EMPLOYEE BENEFITS

QUANTA SERVICES

PWRing People
Quanta Services Human Resources

This Benefits Enrollment Guide highlights recent plan design changes and is intended to fully comply with the requirement under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modifications and should be kept with your most recent Summary Plan Description.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see guide for more details.

WELCOME

Dear Quanta Team:

Thank you for your tireless work to make Quanta Services a successful and always expanding company – each unique role within the Quanta family has an impact. Your talents and ideas make a daily difference and continue to help shape the future of Quanta.

We value your commitment and understand that your life involves more than just your job. As a husband and father, I know it is critical to take care of ourselves and our families first. That is why ensuring that we offer innovative, high-quality benefits remains among our highest priorities.

The Quanta benefit programs offer a balance between access, affordability and quality to ensure that you and your family have the tools necessary to manage, maintain or improve your health.

Good choices come from good information, and your 2019 Benefits Guide will help you take advantage of the programs available to you. Please keep it for future reference.

Thank you, again, for your contributions to our great company. Your efforts play a pivotal role in our continued success.

Best Regards,

Earl C. "Duke" Austin, Jr.
President and CEO

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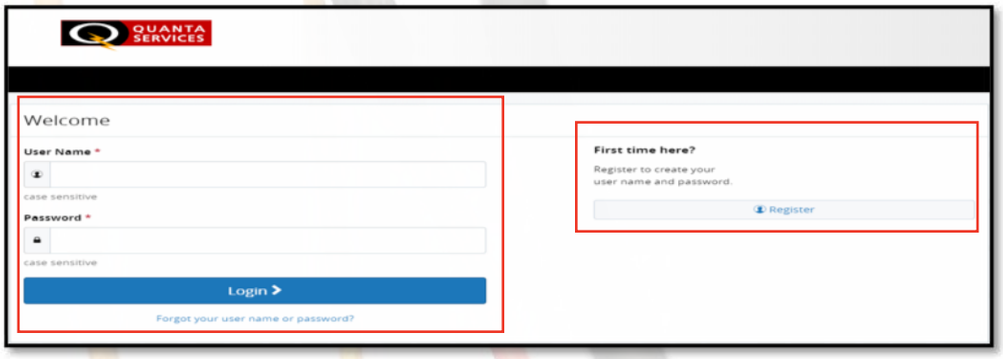
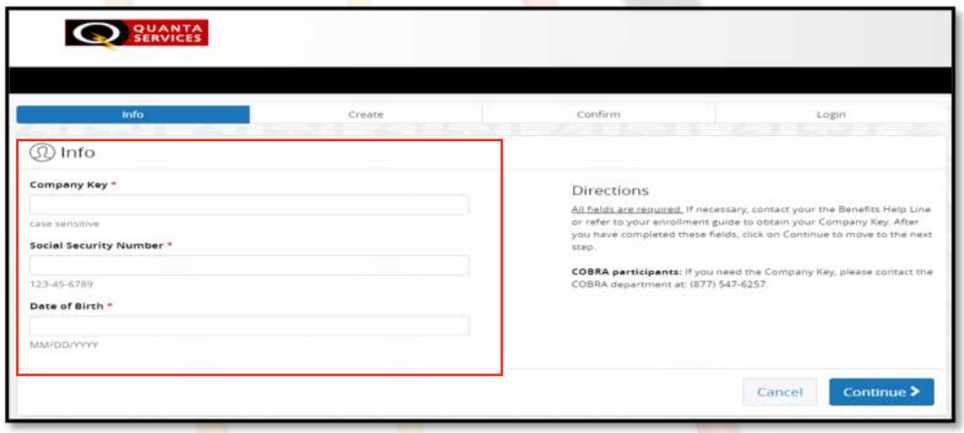
COMPLETING YOUR ENROLLMENT

STEP 1. Online at **www.benefitsolver.com**
If you forgot your user name or password, click the '**Forgot your user name or password**' link at the bottom of the page.
If you are a first time user, click on '**Register**' to setup your user name and password.



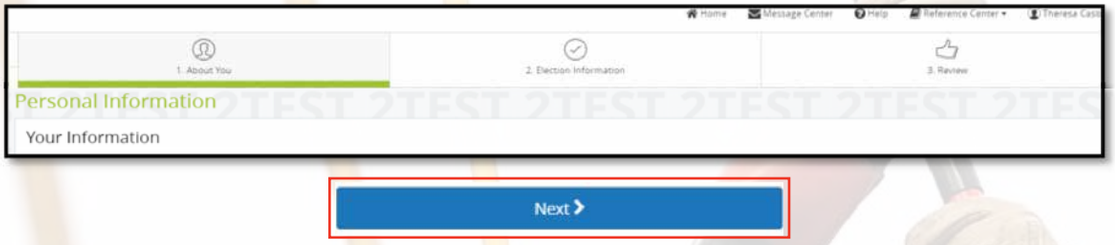
If registering, enter the company key '**quanta**' along with your Social Security Number and Date of Birth. Click '**Continue**'.



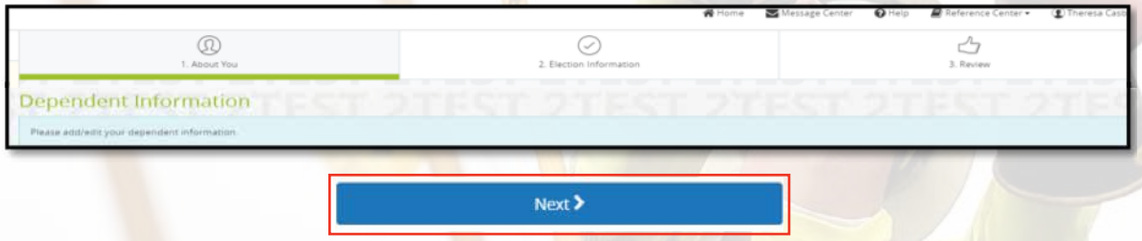
STEP 2. Click '**Start Here**'.

You'll be presented some helpful reminders. Then click '**Start Enrollment**'.

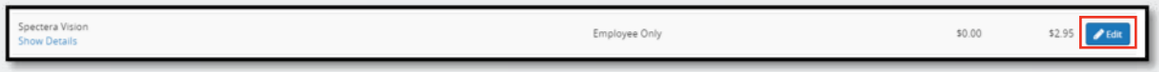
STEP 3. Complete/Review your Personal Information, and then click '**Next**' at the bottom of the page to move on to dependent information.



STEP 4. Complete/Review Dependent Information, and then click '**Next**' at the bottom of the page to begin your benefit elections. If you are enrolling dependents, you are required to submit dependent verification documents.

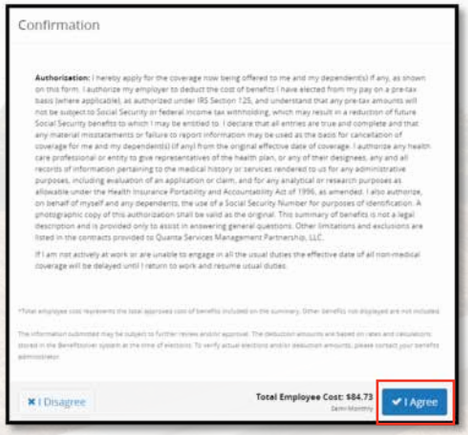


STEP 5. From the Review Enrollment page, use the '**Edit**' buttons to the far right of a given benefit to review options and pricing for that benefit.

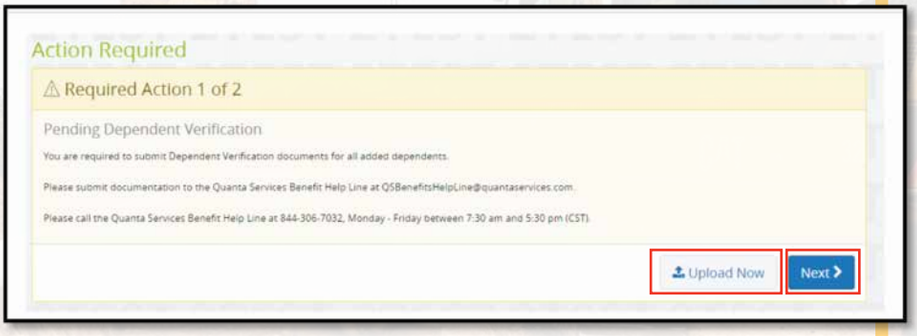


STEP 6. Once you've completed and reviewed your elections and cost, click '**Approve**' at the bottom of the page.

STEP 7. Read the Confirmation and Authorization statement, then click '**I Agree**' to move forward.



STEP 8. If you are enrolling dependents, you can upload the required dependent verification documents as part of your enrollment process. Then click '**Next**'.



STEP 9. If you enrolled in voluntary benefits that require you to complete Evidence of Insurability or Statement of Health, this can be done during enrollment by following the instructions in the Action Required box and scrolling down until you see the '**Complete Online Application**' button. Then click '**Next**'.

STEP 10. Your enrollment is finalized when you receive the '**Transaction Complete**' screen with your confirmation number.

QUANTA SERVICES BENEFITS HELPLINE

PHONE: 844.306.7032

CALLS RECEIVED:
Monday – Friday between 7:30 a.m. and 5:30 p.m. CST
Spanish services available

EMAIL: Benefits@quantaservices.com

The Quanta Services Benefits HelpLine offers assistance to employees with managing their health care benefits, including:

- Claims resolutions
- Understanding your benefits
- Help with mid-year benefit changes
- Finding in-network providers
- Dependent verification
- Confirming eligibility
- COBRA questions
- Ordering ID cards
- Providing electronic copies of SPD
- Help with online enrollment

Additionally, Quanta offers a service through our Benefits HelpLine called "bundled billing." When you visit a hospital or health care facility and receive multiple bills, simply collect all your bills and email them to **Benefits@quantaservices.com**. Make sure you've spoken with a representative via phone or corresponded via email before you send your information. Your bills will be reviewed and a representative will help you determine what portion is yours to pay.

PWR FACT

SERVICES TO EMPLOYEES

Statement of Health (SOH)
If you elect a coverage amount over the Guarantee Issue amount on a Supplemental Life plan or elect to enroll in a disability plan after your initial eligibility period, the Benefits HelpLine can provide you with a SOH, route them to the carrier and monitor the approval or denial process.

Qualifying Events Documentation
If you experience a qualifying life event, you may need assistance making changes to your benefit plans. The Benefits HelpLine will support the process of adding, deleting, or changing your dependents.

NOTE: Requests for benefit changes must be made within 30 days of the event.

PWR FACT

Dependent Verification
Quanta requires proper documentation for all newly covered dependents. Documents such as marriage certificates, birth certificates, court order, etc., will be requested at time of enrollment. Documentation must be provided before the benefits take effect.

Mid-year Changes to your Coverage:

1. You have 30 days from the date of a qualifying life event to request a change to your coverage. Benefit changes made as a result of a family status change must be consistent with the event. Proof of family status change is required under the benefit plan. Family status changes include:
   - Marriage or divorce.
   - Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, or death.
   - An event that causes a dependent to satisfy or cease to satisfy the eligibility requirements of the plan, such as reaching the dependent age limit.
   - Changes in your dependent's employment or benefits coverage that affect benefit eligibility.
   - Reduction in hours worked, which affects your eligibility for benefits.
   - Change in cost of dependent care or provider (Dependent Care Flexible Spending Accounts only).
2. If you do not make the change within 30 days of the life event, you and/or your dependents must wait until the next Annual Enrollment Period to make a change to your benefit elections.
3. You do not have to wait for the Social Security number to be issued to enroll your newborn. You can provide a birth certificate or birth facts in the interim.
   - Even if you already have family coverage, to add a newborn to your family coverage, you must complete an enrollment change request within 30 days of birth, either online or by calling the Benefits HelpLine.

WHO IS ELIGIBLE FOR COVERAGE?

Employees

- Full-time working an average of 30 hours per week
  Excludes: temporary, contract, and collective bargaining employees

Dependents

- Your legal spouse (excludes: common law)
- Your child up to age 26
- Your unmarried child over age 26 who is mentally or physically incapable of self-support. Documentation may be reqiured.

A "child" is defined as:

- Your natural born child
- Legally adopted child
- Stepchild
- A child (not listed above):
  1. Whose primary residence is your household; and
  2. To whom you have been designated as the primary caregiver, as set forth in a court order of guardianship or conservatorship or a custody agreement entered into pursuant applicable state custody laws; and
  3. Who is dependent upon you for more than one-half of his support as defined by the Internal Revenue Code of the United States.

If both parents of a child work for Quanta and are covered for benefits under our plans, either parent, but not both, may cover the child as a dependent.

MEDICAL BENEFITS

MEDICAL PLANS

The three medical plans that Quanta offers have the same expansive provider network through BlueCross BlueShield of Texas (BCBSTX) with the same contracted service fees. All three plans will cover the same eligible expenses, including preventive care, chiropractic care, medical equipment, home health care, mental health, substance abuse, and prescription coverage. In all plan options, your premium deductions will be on a pre-tax basis and you have an option to enroll in an additional tax-savings health reimbursement plan to help you save on eligible medical expenses.

You pay less out-of-pocket expenses if you use the physicians, hospitals, and other health care providers that participate in the BCBSTX network. You don't need referrals or authorizations for most services, and you receive the highest level of benefits when you use in-network providers.

MEDICAL PLAN DIFFERENCES

With the PPO option, you have copays for items such as doctor visits and prescriptions where you only pay a portion of the full cost and the plan pays the rest. Your portion of the expense is applied to your annual deductible and out-of-pocket maximum amount.

With the High Deductible Health Plan (HDHP) options, you are responsible for the full cost of your medical services and prescriptions until you reach your deductible, and then the plan will pay 100 percent of eligible expenses for the remainder of the calendar year.

Under all three plans, preventive care is covered at no cost to you when you utilize an in-network provider.

WAYS TO SAVE ON HEALTH CARE EXPENSES

There are two types of tax-savings health reimbursement options allowed by the IRS. The Health Care Flexible Spending Account (FSA) option is available to anyone who does not enroll in one of the HDHP plans. The Health Savings Account (HSA) option is only available to employees enrolled in one of the HDHP plans. Additionally, once you open your HSA, Quanta will contribute $500 or $1,000 to your HSA based on your enrollment election. Both tax-saving plans are governed by IRS regulations and eligibility requirements. This enrollment guide provides additional information on these two tax-savings health reimbursement options. Employees whose benefits are effective after June 30th will receive half of the Quanta contribution.

THE CHOICE IS YOURS

Choosing the right medical plan is a personal decision and can be somewhat complex. By reading the information provided in this guide, we hope you will be able to make an informed choice. Please keep in mind, the Benefits HelpLine is available to assist you with understanding the options available to you.

THE QUANTA HDHP AND HSA
ALIGNING HEALTH AND FINANCIAL WELLBEING

The Quanta HDHP + HSA are plan options that empower you with comprehensive insurance coverage partnered with a tax advantaged savings and investment vehicle.

HDHP

Health Insurance used to cover expenses for illness or injury after meeting a minimum deductible amount.

First-dollar coverage for preventive care with no deductible.

Once you reach your deductible the plan pays 100%.

+

HSA

Tax-advantaged account can be used to cover medical expenses before and after the health plan deductible is met.

Funds may also be saved for future medical expenses.

Helps pay deductible.

Pre-tax contributions.

Tax-deferred growth.

Tax-free withdrawals for qualified medical expenses.

=

HDHP + HSA SOLUTION

Control Healthcare Expenses!

Increase Tax Savings!

Lower Paycheck Deductions!

Flexibility & Portability!

Savings for Retirement!

TRIPLE TAX BENEFIT

1. Contributions are made pre-tax/tax free.
2. Earnings/growth are tax free.
3. Withdrawals for qualified medical expenses are tax free.

DISCOVER THE VALUE OF HDHP + HSA

WHY SHOULD I CONSIDER AN HSA?

If you enroll in an HDHP plan with an HSA, you receive significant tax and savings advantages over traditional health care plan options — regardless if you're a low, medium, or high user of health care services. Here's why:

Control. You determine how much to contribute (up to your maximum annual contribution limit per IRS rules), when and how to invest your contributions, and whether to take an HSA distribution to pay for current qualified medical expenses, or let your contributions stay invested for future growth potential.

Tax savings. When used for qualified medical expenses, HSAs offer a triple tax savings — contributions, any investment earnings, and distributions are federal tax free.

Growth potential. You have the opportunity to invest your contributions in a wide array of investment options — including stocks, bonds, and mutual funds — for potential growth of your account over time.

Flexibility. Any unused balance in your account will automatically carry over from year to year so you can begin to build your savings for future qualified medical expenses.

Portability. Your HSA always belongs to you, even if you change jobs or become unemployed, or change your medical coverage.

WHAT TYPE OF EXPENSES DOES A HSA COVER?

Distributions from an HSA used to pay for qualified medical expenses for you, your spouse, and dependents are tax free provided they meet the IRS definition of a qualified medical expense. The good news is that a lot of expenses qualify for payment or reimbursement, such as:

- Health plan deductibles and coinsurance
- Most medical care and services
- Dental and vision care
- Prescription drugs and insulin
- Medicare premiums (if age 65 or older)

NOTE: These expenses must not already be covered by insurance and your health insurance premiums do not qualify. For more information about HSAs and qualified medical expenses, refer to IRS Publications 969 and 502 at **www.irs.gov** or consult a tax professional.

Before deciding to enroll in an HDHP plan, please review these important rules regarding the HSA:

- **You have no other non-HDHP coverage, including TRICARE.**
- You or your covered spouse do not participate in a Health Care FSA.
- **You are not enrolled in any part of Medicare.**
- You are not claimed as a dependent on someone else's tax return.
- Before age 65, you must use the money on qualifying medical expenses or you'll pay taxes and a penalty.
- After age 65, you would still have to pay taxes on non-qualified expenses, but you would not be subject to the penalty.
- Any eligible expenses incurred before your HSA account is opened are not eligible for reimbursement through this account.
- You can only contribute the IRS limit each year.

PWR FACT

For any health care account, if audited, the IRS requires that you substantiate your medical expenses. You will need to keep a record of the following:

- Dates services were received or purchases were made
- Description of service or item purchased
- Dollar amount
- Provider or store name

In some cases, a medical necessity form or physician letter may be required.

When you receive your HSA debit card, don't use the card for amounts that still need to be processed by insurance such as deductibles and coinsurance. When you receive your final statement from the provider showing insurance has been paid and you have compared it to your EOB, write your HSA card number on the statement and mail it back to your provider, or pay online using your HSA debit card number.

HSA

Quanta will contribute $500 for employee coverage or $1,000 for all other tiers to your HSA (see chart below). Also, you can contribute additional pre-tax dollars, up to the IRS maximums. This lowers your taxable income. If you do not open your HSA, you will not be able to receive the employer contribution.

OPENING AND CONTRIBUTING TO YOUR FIDELITY HSA

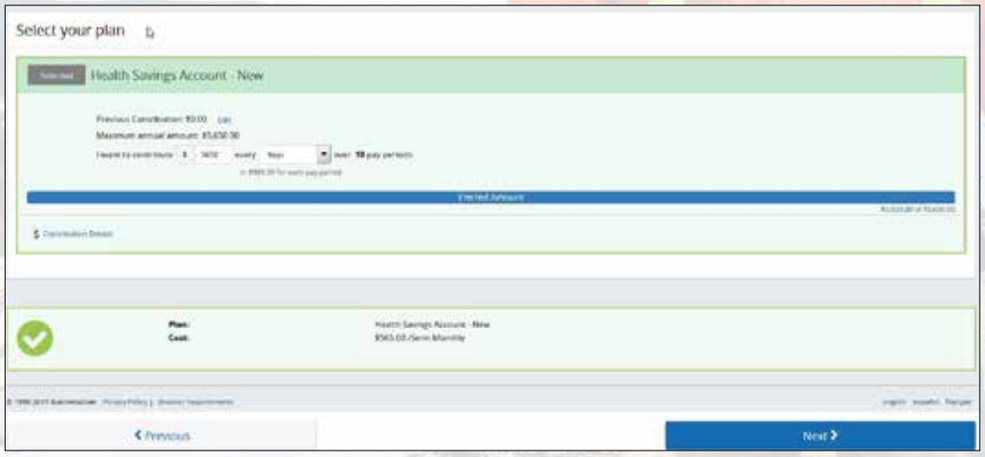
Prior to opening your HSA, you must be enrolled in an HDHP. When you're ready, opening and managing your HSA with Fidelity is fast and easy. You'll get information on investment choices, payment options, and ongoing support to help you build and manage your savings.

ONLINE ACCOUNT OPENING

Log in to Fidelity NetBenefits® at **www.NetBenefits.com** or **www.401k.com** and click '**Open**' next to Health Savings Account.

If you do not have online access, call **800.835.5095** and a Fidelity Representative will mail you an application.

Representatives are available Monday through Friday from 8:30 a.m. to 8:00 p.m., Eastern time.



MEDICAL PLAN	COVERAGE TIERS	QUANTA CONTRIBUTIONS	MAXIMUM EMPLOYEE CONTRIBUTIONS	TOTAL*
HDHP $3,000–$5,000 Benefits Effective January 1–June 30	Employee Only	$500	$3,000	$3,500
	Employee + Spouse, Employee + Child(ren) Employee + Family	$1,000	$6,000	$7,000
HDHP $3,000–$5,000 Benefits Effective July 1–December 31	Employee Only	$250	$3,250	$3,500
	Employee + Spouse, Employee + Child(ren) Employee + Family	$500	$6,500	$7,000

** This IRS limit is a combination of employer and employee contributions and if you are 55 or older you can contribute an additional $1,000.*

PWR FACT

You can get copies of your Benefit SPD at **www.MyQuantaBenefits.com** or by calling the Benefits HelpLine at **844.306.7032**.

PPO PLAN		
	In-network	**Out-of-network***
Deductible Individual Family	 $500 $1,500	 $1,000 $3,000
Payment Level/Coinsurance	20% after deductible until out-of-pocket is met	50% after deductible until out-of-pocket is met
Out-of-Pocket Maximums In-network includes deductible, coinsurance and copay, including prescription copay	$2,400 individual $7,200 family	$4,800 individual $14,400 family
Inpatient Hospital Copayment	$350 per admission	$350 per admission
Physician Office Visits (Office visit charge only) Primary Care Physician (PCP) Specialist MDLIVE Doctor Visit	 $30 copay $40 copay $20 copay	 50% after deductible 50% after deductible N/A
Preventive Care (Ages 3 to adult) Routine physical exams Routine PSA, PAP test and Mammograms	 0% 0%	 50% after deductible 50% after deductible 50% after deductible
Preventive Care (Pediatric) Well child up to age 3 Pediatric immunizations	 0% 0%	 50% after deductible 50% after deductible
Emergency Room Services ($250 copay per visit for non-emergency use of emergency room)	20% after $100 copay (copayment waived if admitted)	Care will be provided at in-network levels if it meets the "prudent layperson" definition of an emergency. Otherwise, 50% after plan deductible
Ambulance	20% after deductible	Care will be provided at in-network levels if it meets the "prudent layperson" definition of an emergency. Otherwise, 50% after plan deductible
Hospital Expenses Inpatient Outpatient	 $350 copay per admission, then 20% after deductible 20% after deductible	 $350 copay per admission, then 50% after deductible. Precertification required. 50% after deductible
Medical/Surgical Expenses	20% after deductible	50% after deductible
Mental Health Inpatient Outpatient	 $350 copay per admission, then 20% after deductible $30/$40 copay	 $350 copay per admission, then 50% after deductible. Precertification required. 50% after deductible
Substance Abuse Inpatient rehabilitation Outpatient	 $350 copay per admission, then 20% after deductible $30/$40 copay	 $350 copay per admission, then 50% after deductible. Precertification required. 50% after deductible
Pre-tax Reimbursement Accounts (optional)	Flexible Spending Account (FSA)	
Prescriptions Generic Preferred brand name Non-preferred brand name Specialty	 $20 copay $50 copay 20%, min $50, no max $100 copay	 Not covered Not covered Not covered Not covered
Mail Order Prescriptions Up to a 90-day supply. (Does not apply to specialty drugs.)	Pay 2 copays and receive a 90-day supply	Not covered
Precertification Requirements	Provider's responsibility	Member's responsibility

**The allowable amount for out-of-network benefits is based on 150% of Medicare (except for services rendered in Alaska, which is at the 300% level). In addition to the deductible and other cost sharing components of the plan, members may be balance billed for any amount remaining due the provider after the plan pays its share.*

	HDHP $3,000		HDHP $5,000	
	In-network	**Out-of-network***	**In-network**	**Out-of-network***
Deductible Individual Family	$3,000 $6,000	$6,000 $12,000	$5,000 $10,000	$10,000 $20,000
Payment Level/Coinsurance	0% after deductible is met	0% after deductible is met	0% after deductible is met	0% after deductible is met
Out-of-Pocket Maximums In-network includes deductible, coinsurance and copay, including prescription copay	See deductible amount	See deductible amount	See deductible amount	See deductible amount
Inpatient Hospital Copayment	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Physician Office Visits (Office visit charge only) Primary Care Physician (PCP) Specialist MDLIVE Doctor Visit	 0% after deductible 0% after deductible $44 until deductible is met	 0% after deductible 0% after deductible N/A	 0% after deductible 0% after deductible $44 until deductible is met	 0% after deductible 0% after deductible N/A
Preventive Care (Ages 3 to adult) Routine physical exams Routine PSA,PAP test and Mammograms	 0% 0% 0%	 0% after deductible 0% after deductible 0% after deductible	 0% 0% 0%	 0% after deductible 0% after deductible 0% after deductible
Preventive Care (Pediatric) Well child up to age 3 Pediatric immunizations	 0% 0%	 0% after deductible 0% after deductible	 0% 0%	 0% after deductible 0% after deductible
Emergency Room Services ($250 copay per visit for non-emergency use of emergency room)	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible	0% after deductible	0% after plan deductible
Hospital Expenses Inpatient Outpatient	 0% after deductible 0% after deductible	 0% after deductible – Precertification required 0% after deductible	 0% after deductible 0% after deductible	 0% after deductible – Precertification required 0% after deductible
Medical/Surgical Expenses	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Mental Health Inpatient Outpatient	 0% after deductible 0% after deductible	 0% after deductible – Precertification required 0% after deductible	 0% after deductible 0% after deductible	 0% after deductible – Precertification required 0% after deductible
Substance Abuse Inpatient rehabilitation Outpatient	 0% after deductible 0% after deductible	 0% after deductible – Precertification required 0% after deductible	 0% after deductible 0% after deductible	 0% after deductible – Precertification required 0% after deductible
Pre-tax Reimbursement Accounts (optional)	Health Savings Account (HSA)		Health Savings Account (HSA)	
Prescriptions Generic Preferred brand name Non-preferred brand name Specialty	0% after deductible	Not covered	0% after deductible	Not covered
Mail Order Prescriptions Up to a 90-day supply. (Does not apply to specialty drugs.)	Pay 100% for each 90-day supply until the deductible has been met, then covered at 100% for remainder of calendar year	Not covered	Pay 100% for each 90-day supply until the deductible has been met, then covered at 100% for remainder of calendar year	Not covered
Precertification Requirements	Provider's responsibility	Member's responsibility	Provider's responsibility	Member's responsibility

HEALTH CARE FSA

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

MMA MarketLink[SM] is our FSA administrator. If you have not elected an HDHP, you may participate in the Health Care FSA. The FSA allows you to set aside a portion of your salary, pre-tax. You may use these funds to pay for eligible medical, dental, and vision expenses for you, your spouse, and your eligible dependents, regardless of whether they are enrolled in the PPO plan, as long as they are claimed as dependents.

NOTE: Be conservative in your estimate. The IRS has a '**use it or lose it**' rule which states that you lose any unused balance in your account at the end of the plan year over $500. Any carryover amount up to $500 must be used during the following calendar year or it will be forfeited.

VERIFYING YOUR MMA MARKETLINK DEBIT CARD EXPENSES

For medical care purchases made on your MMA MarketLink Debit Card, the IRS requires the expense be verified. Some of those purchases can be verified electronically right at the point of purchase, so there's no need for additional substantiation. They include:

- Copays in doctors' offices
- Copays in pharmacies

Certain debit card transactions may need to be substantiated. Substantiating means validating a transaction to ensure the debit card was used for IRS-approved items/services within the allowed time frame.

REIMBURSEMENT DOCUMENTATION REQUIREMENTS

Approved documentation for medical expenses, required by the IRS, is a receipt or statement containing, all of the following: name of provider, date(s) of service within the plan year, an eligible type of service or product, and dollar amount.

NOTE: An Explanation of Benefits (EOB) from your insurance provider is ideal for substantiating claims.

ANNUAL TAX SAVINGS EXAMPLE	WITHOUT FSA	WITH FSA
Joe's annual gross pay	$40,000	$40,000
Annual FSA deduction	$0	$2,500
Taxable income/year	$40,000	$37,500
Taxes and other deductions*	$10,000	$9,375
Net pay after deductions	$30,000	$28,125
Lasik surgery (one eye) costs $1,500	$1,500 (paid by Joe)	Reimbursed from Joe's FSA account
Orthodontics (braces) cost $2,000. Joe's coinsurance is $1,000	$1,000 (paid by Joe)	Reimbursed from Joe's FSA account
Net Difference	$27,500	$28,125
Advantage of saving in a FSA	$0	$625

** Example assumes federal tax rate of 25%.*

PWR FACT

Health Care FSA annual contribution amounts:
Min $120 – Max $2,650

MDLIVE CARE WHEN YOU NEED IT

Getting sick is never convenient and finding time to get to the doctor can be difficult. MDLIVE's program provides you and your covered dependents access to care for non-emergency medical needs.

Whether you're in the city, a rural area, or you're on a weekend camping trip, access to a board-certified MDLIVE doctor is available 24 hours a day/7 days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Telehealth can also be a better alternative than going to the emergency room or urgent care.*

MDLIVE doctors can help treat the following conditions and more:

- General health
- Allergies
- Asthma
- Joint aches
- Sinus infections
- Cold and flu
- Ear infections
- Pink eye

**In the event of an emergency, this service should not take place of an emergency room or urgent care facility.*

MDLIVE PRE-REGISTER INSTRUCTIONS

Prepare for the unexpected—activate your MDLIVE account now!

- Call MDLIVE at **888.680.8646**.
- Access virtual visits through Blue Access for Members℠ or at **www.MDLIVE.com/bcbstx**.
- Text BCBSTX to **635.483**.

WHAT YOU PAY

PPO: $20 Copay
HDHP: $44 until deductible is met

CONNECT

Talk to a board-certified MDLIVE doctor 24 hours a day, 7 days a week.

- Call MDLIVE **888.680.8646**.
- Speak with a health service specialist.
- Speak with an MDLIVE doctor.
- Or online at **www.MDLIVE.com/bcbstx**.

INTERACT

Real-time consultation with a board-certified doctor.

DIAGNOSE

When appropriate, ePrescribe medications will be sent to the pharmacy of your choice.

PRESCRIPTION DRUG PROGRAM

PREFERRED PRESCRIPTION DRUG LIST

Quanta participates in the BCBSTX preferred drug list. The preferred drug list is regularly updated based on the recommendations of individuals who hold a medical or pharmaceutical degree. U.S. Food and Drug Administration (FDA) approved drugs are chosen based on safety, uniqueness, and cost effectiveness. The preferred prescription drug list includes all generic drugs and a select group of brand name drugs.

Advantages of Using the Preferred Prescription Drug List
Medications on the Preferred Prescription drug list will typically cost less than non-preferred drugs. You have benefits for most covered medications that are not on the preferred drug list, but you may pay more out of pocket. The preferred drug list is a reference for your doctor when prescribing medications. We recommend you print this list and take it with you to your doctor visits. However, it is solely up to you and your physician to determine the medication that is best for you. The list can be found at **www.bcbstx.com**.

Prescription Drug Eligibility and Pricing
Whether or not the drug is on the preferred drug list will determine the amount you pay. For your convenience, a prescription pricing tool is available at **www.bcbstx.com** or you may call the customer service number on the back of your ID card.

SPECIALTY MEDICATIONS AND PRIME SPECIALTY PHARMACY

BCBSTX has arranged for Prime Specialty Pharmacy to support members who require specialty medication and help them manage their therapy. Specialty medications are generally prescribed to treat chronic, complex medical conditions, such as multiple sclerosis, hepatitis C, and rheumatoid arthritis. Specialty drugs often require careful adherence to a treatment plan and have special handling or storage requirements and may not be stocked by retail pharmacies.

PRIMEMAIL® BY WALGREENS MAIL SERVICE

PrimeMail by Walgreens Mail Service delivers your long-term (or maintenance) medications right where you want them. No driving to the pharmacy. No waiting in line for your prescription to be filled.

Savings
PrimeMail delivers up to a 90-day supply of long-term medicines for the cost of a two month supply. This can reduce what you pay out of pocket, and includes free standard shipping. PrimeMail will call or email when your prescription is received, when it ships, and when it is due for a refill.

GETTING STARTED

Existing Prescriptions
You can request that PrimeMail contact your doctor to transition your prescription.

Visit **www.bcbstx.com** and log in to Blue Access for Members℠. Click on the '**My Coverage**' tab, '**Prescription Drugs**' on the left and then '**Prime Therapeutics**' in the center.

Then click '**Walgreens Mail Service**'.

Or, call PrimeMail at **877.357.7463**.

Medicines take about 8 days to deliver once Walgreens receives approval from your doctor.

New Prescriptions
Mail your prescription or have your doctor fax or e-scribe it to PrimeMail.

Ask your doctor for a prescription for a 90-day supply of each of your long-term medicines. Or, ask your doctor to e-scribe your order to Walgreens Mail Service in Tempe, AZ or fax to **1.800.332.9581**.

To print a New Prescription Order Form, go to **www.bcbstx.com/member/rx_drugs**. From there, scroll down to the Prescription Drug Forms section. Or call **877.357.7463**.

Mail your prescription, completed order form and payment.

Easy Refill
Refill dates are shown on each prescription label. You can choose to have PrimeMail remind you by phone or email when a refill is due. Choose the reminder option that best suits you.

Online: Visit **www.bcbstx.com** to refill a prescription or renew an expired prescription. Log in to BAM and click on the '**MyCoverage**' tab, '**Prescription Drugs**' on the left.

Then click '**Walgreens Mail Service**'.

Phone: Call the automated refill system at **877.357.7463**.

Mail: Complete and mail the Refill Prescription Order Form sent with your order. Remember to allow time for your refill order to be received and processed.

Questions?
If you have any questions regarding the preferred prescription drug list, call the customer service number on the back of your ID card, 24 hours a day, 7 days a week, or visit **www.bcbstx.com**.

For mail delivery, visit: **www.walgreens.com/PrimeMail**

DENTAL PPO PLAN

Our dental plan allows you the freedom to have the dentist of your choice and allows for two preventive care visits per calendar year. The Quanta plan is administered through MetLife® Preferred Dental Program. It also includes comprehensive restorative care and orthodontia benefits.

FIND A PREFERRED DENTAL PROGRAM PROVIDER

Finding a network dentist is easy at **www.MetLife.com/mybenefits**, by calling MetLife at **800.942.0854**. Choose from thousands of participating general dentists and specialists nationwide. Eligible benefits are paid subject to reasonable and customary charges for out-of-network dentists.

Advantages of using a network dental provider are:

- Lower out-of-pocket costs as much as 15% to 45%
- Choices from one of the largest provider networks
- Less paperwork

METLIFE DENTAL MOBILE APP

Access your MetLife Dental plan using MetLife's mobile application now available on your device's app store.

With MetLife Dental Mobile App, you can:

- Find a dentist
- View your claims
- View your ID card

It's easy. Search '**MetLife**' in the iTunes App Store or Google Play to download the app. Then use your MetLife log in information to access these features. It's available 24 hours a day, 7 days a week.

DENTAL BENEFITS AT A GLANCE

Calendar Year Deductible: $50 individual/$150 per family
Calendar Year Maximum Benefit: $1,500 (Types A – C)
(Including diagnostic and preventative services)

Type A – Diagnostic and Preventive Services **Patient Responsibility: 0% (deductible waived)**	
Exams X-rays Cleanings	Fluoride treatments* Sealants*
Type B – Basic Restorative Services **Patient Responsibility: 20% after deductible**	
Fillings Endodontics (root canals) Repairs Simple extractions	Periodontics General anesthesia Palliative care
Type C – Major Restorative Services **Patient Responsibility: 50% after deductible**	
Inlays Onlays Crowns	Prosthetics Oral surgery
Type D – Orthodontia Services **Patient Responsibility: 50% after deductible**	
Adults and children are eligible Lifetime maximum per covered individual — $1,700	

**Age limitations apply*

PWR FACT

1. Predetermination of services is suggested when dental work in excess of $250 is anticipated.
2. See the Dental Exclusions and Limitations guidelines for more information on frequency or age limitations of covered services which can be found in your SPD.
3. Eligible benefits are paid subject to reasonable and customary charges for out-of-network providers.
4. You can print an ID card from the MetLife website, as a card will not be mailed to you. A generic card is located in the back of this guide.
5. You can obtain a copy of your SPD at **www.MyQuantaBenefits.com** or by calling the Benefits HelpLine at **844.306.7032**.

Remember: If you go to a non-network provider, you may be billed the balance for any amounts above the Plan's reasonable and customary payment levels.

VISION BENEFITS

VISION NETWORK OVERVIEW

UnitedHealthcare (UHC) is our plan provider for vision services. Benefits include a comprehensive exam, eyeglasses or contact lenses, and discounts on:

- Laser eye surgery
- Purchasing contact lenses online
- Frames, lenses, etc.
- Safety glasses

EASY ACCESS TO PROVIDERS AND VISION INFORMATION

You can visit **www.myuhcvision.com** to access the provider locator, get door-to-door directions, print a vision ID card, find answers to questions, and more.

CLAIM SUBMISSION

You do not need to submit a claim for in-network benefits. However, you must submit a claim to UHC Vision for benefit reimbursement for out-of-network services. Claim forms can be obtained from the UHC website at **www.MyUHCVision.com**.

HEARING AID DISCOUNTS

As a UHC Vision plan member, you can purchase high quality, digital hearing aids at meaningful savings over retail cost through HealthInnovations™.

UHC CUSTOMER SERVICE CENTER

Phone: **800.638.3120**

7:00 a.m. to 10:00 p.m. (CST) Monday – Friday
8:00 a.m. to 5:30 p.m. (CST) Saturday

AT&T language line supports more than 170 languages.

Interactive Voice Response (IVR) System

Provider locator, benefit information, eligibility.
Toll-free, 24 hours a day, 7 days a week.

VISION BENEFITS AT A GLANCE

VISION BENEFIT SUMMARY	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENTS
Annual Comprehensive Eye Exam* (2 for children under 13)	**$10 copay**	**Up to $45**
Materials	**$25 copay**	**See below schedule**
Lenses (with scratch coating):		
Single Vision	100%	Up to $50
Lined Bifocal	100%	Up to $60
Lined Trifocal	100%	Up to $80
Lenticular	100%	Up to $80
Frames	$150 retail allowance	Up to $50
Contacts (in lieu of glasses):		
Elective Covered Selection Contacts	100% up to 6 boxes*	Up to $150
Non-Selection Contacts	100% up to $150*	Up to $150
Medically Necessary	100%	Up to $210
Benefit Frequency		
Comprehensive Exam	12 months	
Lenses	12 months	
Frames	12 months	
Contact Lenses (in lieu of glasses)	12 months	
Monthly Rates		
Employee Only	$5.90	
Employee + Spouse	$11.40	
Employee + Child(ren)	$11.90	
Employee + Family	$18.00	

Refer to the UHC website, **www.MyUHCVision.com, for the Contact Lens Selection lists.*


DEERE

ACCIDENT INSURANCE

ACCIDENT INSURANCE: WHY IS IT IMPORTANT?

Accidents happen when you least expect them. And while you can't always prevent them, you can get help to make your recovery less expensive and stressful.

Accident insurance provides a financial cushion by helping you pay for costs that aren't covered by your medical plan. It provides you with a lump-sum payment—when you or your family need it most. The extra money can help you focus on getting back on track, without worrying about finding the money to help cover the costs of treatment.

And best of all, the payment is made directly to you, and is in addition to any other insurance you may have. It's yours to spend however you like, including for you, or your family's everyday living expenses.

Whatever you need while recovering from an accident or injury, accident insurance is there to make life a little easier.

With MetLife Accident Insurance, you can take your coverage with you if you change jobs or retire.

PLAN TIER LEVEL	MONTHY RATE	
	Low	High
Employee Only	$7.91	$12.99
Employee + Spouse	$13.89	$23.27
Employee + Child(ren)	$16.82	$28.22
Employee + Family	$21.10	$34.99

ACCIDENT PLAN DESIGN		METLIFE	
Initial Care		Low	High
Emergency Room (Once per accident)		$175	$250
Initial Doctor/Physician Visit (Once per accident)		$150	$200
Urgent Care Center (Once per accident)		$150	$200
Hospital Care			
Hospital Confinement	Daily Benefit (Up to 31 days per accident)	$200	$250
Follow-Up Care			
Doctor/ Physician Treatment	Per Visit (Up to 2 visits per accident)	$50	$100

SCHEDULE OF BENEFITS	METLIFE			
Dislocations	Low		High	
Knee	$2,100	$1,100	$4,000	$2,000
Ankle	$1,100	$600	$2,000	$1,000
Shoulder	$1,200	$600	$2,000	$1,000
Elbow	$600	$350	$1,000	$500
Wrist	$1,000	$500	$1,800	$900
Finger	$200	$100	$400	$200
Fractures				
Leg	$2,100	$1,100	$4,000	$2,000
Hand/Wrist	$1,100	$550	$1,800	$900
Finger/Toe	$300	$150	$400	$200
Collarbone / Shoulder Blade	$1,100	$550	$1,800	$900
Rib	$600	$350	$1,000	$500
Skull (non-depressed)	$2,100	$1,100	$4,000	$2,000

HOW IT WORKS

Kathy's daughter, Molly, plays soccer. During a recent game, Molly collided with an opposing player, was knocked unconscious and taken to the local emergency room by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He also ordered a CT scan. After thorough evaluation, Molly was released to her primary care physician for follow-up treatment, and her dentist repaired her broken tooth with a crown.

Luckily Kathy has accident insurance! She'll get a lump-sum payment totaling $1,550.

WHAT YOU NEED TO KNOW ABOUT METLIFE'S ACCIDENT COVERAGE:

- Over 150 covered events and services, such as fractures, dislocations and medical treatments or tests.
- You and your eligible family members are guaranteed coverage. No medical exam and no hassle.
- Lump-sum payment helps cover unexpected costs that result from an accident.
- For your convenience, premiums will be automatically deducted from your paycheck.

EXAMPLES OF COVERED EVENT	BENEFIT AMOUNT
Ambulance (ground)	$300
Emergency Care	$250
Physician Follow-Up ($100 x 2)	$200
Medical Testing	$200
Concussion	$400
Broken Tooth (repaired by crown)	$200

PWR FACT

The Quanta Benefits program provides three voluntary benefits: accident, critical illness, and hospital indemnity to support you and your family with medical costs. **These plans also fit well if you elect a HDHP.**

HOSPITAL INDEMNITY INSURANCE: HOW IT WORKS

Hospital Indemnity insurance provides you with a lump-sum payment. An amount is usually paid for a hospital admission and a per-day amount for your entire hospital stay.

And best of all, the payment is made directly to you, and is in addition to any other insurance you may have. It is yours to spend however you like, including for you or your family's everyday living expenses.

Whatever you need while recovering from a hospital stay, hospital indemnity insurance is there to provide financial help.

HOSPITAL INDEMNITY INSURANCE HELPS YOU MANAGE EXPENSES IF YOU OR A COVERED DEPENDENT BECOMES UNEXPECTEDLY HOSPITALIZED

If you or a covered dependent is admitted to the hospital, this insurance helps cover the costs of care.

This plan provides benefits for hospitalization due to accidents and sicknesses, like:

- Admission to a hospital
- Hospital stays
- Admission to an Intensive Care Unit
- Intensive Care Unit stays
- Inpatient Rehab Unit stays (accidents only)

WHAT YOU NEED TO KNOW ABOUT HOSPITAL INDEMNITY COVERAGE

- You and your eligible family members are guaranteed coverage. No medical exam and no hassle.
- Lump-sum payment can be used to help cover unexpected costs that result from a hospitalization.
- For your convenience, premiums will be automatically deducted from your paycheck.

HOSPITAL INDEMNITY TIER LEVEL	MONTHY RATE	
	Low	High
Employee Only	$23.17	$33.98
Employee + Spouse	$60.83	$89.24
Employee + Child(ren)	$40.95	$60.05
Employee + Family	$80.21	$117.66

SCHEDULE OF BENEFITS		METLIFE	
Hospital Care		Low	High
Hospital Admission or ICU Admission	Admission Benefit	$1,000	$1,500
Hospital Confinement	Daily Benefit	$100	$150
ICU Confinement	Daily Benefit	$200	$300
Rehabilitation Confinement	Daily Benefit	$100	$100

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance is coverage that can help cover the extra expenses associated with a serious illness. When a serious illness happens to you or a covered dependent, this coverage provides you with a lump-sum payment of $15,000 or $30,000 in initial benefits upon diagnosis. The total benefit amount available to you is 3 times the initial benefit amount, which is $45,000 or $90,000, in the event that you suffer more than one covered condition. The payment(s) you receive will be made in addition to any other insurance you may have and may be spent as you see fit.

WHAT TYPES OF ILLNESSES ARE COVERED UNDER THIS PLAN?

If you meet the group policy and certificate requirements, Critical Illness Insurance provides you with a lump-sum payment upon diagnosis of the following conditions:

- Full benefit cancer
- Partial benefit cancer
- Heart attack
- Stroke
- Kidney failure
- Coronary artery bypass graft
- Alzheimer's disease
- Major organ transplant
- Plus 22 additional conditions (see the outline of coverage at **www.MyQuantaBenefits.com** for details)

CRITICAL ILLNESS INSURANCE COVERAGE

Eligible Individual	Initial Benefit	Enrollment Requirements
Employee	$15,000 or $30,000	Coverage is guaranteed provided the employee is actively at work.
Spouse	100% of the employee's initial benefit	Coverage is guaranteed provided the employee is actively at work and the spouse is not subject to a medical restriction as set forth on the enrollment form and the Certificate.
Dependent Child(ren)	100% of the employee's initial benefit	Coverage is guaranteed provided the employee is actively at work and the dependent not subject to a medical restriction as set forth on the enrollment form and the Certificate.

CRITICALL ILLNESS MONTHLY DEDUCTIONS FOR $1,000 OF COVERAGE

Age Bands	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
18-24	$0.24	$0.47	$0.52	$0.75
25-29	$0.25	$0.51	$0.53	$0.79
30-34	$0.37	$0.70	$0.65	$0.98
35-39	$0.56	$1.04	$0.84	$1.32
40-44	$0.90	$1.62	$1.18	$1.90
45-49	$1.44	$2.53	$1.72	$2.81
50-54	$2.22	$3.80	$2.50	$4.08
55-59	$3.25	$5.43	$3.53	$5.71
60-64	$4.82	$7.91	$5.10	$8.19
65-69	$7.41	$11.98	$7.69	$12.26
70+	$10.96	$18.08	$11.24	$18.36

Are you looking for a way to make your life easier? Look no further than the Quanta Pocketpal app. Now you have relevant and useful benefits information at your fingertips.

Features include:

- Detailed information about your benefits
- Benefit Plan side-by-side plan comparisons
- Benefit terms with definitions that are easy to understand
- Summary Plan Descriptions (SPD)
- Vendor contact information including plan numbers, phone and website information
- The current Benefits Guide
- Videos on select benefits and more

POCKETPAL APP

Ready to download the app?

This free and super easy app is available to download to your phone. To download the Quanta Pocketpal go to your device's app store and search for the Pocketpal and look for this logo:

It takes about 3 minutes to customize your app and begin using it. To set up your Quanta Pocketpal mobile app, follow these steps:

1. Click '**Create Account**' and enter your Company Code: '**Quanta**'. Click '**Next**'.
2. Read and accept the disclaimer by clicking the box next to **I agree** to the terms and conditions. Click '**Next**'.
3. Select your current employment status. If you are currently employed by Quanta Services company, or you are the dependent of an employee, click '**Yes**'.
4. Enter your Login (by Unit) and Password. Login information is inserted in the front pocket of this guide. Click '**Save**'.
5. Then enter your name and email address and click '**Save**'.
6. Select the benefits you would like to be able to view on the Quanta Pocketpal, and click '**Next**'.
7. Load your ID cards into the Quanta Pocketpal. Follow the directions in the app, and click '**Continue Setup**' when finished (or to skip this step). ID Cards can be added at any time.
8. When you are ready, click '**Finalize Account**' and read the welcome message. Click '**PocketPal**' Home screen and you are in the app!

WANT TO LEARN MORE?

Go to **www.MyQuantaBenefits.com**. Enter your Login and Password. **Login information is inserted in the front pocket of this guide.** Click '**Login to Portal**'.

VOLUNTARY LIFE INSURANCE

Quanta offers life and accident insurance to provide financial protection when you or your family may need it most.

VOLUNTARY LIFE			
	Employee	**Spouse***	**Child(ren)* (up to age 26)**
Life Insurance Coverage	Increments of $10,000 up to $1,000,000	Increments of $10,000 (no more than employee coverage) up to $100,000	Increments of $2,000 up to $10,000
Guarantee Issue (GI) Amount** (at initial eligibility)	The lesser of 3x Salary or $250,000	$50,000	$10,000
Overall Benefit Maximum	Up to $1,000,000	$100,000	$10,000
AD&D Coverage	100% of Life Coverage	100% of Life Coverage	100% of Life Coverage
Employee Contribution	100%	100%	100%

** Employee must be enrolled in Voluntary Life benefit for dependent to be enrolled.*

*** If you enroll within 30 days of your initial eligibility date, you may apply for Guarantee Issue Amount without a SOH. Enrollment at a later date would require the completion of an SOH for any amount. An SOH is always required for amounts over the Guarantee Issue Amount and when requesting an increase in coverage amounts.*

PWR FACT

- **Remember**, it is important to review and keep your Beneficiary Designee information up to date each year. You may change your beneficiary at anytime.
- You can obtain a copy of your SPD at **www.MyQuantaBenefits.com** or by calling the Benefits HelpLine at **844.306.7032**.
- Age Reduction Clause as described in the SPD.

STATEMENT OF HEALTH

An SOH is a short medical questionnaire used by the carrier to determine if requested coverage will be approved for an individual. Acceptance of an SOH will be determined by MetLife in accordance with its guidelines governing medical underwriting.

Where can you get an SOH form?

You may complete an SOH online during the Annual Enrollment process by clicking on the icon at the end of your enrollment before hitting the final approval button or in the tabs on your enrollment home page. You may also obtain an SOH form by calling the Benefits HelpLine at **844.306.7032**.

WHEN DO I NEED TO SUBMIT A STATEMENT OF HEALTH?

	Employee	Spouse*	Child(ren)* (up to age 26)
Newly eligible for benefits–requesting up to Guarantee Issue Amount	No	No	No
Newly eligible for benefits–requesting amount above Guarantee Issue Amount	Yes, only for amount above GI.	Yes, only for amount above GI.	N/A
Request to increase coverage amount due to life event (mid-year employee)	Yes, only for amount above one increment increase.	Yes, only for amount of increase.	No
Annual enrollment and employee did not previously elect voluntary life coverage	Yes	Yes**	No**
Annual enrollment and employee wants to increase voluntary life coverage	Yes, only for the amount of increase.	Yes, only for the amount of increase.**	No**

** Employee must be enrolled in Voluntary Life benefit for dependent to be enrolled.*

***Dependent Voluntary Life insurance is contingent on the approval of employee's Voluntary Life insurance. If the employee's coverage is not approved, the dependent will not be enrolled in elected coverage.*

VOLUNTARY LIFE AND AD&D FOR EMPLOYEE, SPOUSE & CHILD

Age Bands	Employee Rates per $1,000	Spouse Rates per $1,000
18-24	$0.093	$0.057
25-29	$0.093	$0.057
30-34	$0.129	$0.067
35-39	$0.157	$0.087
40-44	$0.172	$0.107
45-49	$0.249	$0.137
50-54	$0.410	$0.207
55-59	$0.691	$0.307
60-64	$0.980	$0.477
65-69	$1.360	$0.837
70-74	$2.743	$1.517
75-79	$2.743	$1.517
80-84	$2.743	$1.517
85-89	$2.743	$1.517
90-94	$2.743	$1.517
95-99	$2.743	$1.517
Child Supplemental Life/AD&D Rate		
Child Rate (per$1000 Unit) regardless of number of child(ren)	$0.120	

DISABILITY INSURANCE

Disability benefits provide income protection if you can't work due to a covered injury or illness. Disability coverages are designed to replace a portion of your salary in the event of a covered disability. Benefits include coverage for both Short-term Disability (STD) and Long-term Disability (LTD).

DISABILITY FEATURES

Quanta's disability insurance features include:

- **Return-to-work incentives**: You can receive assistance in returning to the workforce and valuable transition support, when appropriate.
- **Rehabilitation incentive**: You can increase the amount of your disability benefit by as much as 10% when you participate in a MetLife-approved rehabilitation program.
- **Family care benefit**: You can get reimbursed for expenses, such as child care for eligible family members, if you participate in a MetLife-approved rehabilitation program.
- **Moving expense benefit**: You may be reimbursed for moving expenses to a new residence if the move is recommended as part of a MetLife-approved rehabilitation program.
- **Online service solutions at www.MetLife.com/mybenefits**: You can obtain secure self-service capabilities such as checking the status of STD/LTD claim, viewing claim detail, and finding out more information about disability coverage.
  - "Check a Claim" inquiry for real-time status and information including payment amounts and dates.
  - Email notifications when an existing claim has a key activity or status change.

SHORT-TERM DISABILITY

STD provides you with income protection if you become disabled from a covered injury, sickness, or pregnancy.

Please review the benefit summary located in the pocket of this guide for more information.

LONG-TERM DISABILITY

LTD provides you with long-term income protection if you become disabled from a covered injury or sickness. The LTD benefits will pay a percentage of your monthly salary up to a maximum monthly benefit.

Please review the benefit summary located in the pocket of this guide for more information.

LTD MAXIMUM BENEFIT PERIOD

The maximum benefit period will vary depending on your age at the time of disability as determined by the plan. The LTD benefits will continue until you recover or you reach normal retirement age, whichever comes first. See chart below.

AGE ON DATE OF YOUR DISABILITY	BENEFIT PERIOD
LESS THAN 60	AGE 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 or over	12 months

EXCLUSIONS AND LIMITATIONS

Disability benefits have certain limitations and exclusions. These details are described in the SPD.

WHEN DO I NEED TO SUBMIT A STATEMENT OF HEALTH FOR STD OR LTD?	
	Employee
Newly eligible for benefits	No
Annual enrollment and employee did not previously elect coverage	Yes

Refer to page 26 for additional information about what a Statement of Health is and how to obtain one.

DEPENDENT CARE FSA

A Dependent Care FSA plan allows you to set aside pre-taxed contributions to reimburse yourself for dependent care expenses, such as child day care. Our plan is administered by MMA MarketLink. You may participate in the reimbursement benefit even if you do not enroll in any other Quanta benefits. As an IRS-regulated tax savings program, there are certain requirements that you need to be aware of:

Be conservative. If you do not use the money in your account within the plan year, you lose it.

Once the plan year has started, you cannot change your election unless you have a qualified event. In addition to the examples of qualified status changes and rules on page 6, the IRS allows changes to your dependent care account during the plan year:

- If you change day care providers.
- When your child turns age 13.
- If the cost of qualified day care expenses increase or decrease.

If you submit receipts totaling more than you've contributed to your account, you'll be reimbursed only the balance in your account. If you choose, the remainder will be issued automatically as the funds become available.

Day care expenses must be incurred (not just paid) in order to receive reimbursement. Registration fees cannot be reimbursed until the services are actually incurred.

You will be required to report your dependent care provider's Tax ID or SSN on IRS Form 2441 when you file your federal income tax return. Missing information may cause your reimbursements to be held up or become ineligible.

Remember to hang on to your receipts and documentation.

DEPENDENT DAY CARE ACCOUNT	
Minimim Contribution	$120
Maximum Contribution	$5,000
Enrollment changes mid-year	Only with an IRS–approved status change.
Funds availability	Reimbursements are made based on the current balance in your account.
Reimbursement paid	For the date the expense is incurred, not billing date.
Reimbursement types	Expenses cannot be reimbursed by insurance or any other source.
Eligible expenses	Expenses must be for dependent children under age 13 who you claim on your taxes, or a disabled spouse or disabled dependent of any age. You and your spouse must be employed, or your spouse must be a full-time student or looking for work.

LIFELOCK IDENTITY THEFT PROTECTION

How LifeLock Works

LifeLock protection alerts you to suspicious activity and helps fix ID theft issues with dedicated U.S. based specialists. LifeLock will spend up to $1 million to help make things right.

Why LifeLock

Free credit monitoring services alone aren't enough. DIY identity monitoring isn't realistic. Your bank only monitors transactions on existing accounts. These are just a few reasons to choose LifeLock Identity Theft Protection.

	MONTHLY RATES	
LIFELOCK TIER LEVEL	ELITE	ULTIMATE PLUS
Employee Only	$7.99	$23.99
Employee + Spouse	$15.98	$47.98
Employee + Child(ren)	$14.00	$34.00
Employee + Family	$22.00	$58.00

SERVICE FEATURES	LIFELOCK BENEFIT ELITE	LIFELOCK ULTIMATE PLUS™
LifeLock Identity Alert® System	■	■
Lost Wallet Protection	■	■
Address Change Verification	■	■
Black Market Website Surveillance	■	■
LifeLock Privacy Monitor	■	■
Reduced Pre-Approved Credit Card Offers	■	■
Live Member Service Support	■	■
Identity Restoration Support	■	■
Fictitious Identity Monitoring	■	■
Court Records Scanning	■	■
Data Breach Notifications	■	■
Investment Account Activity Alerts	■	■
$1 Million Total Service Guarantee	■	■
Credit Card, Checking and Savings with Account Activity Alerts		■
Online Annual Credit Report		■
Online Annual Credit Score		■
Checking and Savings Account Application Alerts		■
Bank Account Takeover Alerts		■
Credit Inquiry Alerts		■
Online Annual Tri-Bureau Credit Reports and Scores		■
Monthly Credit Score Tracking		■
File-Sharing Network Searches		■
Sex Offender Registry Reports		■
Priority Live Member Service Support		■

EAP

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Quanta Services recognizes that balancing the demands of family and work can be challenging at times. As a vital part of Quanta's commitment to helping employees maintain an optimum quality of life, we have partnered with Magellan Health to offer a confidential EAP. An EAP helps you and your household members address your personal concerns. Counselors can assist you to deal with problems such as:

- Grief and loss
- Health and wellness
- Family and relationships
- Emotional wellness

You can access services by calling **1.800.327.2189** or you can access services online at **www.MagellanHealth.com/member**.

- EAP is available 24 hours a day, 7 days a week
- EAP benefits are available to you and your household members
- Any information you share is confidential and private, Quanta does not have access to this information
- In addition to 24-hour support, the EAP program offers seminars, coaching support, and online self-review tools during and after work hours
- EAP is available to you at no cost
- Quanta has prepaid for up to five (5) in-person counseling sessions (per issue) per year

FOCUSED ON YOU AND YOUR FAMILY

It's quick and easy to get started. The EAP will connect you with the right resources or professionals to help you with your questions, challenges, or needs. No situation is too big or too small. EAP is here for you to help you make the most out of your day or guide you through a difficult time. All information is confidential.

If you are a member of BCBSTX, the EAP will help you find a counselor in network to assist with any continuation of care that may be needed.

LEGAL AND FINANCIAL SERVICES

Balancing the needs of your personal life with your job responsibilities isn't easy. It can be particularly difficult if you have a legal or financial issue and you are not sure where to turn for help. As part of our EAP, legal, and financial consultation services are available to you and your household members.

Get legal information on civil or consumer issues, personal or family issues, real estate, will preparation, estate planning, and more. Our program offers up to a 60-minute telephone or face-to-face consultation with an attorney on any type of legal matter you may encounter. The 60-minute offering is available for one consultation per legal topic each year. For services beyond the 60 minutes, members receive a preferred discount rate of 25% off the normal hourly fee.

NOTE: Excludes legal consultation regarding employment matters.

Our program also offers online tools and resources and up to a 60-minute telephone consultation with a financial counselor for financial issues such as budgeting, debt consolidation, loans, mortgage assistance, retirement, saving for college, IRS matters, and other financial topics.

Financial consultants have extensive experience advising everyone — from those struggling with student loans, to those planning for retirement — on a range of financial issues.

ADDITIONAL EAP SERVICES

Get professional consultations with Work-Life specialists, online help resources, self-assisted searches and more. Log on to **www.MagellanHealth.com/member** and click on the Benefits menu, then select '**Work-Life Services**'.

Work-Life areas of focus:

- Childcare and parenting
- Pregnancy and adoption
- Adult care and aging
- Education
- Daily living issues (cleaning, pet care, etc.)
- Relocation services

LifeMart Discount Center

The LifeMart Discount Center offers savings of up to 40 percent on various products and services including theme parks, movie tickets, new cars, electronics, gifts and jewelry, books and DVDs, child and elder care, cleaning services and more.

TOOLS AND RESOURCES

Call the toll-free number, **800.327.2189**, and ask for legal or financial services. You can also log in to **www.MagellanHealth.com/member** and click on the Benefits menu to utilize the many tools and resources available.

- Thousands of interactive legal forms and documents
- Hundreds of educational and information articles covering a variety of legal topics
- Frequently asked legal questions that are answered by attorneys
- Articles and guides covering a wide variety of financial topics
- Online calculators and estimator tools
- Frequently asked financial questions answered by professional financial experts
- Financial forms and resources based on specific topics

Over 1,000 legal documents, articles, resources and information are available online at **www.MagellanHealth.com/member**.

TRAVEL ASSISTANCE

You now have access to Travel Assistance, a special travel service administered by AXA Assistance USA, Inc, through an arrangement with MetLife. This 24-hour network of emergency medical, travel, legal, and financial resources offers valuable protection for you and your family when you travel more than 100 miles from home. With just one call, employees and their families have access to qualified professionals trained to manage any travel emergency. This program is paid for by Quanta and is available to you free of charge.

Within the U.S. call:
800.454.3679

Outside the U.S. call:
(U.S. access code) **312.935.3783** (collect)

EMPLOYEE ASSISTANCE PROGRAM
1.800.EAP.2189
www.MagellanHealth.com/member

Quanta Cares was created to assist members of the Quanta family impacted by hurricanes, tornadoes, wildfires, and other natural disasters. It is through the generosity of employees like you, across our organization, that makes Quanta Cares possible.

Quanta Cares has provided over $850,000 in assistance to over 200 employees. The willingness of employees to help other employees is part of the foundation of our great company, and it shows that Quanta Cares.

If you or a coworker are in need of relief, please email **quantacares@quantaservices.com** for a grant application. The Quanta Cares Committee reviews all applications and makes every attempt to help applicants with recovery.

If you would like to make a tax-deductible donation, please send a check payable to Quanta Cares to:

Quanta Services, Inc.
2800 Post Oak Blvd.
Suite 2600
Houston, Texas 77056
ATTN: Quanta Cares

You may also donate through your paycheck by making an election at **www.BenefitSolver.com**. Adjustments to your donation may be made as often as you would like.

Thank you – we appreciate your support.
Quanta Cares

401(K) SAVINGS PLAN

QUANTA SERVICES, INC. 401(K) SAVINGS PLAN

There is no waiting period to enroll in the Quanta Services, Inc, 401(k) Savings Plan ("Plan") as long as you are 18 years of age. Employees may enroll and make changes at any time throughout the year. The match is 100% of the first 3% of your pre-tax contributions, and 50% of the next 3% of your pretax contributions.

You can enroll in the Plan or update your Plan elections by visiting Fidelity's NetBenefits® website, at **www.401k.com**, or by calling the Fidelity Retirement Benefits Line at **800.835.5095** to speak with a phone representative, Monday through Friday, 8:30 a.m. to 8:30 p.m., Eastern time.

PLAN TOOLS AND FEATURES

On NetBenefits®, you can:

- Designate your Plan beneficiary
- Change your contribution rate
- Make investment election changes
- Research investments
- Request Plan literature

You can also access the following planning tools:

- **The Library**
  Use this tab on Fidelity NetBenefits® and access checklists, calculators and tools, workshops, and videos provided by Fidelity that can help you make smarter choices about your benefits and your money.
- **Mobile App**
  Download the NetBenefits® mobile app from your device's app store, and get access to all your Fidelity workplace accounts anytime, anywhere.
- **Portfolio Review** is an online tool that helps you identify your savings goals, analyzes your current investment mix, and suggests an investment mix to help you better align your portfolio with your goals.
- **The Automatic Increase Program (AIP)** is an optional participant-elected service that helps you keep pace with your goals by automatically increasing your contribution amount each year. All you have to do is pick the amount and date of your increase. Even a small increase of 1% or 2% per year can potentially help you reach your goals.

FREQUENTLY ASKED QUESTIONS

How much can I contribute?
Through automatic payroll deduction, you may contribute up to 75% of your eligible pay on a pre-tax basis.

What is the IRS contribution limit?
Each year, contribution limits can change due to cost of living adjustments. Visit **www.irs.gov** for current contribution limits.

Generally, the Internal Revenue Code provides a maximum limit on the amount of contributions (salary deferral or matching contributions) that may be contributed under the Plan for the Plan Year. Based on the design of the Plan, this limit should not be exceeded by any participant.

Elections made at Fidelity for pre-tax and catch up contributions will be deducted from pay at the same time. Please contact your local HR administrator if you have any questions.

When is my enrollment effective?
Your enrollment becomes effective once you elect a deferral percentage, which initiates deductions of your contribution from your pay. These salary deductions will generally begin after we receive your enrollment information, or as soon as administratively practicable (approximately 1-2 paychecks).

What are my investment options?
To help you meet your investment goals, the Plan offers you a range of options. You can select a mix of investment options that best suits your goals, time horizon, and risk tolerance.

The investment options available through the Plan include conservative, moderately conservative, and aggressive funds.

The Plan also offers the Fidelity Freedom K® Funds that offer a blend of stocks, bonds, and short-term investments within a single fund. Each Freedom K® Fund's asset allocation is based on the number of years until the fund's target retirement date. The Freedom K® Funds are designed for investors who want a simple approach to investing for retirement. Lifecycle funds are designed for investors expecting to retire around the year indicated in each fund's name. The investment risk of each lifecycle fund changes over time as each fund's asset allocation changes. The funds are subject to the volatility of the financial markets, including equity and fixed-income investments in the U.S. and abroad and may be subject to risks associated with investing in high-yield, small-cap, commodity-linked, and foreign securities. Principal invested is not guaranteed at any time, including at or after the fund's target date.

A complete description of the Plan's investment options and their performance, as well as planning tools to help you choose an appropriate mix, are available online at NetBenefits®.

What if I don't make an investment election?
If you do not select specific investment options in the Plan, your contributions will be invested in the Fidelity Freedom K® Fund with the target retirement date closest to the year you might retire, based on your current age and assuming a retirement age of 65. Please log in to **www.401k.com** and refer to the chart in the Investment Options section for more detail.

When am I vested?
You are immediately 100% vested in your own contributions to the Quanta Services, Inc. 401(k) Savings Plan, as well as the company matching contributions and any earnings on them.

Can I take a loan from my account?
Although your Plan account is intended for your retirement, you may borrow from your account for any reason.

Can I make withdrawals?
Withdrawals from the Plan are generally permitted when you terminate your employment, retire, reach age 59 ½, or become permanently disabled, as defined by our Plan.

The taxable portion of your withdrawal that is eligible for rollover into an individual retirement account (IRA) or another employer's retirement plan is subject to 20% mandatory federal income tax withholding, unless it is rolled directly over to an IRA or another employer plan. (You may owe more or less when you file your income taxes.) If you are under age 59, the taxable portion of your withdrawal is also subject to a 10% early withdrawal penalty, unless you qualify for an exception to this rule. To learn more about and/or to request a withdrawal, log in to Fidelity NetBenefits® at **www.401k.com** or call the Fidelity Retirement Benefits Line at **800.835.5095**. The Plan document and current tax laws and regulations will govern in case of a discrepancy. Be sure you understand the tax consequences and your Plan's rules for distributions before you initiate a distribution. You may want to consult your tax advisor about your situation.

When you leave the company, you can withdraw contributions and any associated earnings, or if your vested account balance is greater than $5,000, you can leave contributions and any associated earnings in the Plan. After you leave the company, if your vested account balance is equal to or less than $1,000, it will automatically be distributed to you. However, if your vested account balance is greater than $1,000 but not more than $5,000, you will be notified that your entire vested account balance will be transferred to an Individual Retirement Account (Rollover IRA), unless you request either a cash distribution or a rollover distribution of your choice.

How do I designate my Plan beneficiary?
From the NetBenefits® home page, click '**Your Profile**', then click '**Beneficiaries**' and follow the steps to designate your beneficiary.

How do I access my account?
You can access your account online through NetBenefits® at **www.401k.com** or by calling the Fidelity Retirement Benefits Line at **800.835.5095**. The automated voice response system is available virtually 24 hours a day, 7 days a week.

Before investing in any mutual fund, consider the investment objectives, risks, charges, and expenses. Contact Fidelity for a prospectus or, if available, a summary prospectus containing this information. Read it carefully.

Keep in mind that investing involves risk. The value of your investment will fluctuate over time, and you may gain or lose money.

The Plan is intended to be a participant-directed plan as described in Section 404(c) of ERISA, which means that fiduciaries of the Plan are ordinarily relieved of liability for any losses that are the direct and necessary result of investment instructions given by a participant or beneficiary.

This document provides only a summary of the main features of the Plan, and the Plan document will govern in the event of discrepancies.

THE WOMEN'S HEALTH AND CANCER RIGHTS ACT

The Women's Health and Cancer Rights Act (WHCRA) requires group health plans that provide coverage for mastectomy to provide coverage for certain reconstructive services. This law also requires that written notice of the availability of the coverage be delivered to all plan participants upon enrollment and annually thereafter. This language serves to fulfill that requirement for this year. These services include:

- All stages of reconstruction of the breast upon which the mastectomy has been performed;
- Surgery/reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and treatment for physical complications during all stages of mastectomy, including lymphedemas.

In addition, the plan may not:

- Interfere with a participant's rights under the plan to avoid these requirements; or
- Offer inducements to the health care provider, or assess penalties against the provider, in an attempt to interfere with the requirements of the law.

These benefits will be provided subject to the same deductible and coinsurance or copayments applicable to other medical and surgical benefits provided under this plan as shown in the Summary of Benefits. If you would like more information on WHCRA benefits, please call BCBSTX at **800.521.2227**.

NEWBORN'S AND MOTHER'S HEALTH PROTECTION ACT

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

HIPAA SPECIAL ENROLLMENT RIGHTS

Loss of Other Coverage

If you are declining or have declined enrollment for yourself and/or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you may in the future be able to enroll yourself and/or your dependents in this plan if you or your dependents lose eligibility for that other coverage or if the employer stops contributing toward your non-COBRA coverage or your dependent's non-COBRA coverage. However, you must request enrollment within 30 days after your other coverage ends or after the employer stops contributing toward the other non-COBRA coverage.

New Dependent as a Result of Marriage, Birth, Adoption or Placement for Adoption.

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, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

MEDICAID COVERAGE

The Quanta group health plan will allow an employee or dependent who is eligible, but not enrolled for coverage, to enroll for coverage if either of the following events occur:

1. **Termination of Medicaid or Children's Health Insurance Program coverage (CHIP)**
   If the employee or dependent is covered under a Medicaid plan or under a state child health insurance plan (SCHIP) and coverage of the employee or dependent under such a plan is terminated as a result of loss of eligibility.
2. **Eligibility for Premium Assistance Under Medicaid or CHIP**
   If the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP, including under any waiver or demonstration project conducted under or in relation to such a plan. This is usually a program where the state assists employed individuals with premium payment assistance for their employer's group health plan rather than provide direct enrollment in a state Medicaid program.

To be eligible for this special enrollment opportunity you must request coverage under the group health plan **within 60 days** after the date the employee or dependent becomes eligible for premium assistance under Medicaid or SCHIP or the date you or your dependent's Medicaid or state-sponsored CHIP coverage ends.

To request special enrollment or obtain more information, please contact your local Benefits Administrator or the Benefits HelpLine.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1.877.KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1.866.444.EBSA (3272)**.

IF YOU LIVE IN ONE OF THE FOLLOWING STATES, YOU MAY BE ELIGIBLE FOR ASSISTANCE PAYING YOUR EMPLOYER HEALTH PLAN PREMIUMS. THE FOLLOWING LIST OF STATES IS CURRENT AS OF JULY 31, 2018. CONTACT YOUR STATE FOR MORE INFORMATION ON ELIGIBILITY.

ALABAMA – Medicaid

Website: http://myalhipp.com/
Phone: 1.855.692.5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1.866.251.4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

ARKANSAS – Medicaid

Website: http://myarhipp.com/
Phone: 1.855.MyARHIPP (855.692.7447)

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1.800.221.3943/State Relay 711
CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus
CHP+ Customer Service: 1.800.359.1991/State Relay 711

FLORIDA – Medicaid

Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1.877.357.3268

GEORGIA – Medicaid

Website: http://dch.georgia.gov/medicaid
- Click on Health Insurance Premium Payment (HIPP)
Phone: 404.656.4507

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64
Website: http://www.in.gov/fssa/hip/
Phone: 1.877.438.4479
All other Medicaid
Website: http://www.indianamedicaid.com
Phone: 1.800.403.0864

IOWA – Medicaid

Website: http://dhs.iowa.gov/hawk-i
Phone: 1.800.257.8563

KANSAS – Medicaid

Website: http://www.kdheks.gov/hcf/
Phone: 1.785.296.3512

KENTUCKY – Medicaid

Website: https://chfs.ky.gov
Phone: 1.800.635.2570

LOUISIANA – Medicaid

Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331
Phone: 1.888.695.2447

MAINE – Medicaid

Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1.800.442.6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: http://www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 1.800.862.4840

MINNESOTA – Medicaid

Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp
Phone: 1.800.657.3739

MISSOURI – Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573.751.2005

MONTANA – Medicaid

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1.800.694.3084

NEBRASKA – Medicaid

Website: http://www.ACCESSNebraska.ne.gov
Phone: 855.632.7633
Lincoln: 402.473.7000
Omaha: 402.595.1178

NEVADA – Medicaid

Medicaid Website: https://dhcfp.nv.gov
Medicaid Phone: 1.800.992.0900

NEW HAMPSHIRE – Medicaid

Website: https://www.dhhs.nh.gov/ombp/nhhpp/
Phone: 603.271.5218
Hotline: NH Medicaid Service Center at 1.888.901.4999

NEW JERSEY – Medicaid and CHIP

Medicaid Website:
http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609.631.2392
CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1.800.701.0710

NEW YORK – Medicaid

Website: https:/www.health.ny.gov/health_care/medicaid/
Phone: 1.800.541.2831

NORTH CAROLINA – Medicaid

Website: https:/dma.ncdhhs.gov/
Phone: 919.855.4100

NORTH DAKOTA – Medicaid

Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone:1.844.854.4825

OKLAHOMA – Medicaid and CHIP

Website: http://www.insureoklahoma.org
Phone: 1.888.365.3742

OREGON – Medicaid and CHIP

Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1.800.699.9075

PENNSYLVANIA – Medicaid

Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm
Phone: 1.800.692.7462

RHODE ISLAND – Medicaid

Website: http:/www.eohhs.ri.gov/
Phone: 855.697.4347

SOUTH CAROLINA – Medicaid

Website: https://www.scdhhs.gov
Phone: 1.888.549.0820

SOUTH DAKOTA – Medicaid

Website: http:/dss.sd.gov
Phone: 1.888.828.0059

TEXAS – Medicaid

Website: http://gethipptexas.com/
Phone: 1.800.440.0493

UTAH – Medicaid and CHIP

Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1.877.543.7669

VERMONT – Medicaid

Website: http://www.greenmountaincare.org/
Phone: 1.800.250.8427

VIRGINIA – Medicaid and CHIP

Medicaid Website:
http:/www.coverva.org/programs_premium_assistance.cfm
Medicaid Phone: 1.800.432.5924
CHIP Website:
http:/www.coverva.org/programs_premium_assistance.cfm
CHIP Phone: 1.855.242.8282

WASHINGTON – Medicaid

Website: http:/www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program
Phone: 1.800.562.3022 ext. 15473

WEST VIRGINIA – Medicaid

Website: http://mywvhipp.com/
Toll-free phone:1.855.MyWVHIPP (1.855.699.8447)

WISCONSIN – Medicaid

Website: https:/www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1.800.362.3002

WYOMING – Medicaid

Website: https://wyequalitycare.acs-inc.com/
Phone: 307.777.7531

PAPERWORK REDUCTION ACT STATEMENT

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email **ebsa.opr@dol.gov** and reference the OMB Control Number 1210-0137.

To see if any other states have added a premium assistance program since July 31, 2018, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1.866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1.877.267.2323, Menu Option 4, Ext. 61565

IMPORTANT NOTICE FROM QUANTA SERVICES, INC, ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Quanta Services and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Quanta has determined that the prescription drug coverage offered by the PPO and HDHPs is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Quanta coverage will not be affected. Your current coverage pays for other health expenses in addition to prescription drugs. You may keep this coverage if Medicare Part D is elected and this plan will coordinate with Part D coverage for those individuals who elect Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Quanta coverage, be aware that you and your dependents may be able to get this coverage back should you have a Special Enrollment Event, or during the next Annual Enrollment Period offered.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Quanta Services, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least one percent of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage

Contact the person listed at the bottom of this page for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Quanta Services, Inc, changes. You may request a copy of this notice at any time.

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and therefore whether or not you are required to pay a higher premium (a penalty).

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage:

- Visit **www.medicare.gov**.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 800.MEDICARE (**800.633.4227**). TTY users should call **877.486.2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at **800.772.1213 (TTY 800.325.0778)**.

Date:	**September 1, 2018**
Name of Entity/Sender:	**Quanta Services, Inc.**
Contact-Position/Office:	**Denise Schoth Benefits Manager**
Address:	**2800 Post Oak Blvd., Suite 2600 Houston, TX 77056**
Phone Number:	**713.629.7600**

Date: September 1, 2018

Re: HIPAA Notice of Privacy Practices

Dear Member:

We realize how important it is to you that we keep your personal medical information confidential and we work hard to protect your information from misuse.

Quanta has implemented all of the privacy protections granted to you through the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The accompanying document, our Notice of Privacy Practices, lays out for you your rights under HIPAA as well as the types of uses and disclosures that our health plan may make with your health information.

It is my job as the HIPAA privacy officer to make sure that your personal information is protected from misuse. Feel free to come to me with any questions or concerns you have about the privacy of your confidential health information or about the HIPAA regulations.

Please review the Notice of Privacy Practices and let me know if you have any questions or concerns.

Yours truly,

Warriane Williams
Privacy Officer
Quanta Services Management Partnership, L.P.

NOTICE OF PRIVACY POLICY

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

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal law that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information.

We may use and disclose your health information only for each of the following purposes: treatment, payment, health care operations and certain special situations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include case management.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be adjudicating a claim and reimbursing a provider for an office visit.
- Health care operations include the business aspects of running our health plan, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, health plan budgeting, carrier bidding, and customer service. An example would be an internal quality assessment review or to a business associate of the health plan.
- Special situations include disclosures for your safety or for the safety of the general public; to individuals involved in your care or payment for your care (unless you specifically object to such disclosures); for instances of national security; for worker's compensation; for organ donation programs (if you are an organ donor); to military command (if you are a member of the armed services); to coroners, medical examiners or funeral directors; or as otherwise required by law.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may communicate with you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you, however, if we are receiving compensation for these communications, we must first obtain written authorization from you.

We may not use or disclose your genetic information for underwriting purposes. We may also not sell your health information without your express written authorization, unless the sale is part of a merger, transfer, sale or consolidation of the health plan to another health plan.

We will not use your protected health information for employment purposes or another benefits plan without your written authorization.

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

- The right to inspect and copy your protected health information, either electronically or on paper, and obtain this copy within 30 days or within 60 days if we are unable to provide the information within 30 days and notify you of the delay within the first 30 days.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are not, however, required to agree to a requested restriction, unless the request is made to restrict disclosure to an insurer or health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment), and the protected health information pertains solely to a health care item or service for which you have paid out of pocket in full. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.
- The right to request an amendment of your protected health information. We are not required to agree to the requested amendment of your information, but will consider your request.
- The right to receive an accounting of certain non-routine disclosures of protected health information that were not disclosed for treatment, payment or health care operations.
- We have the obligation to provide and you have the right to obtain notice from us in the event that the privacy or security of your protected health information has been breached.
- You have the right to opt out of any communications that may be construed as fundraising or marketing for the health plan.
- We have the obligation to let you know about the availability of this notice every three years. You have the right to receive a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of October 1, 2018 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will provide you with a copy of the revised notice within 60 days of the change.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office for Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

For more information, please contact us:

Please contact us for more information:
Privacy Officer Warriane Williams
c/o Quanta Services Management Partnership, L.P.
2800 Post Oak Blvd., Suite 2600
Houston, TX 77056
713.629.7600

For more information about HIPAA or to file a complaint:

The U.S. Department of Health and Human Services Office
for Civil Rights
200 Independence Avenue, S.W.
Washington, DC 20201
202.619.0257
Toll Free: **877.696.6775**

Quanta Services Management Partnership consists of the following health plans sponsored by Quanta Services Management Partnership, L.P.: BlueCross BlueShield of Texas Medical Plan, MMA MarketLink FSA Health Care Account, Magellan Health Services Employee Assistance Program.

FOR QUANTA SERVICES EMPLOYEE BENEFITS PLAN

This is a summary of the annual report of the Quanta Services Employee Benefit Plan, EIN 76-0574732, Plan No. 501, for the period January 01, 2017 through December 31, 2017. The annual report has been filed with the Employee Benefits Security Administration, U.S. Department of Labor, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

Quanta Services Management Partnership, L.P. has committed itself to pay certain self-funded medical, prescription drug and dental claims incurred under the terms of the plan.

INSURANCE INFORMATION

The plan has contracts with Federal Insurance Company, Magellan Healthcare, Metropolitan Life Insurance Company, and UnitedHealthcare Insurance Company to pay vision, life insurance, temporary disability, long-term disability, business travel accident, employee assistance program, and accidental death & dismemberment claims incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2017 were $8,185,434.

YOUR RIGHTS TO ADDITIONAL INFORMATION

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- insurance information, including sales commissions paid by insurance carriers;

To obtain a copy of the full annual report, or any part thereof, write or call the Human Resources Department of Quanta Services Management Partnership, L.P., 2800 Post Oak Boulevard, Suite 2600, Houston, TX 77056, or by telephone at **713.629.7600**. These portions of the report are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the Plan: Quanta Services Management Partnership, L.P., 2800 Post Oak Boulevard, Suite 2600, Houston, TX 77056 and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

TOPIC	PROVIDER	PHONE AND WEBSITE
For various types of benefits assistance including benefit enrollment	**Benefits Help Line, your local Benefits/HR Administrator**	**Quanta Services Benefits Help Line: 844.306.7032 Benefits@quantaservices.com**
For benefit information at your fingertips	**www.MyQuantaBenefits.com or the Pocketpal app**	**The Pocketpal app can be found on your device's app store. Contact local HR for login information**
Medical: For medical plan information and to find a participating provider	BCBSTX PPO Policy Number: 107008 HDHP Policy Number: 147485	In Texas: 800.521.2227 Outside of Texas: 800.810.2583 www.bcbstx.com Network: BlueCross (BCA)
Medical: For pre-certification of hospital admissions and authorization of outpatient procedures and/or testing or Mental Health/Chemical Dependency (MH/CD) pre-certification	BCBSTX PPO Policy Number: 107008 HDHP Policy Number: 147485	Inpatient Admissions: 800.441.9188 MH/CD: 800.528.7264 www.bcbstx.com
Prescription Drug Program: For mail order preferred prescription drug list	BCBSTX PPO Policy Number: 107008 HDHP Policy Number: 147485	www.bcbstx.com www.walgreen.com/Primemail 877.357.7463
Medical: MDLIVE	MDLIVE PPO Policy Member: 107008 HDHP Policy Number: 147485	888.680.8646 www.MDLIVE.com/bcbstx
Medical: To contact a nurse with any health care questions and assistance	BCBSTX PPO Policy Number: 107008 HDHP Policy Number: 147485	800.581.0368 www.bcbstx.com
Flexible Spending Accounts: For assistance regarding FSA claims, questions and/or issues	MMA MarketLink Spending Account Service Center	800.580.6854 https://trion.In1ondemand.com
Dental: For service under the dental plan, and to find a participating dentist	MetLife Policy Number: 0313197	800.942.0854 www.MetLife.com/mybenefits
Vision: For assistance regarding vision claims	UnitedHealthcare Group Number: F5QU Plan Number: D0162	Customer Service: 800.638.3120 Provider Locator: 800.839.3242 www.MyUHCVision.com
Life and Disability: For assistance regarding Life/AD&D, STD and LTD claims	MetLife Policy Number: 117195	STD/LTD: 800.300.4296 Life/AD&D: 800.638.6420
Health Savings Account: For assistance regarding HSA	Fidelity	800.835.5095 www.401k.com
Employee Assistance Program: For assistance regarding EAP	Magellan Health Services	800.EAP.2189 www.MagellanHealth.com/member password: 800EAP2189
401(k): For assistance regarding 401(k)	Fidelity	800.835.5095 www.401k.com

QUANTA SERVICES

2019 EMPLOYEE BENEFITS

English