

# Benefit Summary for the Employees of Terre Hill Concrete

**Effective Date:**

January 1, 2025 to December 31, 2025

## MEDICAL

Terre Hill Concrete is pleased to provide a Medical PPO through Aetna Group. Highlights of the medical plan are listed below.

Plan Year: January 1- December 31	HDHP 4	PPO 6 (65+ Plan)
Medical Plan Benefits	Aetna In-Network	Aetna In-Network
<b>Plan Year Deductible (Non-Embedded)</b>	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family
<b>Out-of-Pocket Maximum (includes deductible and all copays)</b> Once the out-of-pocket maximums is met, all covered expenses are paid at 100%	\$6,750 Individual \$13,500 Family	\$15,000 Individual \$30,000 Family
<b>Preventive Care</b>	100% No Deductible	100% No Deductible
<b>Referrals Required for Specialist</b>	No	No
<b>Primary Physician Office Visit</b>	80% After Deductible	\$20 Copay
<b>Specialist Office Visit</b>	80% After Deductible	\$70 Copay
<b>Virtual Visit</b>	100% After Deductible	100% after Deductible
<b>Diagnostic Lab</b>	80% After Deductible	Inpatient Lab: 100% deductible waived. Outpatient Lab: \$50 copay after deductible
<b>Diagnostics X-Rays</b>	80% After Ded./ 60% After Ded.	Inpatient X-ray: 100% deductible waived Outpatient X-ray: \$75 after Deductible
<b>Urgent Care</b>	80% After Deductible	\$50 Copay no deductible
<b>Imaging (CT/PET scans, MRIs)</b>	80% After Deductible	\$300 Copay After deductible
<b>Emergency Room Care</b>	80% After Deductible	\$300 Copay After deductible
<b>Inpatient Hospital Stay</b>	80% After Deductible	100% After Deductible
<b>Outpatient Surgery</b>	80% after deductible	\$750 Copay After deductible
<b>Telemedicine</b>		100%
Medical Plan Benefits	Out of Network	Out of Network
<b>Plan Year Deductible</b>	\$10,000 Individual / \$20,000 Family	\$5,000 Individual / \$10,000 Family
<b>Out of Pocket Maximum</b>	\$15,000 Individual / \$30,000 Family	\$15,000 Individual / \$13,000 Family
<b>Coinurance</b>	50% after deductible	50% After deductible
Prescription Drugs	WellDyne	WellDyne
<b>Prescription Drug Deductible</b>	NA	\$250 Deductible (applies to <b>Preferred Brand</b> and <b>Non-Preferred Brand RX</b> )
<b>Generic Drug</b>	20% After Deductible	\$10 Copay
<b>Preferred Brand</b>	20% After Deductible	\$25 Copay
<b>Non-preferred Brand</b>	50% After Deductible	50% Coinsurance
<b>Specialty</b>	20% coinsurance per RX After Ded.	\$200 Copay per prescription
<b>Mail Order (90-day Supply)</b>	2x retail After Deductible	2x retail

## HEALTH SAVINGS ACCOUNT (HSA)

When you are enrolled in a Qualified High Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

### What is a Health Saving Account?

An HSA is a tax-sheltered bank account that you own for the purpose of paying eligible health care expenses for you and/or your eligible dependents for current or future healthcare expenses. The Health Savings Account (HSA) is yours to keep, even if you change jobs or medical plans. There is no “use it or lose it” rule; your balance carries over year to year.

### Are you eligible to open a Health Savings Account (HSA)?

Although everyone is able to enroll in the Qualified High Deductible Health Plan, not everyone is eligible to open and contribute to an HSA. If you do not meet these requirements, you cannot open an HSA.

- You must be enrolled in a Qualified High Deductible Health Plan (QHDHP)
- You must not be covered by another non-QHDHP health plan, such as a spouse's PPO plan.
- You are not enrolled in Medicare.
- You are not in the TRICARE or TRICARE for Life military benefits program.
- You have not received Veterans Administration (VA) benefits within the past three months.
- You are not claimed as a dependent on another person's tax return.
- You are not covered by a traditional health care flexible spending account (FSA). This includes your spouse's FSA. (Enrollment in a limited purpose health care FSA is allowed).

### 2025 HSA Contributions

You are able to contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums. The IRS has established the following maximum HSA contributions:

FOR THE 2025 TAX YEAR:

- \$4,300 Individual
- \$8,550 Family

If you are age 55 and over, you may contribute an extra \$1,000 catch up contribution.

### How do I get reimbursed for my eligible expenses?

The easiest way to use your HSA dollars is by using your HSA Debit Card at the time you incur an eligible expense. Or you can withdraw money from an ATM. But keep your receipts! You must be able to prove that you were reimbursing yourself for an eligible expense in the event that you are audited. If you use your HSA funds for non-eligible expenses, you will be charged a 20% penalty tax (if under age 65) as well as federal income taxes.

The myMarpai web portal from Marpai Health allows you to easily manage your health plan coverage. Access myMarpai web portal at [www.myMarpai.com](http://www.myMarpai.com). Once on the web portal, simply go to the Members tab on the left and select the Create Account on the top right to create your account.

### BENEFITS

- **Member Information.**
  - See each member currently enrolled in your benefit plan and their ID number.
- **Plan Resources.**
  - Find all the benefit information you need with summary of benefits, plan documents, and more.
- **Access ID Cards.**
  - Easily view, print, or order ID cards
- **Current Status.**
  - Verify current eligibility status and enrolled plans.
- **Future Coverage.**
  - Future overview will be displayed when applicable.
  - Find Providers

### CLAIMS

- **Display Accumulators.**
  - Easily display in network and out of network deductible and out of pocket contributions by member, plan type, and year.
- **Number of Visit Limitations.**
  - View the maximum number of visits per service type allowed by your plan. Quickly identify the current number of visits used and remaining.
- **Check status.**
  - Conveniently search for claims by date of service, member, status, type, or provider.
- **View results.**
  - Search results will include claim number, service date, member, type, provider, and claim status.
- **Export.**
  - Claim search results can be exported to an Excel document by clicking the link at the bottom of the page.
- **Claims summary.**
  - The summary page includes service dates, network indicator, diagnosis, procedure, description of service, and bill details. Easily download explanation of benefits and contact us with any questions.

## PHARMACY SERVICES

Pharmacy services are offered through Welldyne. Welldyne member portal contains a variety of tools to help you manage your prescription benefits.

- Prescription Dashboard gives you quick insights into your upcoming refills and prescription costs
- Cost Calculator allows you to accurately price medications across multiple pharmacies.
- Pharmacy locator helps you locate in-network pharmacies within your zip code.
- Accumulator Tracker displays how much you have contributed toward your deductible.
- Formulary Look-Up Tool enables you to search for drugs covered under your plan.

Register today to use the WellView Member Portal.

- Go to [www.WellDyne.com](http://www.WellDyne.com). Click **"For Members"**, then select **"Register Now"**
- Enter your Member ID, name, and date of birth.
- Create a username and password for your account and log in to the member portal.
- Let us know about any allergies or health conditions.
- If you will be using our Mail Order Pharmacy, provide a payment method (credit debit or HSA card)

### Specialty Drugs

#### Working together to improve your health

US Specialty understands that patients who use specialty medications require special, personalized care, and that's why we pair you with a patient care advocate. Our patient care advocates are familiar with your disease state and offer support to help you manage your condition.

#### Our pharmacy staff assists with:

**Medication delivery:** We know that getting your medication on time is important. Your medications will be carefully packaged in a temperature-controlled pack and discreetly shipped to ensure confidentiality and stability.

**Insurance and financial assistance coordination:** US Specialty will coordinate your benefits and insurance coverage, assist with obtaining prior authorizations and identify additional options to lower costs. When possible, they will direct you to grants and/or other financial assistance to help bridge benefit gaps.

#### Getting started

To get started, ask your doctor to send your prescription to US Specialty electronically or by fax to **(800) 530-8589**. Your doctor can also speak with our pharmacists by calling **(800) 641-8475**. Your patient care advocate will contact you to help you enroll in our specialty pharmacy program, schedule your medication delivery, and manage your medical supplies. With US Specialty, you'll have the peace of mind knowing that you have access to the medications, tools, and resources to manage your health.



## CARE ADVOCACY

### Care Advocacy

#### What's Care Advocacy?

Care Advocates help you find high value, cost-sensible providers for non-urgent services, saving you time and money.

Reach out to your Care Advocate for services such as:

- MRI
- CT Scan Colonoscopy
- Orthopedic procedures
- Other out-patient surgeries



#### How it works...

##### Step 1

Visit your Provider or Specialist

##### Step 2

Ask your Provider to send a copy of the order to your Care Advocate

- Providers can fax order or referral to **855-860-3123**
- Email it to ***AskMe@CareAdvocacyCenter.com***

##### Step 3

Contact your Care Advocate

- Call **855-255-7060**
- Confirm the order was received.
- Research takes 3 business days to complete.

##### Step 4

Review High Value Service Option Report

- Review the options.
- Discuss with your Care Advocate to get any questions answered.
- Decide and proceed with your Care Advocate to next step

##### Step 5

After your procedure

- Submit completed survey

#### Have Benefit Questions?

Benefits Support can guide you through your benefit plan by: Answering any benefit questions

- Researching billing issues
- Explaining your Explanation of Benefits (EOB) Finding an in-network provider
- Connecting you with other benefit programs



## WELL VIA

### Welcome to WellVia!

Terre Hill is pleased to provide you with access to WellVia, your new telemedicine provider! WellVia has a national network of board-certified state licensed doctors offering medical consultations 24 hours a day, 7 days a week!

WellVia doctors diagnose acute non emergent medical conditions and prescribe medications when clinically appropriate. Speak to our doctor within minutes from anywhere – home – work – or while traveling.



#### When to use WellVia

- |                     |              |                           |
|---------------------|--------------|---------------------------|
| ✓ acid reflux       | ✓ cold       | ✓ sinus conditions        |
| ✓ allergies         | ✓ flu        | ✓ sore throat             |
| ✓ asthma            | ✓ infections | ✓ Pink eye                |
| ✓ bladder infection | ✓ nausea     | ✓ urinary tract infection |
| ✓ bronchitis        | ✓ rashes     | ✓ and more...             |



#### Activate your WellVia account

1. Access by WellVia mobile app, online or phone
  2. Call WellVia 855-WELLVIA to give them your email address and generate a Welcome email
  3. Create your username and password
  4. Complete the required fields to begin your electronic medical record
  5. Request a consult
- \*Registering your account is not required to use the service, you can call (855) WELLVIA anytime for 24/7 access to doctors.*



#### Prescription Policy

- If medically necessary a prescription will be called in to your pharmacy of choice.
- Our doctors do not prescribe DEA (schedule I-IV) controlled substances or lifestyle drugs.

CALL: (855) WELLVIA or (855) 935-5842

Or go Online: [www.WellViaSolutions.com](http://www.WellViaSolutions.com)

## DENTAL

Benefits eligible employees and their dependents may enroll in the dental benefits through Ameritas Group. Although you can go to any dentist you wish, your plan year maximum will stretch farther if you go to an In-Network provider who offers discounts on their usual fees. If you go to a non-participating provider, you may need to submit your claims to your carrier and you will be responsible for amounts over the carrier's allowable amount for the care you receive ("balance billing").

	Ameritas Group High Option Dental-PPO 010-49917	Ameritas Group Low Option Dental-DMO 010-49917
<b>Benefit Maximum</b>		
Yearly Benefit Maximum	\$1,500	\$1,000
<b>Annual Deductible</b>		
Per Person / Per Family	\$50/\$150	\$50/\$150
Deductible waived for Preventive?	yes	yes
<b>Dental Services</b>		
Preventive & Diagnostic Care	100% no deductible	100% no deductible
Basic Restorative Care	90% after deductible	100% after deductible
Endodontic Treatment	90% after deductible	Not covered
Periodontic Treatment	90% after deductible	Not covered
Major Restorative Care	60% after deductible	Not covered
Implants		Not covered
<b>Orthodontia</b>		
Benefits	Not Covered	Not Covered
Lifetime Orthodontia Maximum	N/A	N/A
Dependent Children Eligibility	Not covered	Not covered
Adult Eligibility	Not covered	Not covered
<b>Additional Features</b>		
Waiting Period	N/A	N/A
Reasonable & Customary Percentile	80th	80th

## VOLUNTARY PRE-AUTHORIZATION

In the event you need to have dental work estimated to cost \$300 or more, we recommend you have your dentist submit the charges to your carrier for pre-authorization. They will then review the intended treatment plan and let your dentist know how much of the bill they will cover. We recommend this to avoid any billing issues.



## Life and Disability Benefits

Terre Hill Concrete provides Life and Accidental Death & Dismemberment (AD&D), Short- and Long-Term Disability Insurance for full-time employees through Mutual of Omaha (MOO). These benefits are 100% Employer Paid and offered to all eligible employees.

Group Life and AD&D	
<b>Life and AD&amp;D Benefit Amount</b>	\$10,000
<b>Age Restrictions</b>	Age 65, amounts reduce to 65% Age 70, amounts reduce to 40% Age 75, amounts reduce to 25%
Short Term Disability	
<b>Weekly Benefit %</b>	66 2/3%
<b>Maximum Weekly Benefit</b>	\$2,500
<b>Elimination Period</b>	8 days
<b>Benefit Period</b>	Up to 26 weeks
Long Term Disability	
<b>Monthly Benefit %</b>	Class I: 60% Class II: 50% Class III: 50%
<b>Maximum Monthly Benefit</b>	\$5,000
<b>Elimination Period</b>	180 days
<b>Benefit Period</b>	SSNRA

### Voluntary Life/ADD

As a Terre Hill Concrete employee, you are eligible to enroll yourself, your spouse, and your dependent children in Mutual of Omaha (MOO) Voluntary Life and Accidental Death and Dismemberment (AD&D) Insurance. This benefit is paid by you with post-tax dollars, and you may be required to submit Evidence of Insurability for review before benefits are approved by MOO.

Voluntary Life and AD&D	
<b>Employee Benefit Maximum</b>	Increments of \$10,000 to a maximum of \$300,000 but not to exceed more than 5 times employees' annual salary.
<b>Guaranteed Issue</b>	5 times annual salary, up to \$150,000. The "Guarantee" means you are not required to answer health questions to qualify for coverage up to the specified amount.
<b>Spousal Coverage</b>	\$5,000 Minimum not to exceed \$150,000
<b>Child Coverage</b>	\$2,000 Minimum not to exceed \$10,000

Contact Michelle Custer in Human Resources for individual plan rates.

## Benefit Resource Center



Why won't they pay my claim?

Services denied?!

How can my claim still be "in process"? It's been two months!

I called my insurance carrier, but now I'm just more confused.

Do I have mail-order prescription benefits?

Call the Benefit Resource Center ("BRC"),  
We're Here To Help!

We speak insurance. Our Benefits Specialists can help you with:

- Deciding which plan is the best for you
- Benefit plan & policy questions
- Eligibility & claim problems with carriers
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Claim escalation, appeal & resolution
- Medicare basics with your employer plan
- Coordination of benefits
- Finding in-network providers
- Access to care issues
- Obtaining case management services
- Group disability claims



### Benefit Resource Center

BRCEast@usi.com | Toll Free: 855-874-6699  
Monday through Friday 8:00am to 5:00pm Eastern & Central  
Standard Time

# Important Legal Notices Affecting Your Health Plan Coverage

## THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

## NEWBORNS ACT DISCLOSURE – FEDERAL

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 issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## NOTICE OF SPECIAL ENROLLMENT RIGHTS

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

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

## MICHELLE'S LAW DISCLOSURE

Under the ACA, dependent children are covered by the group health plan until age 26. Terre Hill Concrete group health plan extends dependent coverage beyond the ACA requirements, to age 26, so long as the child is covered as a student. If your child has extended coverage as a student but loses their student status because they take a medically necessary leave of absence from school your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This is available if, immediately before the first day of the leave of absence, your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges and universities).

To obtain more information, contact person listed at the end of this summary.

## STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

### Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

### Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

### Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

### Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan reviewed and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights,

you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

### **Assistance with your Questions**

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

## **CONTACT INFORMATION**

Questions regarding any of this information can be directed to:

Michelle Custer  
717-445.3153  
[mcuster@terrehill.com](mailto:mcuster@terrehill.com)

**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.**

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE FOR USE ON OR AFTER APRIL 1, 2011

## **Important Notice from Terre Hill Concrete 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 Terre Hill Concrete 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. Terre Hill Concrete has determined that the prescription drug coverage offered by the Terre Hill Concrete Health and Wellness Plans for the plan year 2025 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.

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### **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 15<sup>th</sup> to December 7<sup>th</sup>. 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, the following options may apply:

- You may stay in the Terre Hill Concrete Health and Wellness Plans and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
  - During the Medicare prescription drug annual enrollment period, or

- If you lose Terre Hill Concrete Health and Wellness Plans creditable coverage.
- You may stay in the Terre Hill Concrete Health and Wellness Plans and also enroll in a Medicare prescription drug plan. The Terre Hill Concrete Health and Wellness Plans will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the Terre Hill Concrete Health and Wellness Plans and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the Terre Hill Concrete Health and Wellness Plans you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

## **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 Terre Hill Concrete 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 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen 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 below 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 Terre Hill Concrete changes. You also may request a copy of this notice at any time.

## **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'll 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](http://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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**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).**

Date: 1/1/2025  
Name/Entity of Sender: Michelle Custer/ Terre Hill Concrete  
Contact Position/Office: Director of Human Resources  
Address: 485 Weaverland Valley Road, East Earl, PA 17519  
Phone Number: 717-445-3153



# 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](http://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](http://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](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

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**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, 2024. 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](mailto:CustomerService@MyAKHIPP.com)  
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

## ARKANSAS – Medicaid

Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)

## CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program Website:  
<http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

## 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+: <https://hcpf.colorado.gov/child-health-plan-plus>  
CHP+ Customer Service: 1-800-359-1991/State Relay 711  
Health Insurance Buy-In Program (HIBI): <https://www.mycohibi.com/>  
HIBI Customer Service: 1-855-692-6442

## FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268

## GEORGIA – Medicaid

GA HIPP Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
Phone: 678-564-1162, Press 1  
GA CHIPRA Website: <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
Phone: 678-564-1162, Press 2

## INDIANA – Medicaid

Health Insurance Premium Payment Program  
All other Medicaid  
Website: <https://www.in.gov/medicaid/>  
<http://www.in.gov/fssa/dfr/>  
Family and Social Services Administration  
Phone: 1-800-403-0864  
Member Services Phone: 1-800-457-4584

## IOWA – Medicaid and CHIP (Hawki)

Medicaid Website:  
[Iowa Medicaid | Health & Human Services](#)  
Medicaid Phone: 1-800-338-8366  
Hawki Website:  
[Hawki - Healthy and Well Kids in Iowa | Health & Human Services](#)  
Hawki Phone: 1-800-257-8563  
HIPP Website: [Health Insurance Premium Payment \(HIPP\) | Health & Human Services \(iowa.gov\)](#)  
HIPP Phone: 1-888-346-9562

## KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884  
HIPP Phone: 1-800-967-4660

## KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  
<https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP Website: <https://kynect.ky.gov>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>

## LOUISIANA – Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or  
1-855-618-5488 (LaHIPP)

## MAINE – Medicaid

Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
Phone: 1-800-442-6003  
TTY: Maine relay 711  
Private Health Insurance Premium Webpage:  
<https://www.maine.gov/dhhs/ofi/applications-forms>  
Phone: 1-800-977-6740  
TTY: Maine relay 711

## MASSACHUSETTS – Medicaid and CHIP

Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840  
TTY: 711  
Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

## MINNESOTA – Medicaid

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp>  
<https://mn.gov/dhs/health-care-coverage/>  
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  
Email: [HSHIPPProgram@mt.gov](mailto:HSHIPPProgram@mt.gov)

## NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178

## NEVADA – Medicaid

Medicaid Website: <http://dhcfp.nv.gov>  
Medicaid Phone: 1-800-992-0900

## NEW HAMPSHIRE – Medicaid

Website: <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
Phone: 603-271-5218  
Toll free number for the HIPP program: 1-800-852-3345, ext. 15218  
Email: [DHHS.ThirdPartyLiabi@dhhs.nh.gov](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)

## NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Phone: 1-800-356-1561  
Medicaid Phone: 609-631-2392  
CHIP Website: <http://www.njfamilycare.org/index.html>  
CHIP Phone: 1-800-701-0710 (TTY: 711)

### NEW YORK – Medicaid

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831

### NORTH CAROLINA – Medicaid

Website: <https://medicaid.ncdhhs.gov/>  
Phone: 919-855-4100

### NORTH DAKOTA – Medicaid

Website: <https://www.hhs.nd.gov/healthcare>  
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>  
Phone: 1-800-699-9075

### PENNSYLVANIA – Medicaid and CHIP

Website: <https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html>  
Phone: 1-800-692-7462  
CHIP Website: [Children's Health Insurance Program \(CHIP\) \(pa.gov\)](#)  
CHIP Phone: 1-800-986-KIDS (5437)

### RHODE ISLAND – Medicaid and CHIP

Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or  
401-462-0311 (Direct RIte Share Line)

### 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: [Health Insurance Premium Payment \(HIPP\) Program | Texas Health and Human Services](#)  
Phone: 1-800-440-0493

### UTAH – Medicaid and CHIP

Utah's Premium Partnership for Health Insurance (UPP) Website: <https://medicaid.utah.gov/upp/>

Email: [upp@utah.gov](mailto:upp@utah.gov)  
Phone: 1-888-222-2542  
Adult Expansion Website: <https://medicaid.utah.gov/expansion/>  
Utah Medicaid Buyout Program Website: <https://medicaid.utah.gov/buyout-program/>  
CHIP Website: <https://chip.utah.gov/>

### VERMONT – Medicaid

Website: [Health Insurance Premium Payment \(HIPP\) Program | Department of Vermont Health Access](#)  
Phone: 1-800-250-8427

### VIRGINIA – Medicaid and CHIP

Website: <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
Medicaid/CHIP Phone: 1-800-432-5924

### WASHINGTON – Medicaid

Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022

### WEST VIRGINIA – Medicaid and CHIP

Website: <https://dhhr.wv.gov/bms/>  
<http://mywvhipp.com/>  
Medicaid Phone: 304-558-1700  
CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

### WISCONSIN – Medicaid and CHIP

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002

### WYOMING – Medicaid

Website: <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)  
2323, Menu Option 4, Ext. 61565

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
**Error! Hyperlink reference not valid.** 1-877-267-

### 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 [ebbsa.opr@dol.gov](mailto:ebbsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)