.
- ✓ **After the included sessions:** Additional visits may be covered through the individual's medical plan, subject to the plan's benefits and cost sharing.

Get started: Visit care.springhealth.com/sign_in

Spring Health

Smartdollar: Financial Wellness and Coaching

Practical tools and personalized support to help you manage money and work toward your financial goals.

- **Eligibility and cost:** Available at no cost to all employees, whether or not they are enrolled in an Anthem medical plan.
- **One-on-one financial coaching**: Get unlimited personalized guidance and accountability from a financial coach.
- **Budgeting**: Create a plan for how to use your money.
- **Debt reduction:** Build a step-by-step plan to pay down debt.
- **Saving:** Establish emergency savings and prepare for future goals.

Get started: Visit smartdollar.com/enroll/trp_106000.

smartdollar



Espresa Lifestyle Spending Account

Use Granite-provided funds for eligible well-being expenses that fit your needs and lifestyle.

Granite funding: Granite provides $300 per year, funded quarterly.

Additional rewards: Participate in company-wide challenges to earn up to an additional $100 in your account.

How to use it: Use your digital Espresa Debit Card to make purchases on Qualifying expenses.

Eligibility: New hires become eligible on the first day of the month following their date of hire.
Employees and spouses may submit eligible expenses, but the total family funding limit remains $300 per year.

Use-it deadline: Funds do not roll over. Submit eligible claims by December 31.

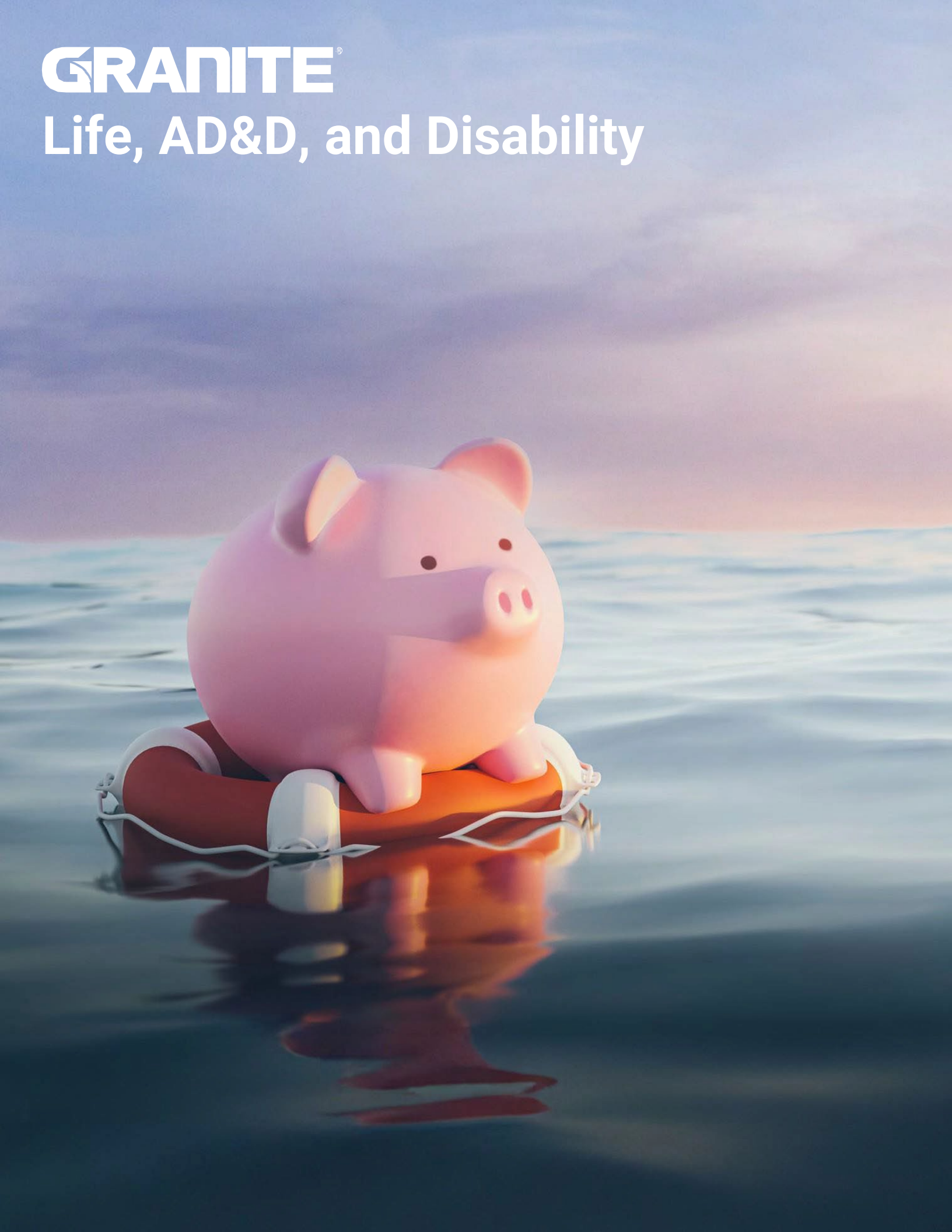
Log in: Visit app.espresa.com/portal/#/login.

Your login ID: Your employee number followed by **@userespresa.com**
(example: 12345678@userespresa.com).

Espresa

GRANITE®

Life, AD&D, and Disability



EMPLOYER PAID LIFE



Basic Life Insurance and Accidental Death & Dismemberment (AD&D)

Granite provides Basic Life and AD&D coverage to help protect you and your family financially.

Coverage amount: One times your annual base salary, rounded up to the nearest $1,000, with a maximum benefit of $50,000.

Age reductions: The benefit reduces to 65% at age 65 and 50% at age 70.

Action required: Review and update your beneficiaries in Workday.

Voluntary Short-Term Disability (STD)

STD replaces part of your income when a non-work-related illness or injury keeps you from working for more than seven calendar days. STD benefits are coordinated with all state disability plans.

- **Waiting period:** Benefits begin after seven calendar days.
- **Weeks 1–26: 6**0% of base pay, up to $3,000 per week.

Aflac®

SUPPLEMENTAL LIFE AND AD&D PLANS



How Supplemental Coverage Works

Granite provides Basic Life Insurance equal to one times your annual base salary at no cost. You may purchase additional life and AD&D coverage for yourself and eligible family members through after-tax payroll deductions.

Cost: Rates are based on age and the amount of coverage selected.

Age reductions: Benefits reduce to 65% at age 65 and 50% at age 70.

Enroll: Elect supplemental Life and AD&D coverage in Workday.

Evidence of Insurability (EOI):

Health information may be required for life insurance amounts above the guaranteed-issue limit. After Granite sends your election information to Aflac, Aflac will provide instructions for completing the EOI form online. If you have a company email address, Aflac will email you a link. If you do not have a company email address, Aflac will mail a letter to you through the U.S. Postal Service with a link to complete the form online.

Coverage pending EOI: Any coverage amount that requires EOI will not take effect, and payroll deductions for that amount will not begin, unless and until Aflac approves the EOI.

Voluntary Life Insurance Options

Coverage	Available Amount	New-Hire Guaranteed Issue
Employee Life	$10,000 increments, up to $500,000	Up to $200,000 without EOI
Spouse Life	$5,000 increments, up to $250,000. Coverage cannot exceed the employee's total life insurance amount.	Up to $25,000 without EOI
Child Life	$2,500 increments, up to $10,000 per child, through age 21	One flat rate, regardless of the number of children covered

Voluntary Accidental Death & Dismemberment (AD&D)

Employee coverage: Purchase up to $500,000 of additional AD&D coverage for yourself.

Employee + spouse coverage: Your spouse may be covered for up to 50% of your coverage, with maximums of $500,000 for you and $250,000 for your spouse.

EOI: Voluntary AD&D does not require Evidence of Insurability.

Age reductions: Benefits reduce to 65% at age 65 and 50% at age 70.

Learn more: learn.aflac.com/granite

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GRANITE®

Retirement Savings Benefits





SAVING FOR RETIREMENT

401(k) Plan

KEY FACTS

Save from 1% to 75% of eligible pay through before-tax and/or Roth contributions. Granite matches your contributions dollar for dollar, up to 6% of eligible compensation.

- **Eligibility:** You may participate immediately.
- **Automatic enrollment:** If you do not make an election, 3% of eligible pay will begin approximately 30 days after your hire date, or as soon as administratively feasible.
- **Your contributions:** Combined before-tax and Roth contributions may not exceed 75% of pay or the annual IRS limit.
- **Changes:** You may change your contribution election at any time during the year.

HOW THE GRANITE MATCH WORKS

You Contribute	Granite Contributes	Total Saved
1%	1%	**2%**
3%	3%	**6%**
6% or more	6% maximum	**12% or more**

To receive the full Granite match, contribute at least 6% of eligible pay.

Update your contributions today:
https://www.yourbenefitaccount.com/ascpac/

GRANITE

Voluntary Benefits



Voluntary Benefits



CRITICAL ILLNESS

What it provides
A lump-sum cash benefit when you are diagnosed with a covered critical illness.

Plan highlights
Benefits may be available for conditions such as cancer, heart attack, stroke, and other covered diagnoses. Eligible dependent children receive coverage equal to 50% of the employee's elected amount at no additional cost.

How you can use it
Use the cash for deductibles, treatment costs, household bills, or other expenses.

HOSPITAL INDEMNITY

What it provides
Fixed cash benefits when you have a qualifying inpatient hospital admission or confinement.

Plan highlights
High and Low plan options provide scheduled benefits for hospital admission, daily confinement, intensive care, and an eligible mammogram.

How you can use it
Use the cash for medical cost sharing, household bills, or other expenses not covered by your medical plan.

ACCIDENT

What it provides
Cash benefits for covered accidental injuries and related care.

Plan highlights
Benefits may help with emergency or urgent care, ambulance transportation, diagnostic testing, fractures, surgery, follow-up treatment, therapy, and qualifying hospital care.

How you can use it
Use the cash for deductibles, treatment costs, household bills, or other expenses.

Important: These plans provide supplemental coverage and do not replace comprehensive medical insurance. Benefits are subject to the applicable certificate's terms, definitions, limitations, exclusions, and benefit schedule. Learn more at learn.aflac.com/granite or call Aflac at 1-800-433-3036.

Other Voluntary Benefits at a Glance



Important: These voluntary benefits are separate from Granite's medical plans. Coverage, pricing, eligibility, exclusions, and available services are subject to each provider's plan terms and may vary by state.

Allstate IDENTITY PROTECTION

IDENTITY THEFT

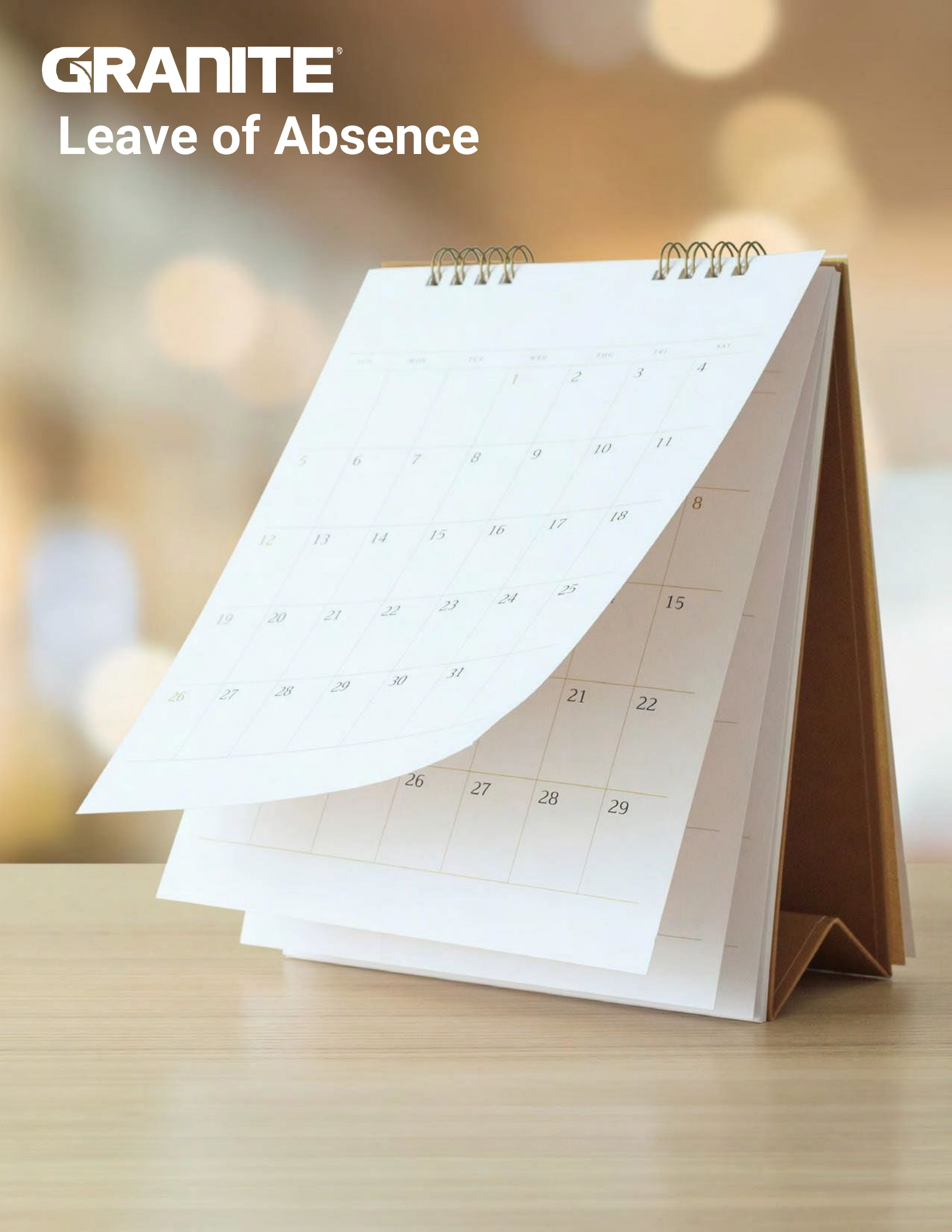
What it provides
Digital identity, credit, and financial monitoring, plus support if identity theft occurs.

Plan highlights
Services include identity and tri-bureau credit monitoring, digital footprint tools, full-service remediation, and a $1,000,000 Identity Theft Insurance Policy.

How to use it
Enroll at myaip.com/graniteconstruction or call 1-800-789-2720.

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Leave of Absence





LEAVE OF ABSENCE

A leave of absence provides job-protected or approved time away from work for qualifying personal, family, medical, military, or disability-related reasons.

- Common leave types: Family and Medical Leave for your own illness, bonding with a newborn, or caring for an ill family member; Personal Leave; and Military Leave.
- Income protection: Workers' Compensation, Granite Short-Term Disability (STD), and applicable state-mandated programs may replace part of your income while you are unable to work.
- Overlapping protections: Depending on your situation and work location, federal and state laws may apply at the same time, including the Americans with Disabilities Act (ADA) and, for California employees, the Fair Employment and Housing Act (FEHA).

How to request a leave

Start your leave using either option below. Have basic information about your leave dates and reason ready.

OPTION 1: CALL AFLAC
Call 833-589-0248
Monday–Friday
8 a.m.–8 p.m. ET.

OPTION 2: FILE ONLINE
Visit mygrouplifedisability.aflac.com/personal or scan the QR code. In My Cases, select Report a Leave and follow the prompts.

WHAT HAPPENS AFTER YOU FILE

1. You receive a case number. After intake is complete, Aflac assigns a case number that will appear on messages about your leave.
2. Aflac reviews your leave. A case manager may contact you if additional information or documentation is needed.
3. Aflac mails your welcome packet. The packet includes a summary of your benefits, next steps, and any required forms.

Manage your leave online:
Visit mygrouplifedisability.aflac.com/personal from any device to check status, upload documents, sign forms, and view case information. You may also sign up for text messages with your case manager.

Questions? Call Aflac at 833-589-0248, Monday–Friday, 8 a.m.–8 p.m. ET.

QUESTIONS?

Contact HRHelp@gcinc.com

Call: (831) 761-7888 Option 2

