

2025

OPEN ENROLLMENT BENEFITS GUIDE

Silvi Concrete strives to offer employees and their eligible dependents a competitive and comprehensive benefits package.

Now is the time to review your 2025 benefit options. The benefits outlined in this Open Enrollment Guide are effective January 1 through December 31, 2025.



SILVI





This year's Open Enrollment will be held from November 4th – November 15th

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Who Is Eligible to Enroll?

Full-time employees who work 30 or more hours per week are eligible to enroll in the benefits outlined in this guide. New Hires are eligible on the first of the month following their date of hire. In addition, the following family members are eligible for medical, dental and vision coverage:

- Legally married spouse
- Children up to age 26
- Disabled dependent children of any age who meet plan criteria





Open Enrollment Will Be Passive

Passive enrollment means your current coverage will remain in place and roll-over into the new plan year, unless you want to make changes to your elections and/or covered dependents.

IMPORTANT: If you wish to continue to contribute toward the Flexible Spending Account (FSA), you **MUST** make that election during Open Enrollment each year. Elections for the FSA **DO NOT** roll-over from one year to the next, in accordance with IRS regulations.

How to Enroll

Are you ready to enroll? The first step is to review your current benefits. Verify all of your personal information and make any necessary changes. Once all your information is up to date, it's time to make your benefit elections. It is important to weigh your options carefully. The decisions that you make during Open Enrollment will remain in place until next Open Enrollment, unless you experience a Qualifying Life Event.

Enrollment is Easy!

- Check and Update any personal information that has changed in the past year.
- Go to the My Benefits tile on your UKG dashboard.
- Click Start a new life change event.
- Select Life Change Event: Open Enrollment.
- Enter an effective date of January 1, 2025.

DON'T FORGET! BenePortal

Your Benefits Information - All in One Place! We are pleased to introduce BenePortal—a new online resource that houses all of Silvi's important benefits information. With BenePortal, you and your dependents can review your current employee benefit plan options online, 24/7! BenePortal is mobile-optimized, making it easy to view your benefits on-the-go.

BenePortal features include:

- Secure online access - with NO login required!
- Plan summaries
- Wellness resources
- Carrier contacts
- And more!

Simply go to **www.silviconcretebenefits.com** to access BenePortal today!

Open Enrollment Checklist

- ✓ Review your Open Enrollment materials
- ✓ Review your current benefit elections
- ✓ Review your covered dependents
- ✓ Make sure your beneficiary information is up-to-date
- ✓ Make your benefit elections no later than 11/15/2024

MEDICAL & PRESCRIPTION DRUG BENEFITS

INDEPENDENCE ADMINISTRATORS/OPTUM Rx

Silvi offers the following medical drug plan, administered by Independence Administrators, which includes prescription drug benefits through OptumRx.

INDEPENDENCE ADMINISTRATORS PPO PLAN

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Plan Year Deductible	\$0/\$0	\$500/\$1,500
Out-of-Pocket Maximum	\$6,600/\$13,200	\$6,600/\$13,200
Preventive Care Services	Plan pays 100%	Plan pays 70%
Primary Care Physician (PCP) Required?	No	No
PCP Office Visit	\$25 copay	Plan pays 70% after deductible
Specialist Office Visit	\$45 copay	Plan pays 70% after deductible
Telemedicine (Jeff Connect)	\$0	N/A
Diagnostic X-Ray/Imaging (MRI, CT-Scan)	\$30 copay	Plan pays 70% after deductible
Emergency Room	\$150 copay	\$150 copay
Urgent Care Center	\$45 copay	Plan pays 70% after deductible
Inpatient Hospital	\$300 copay	Plan pays 70% after deductible
Outpatient Surgery	\$150 copay	Plan pays 70% after deductible
Skilled Nursing Facility	\$300 copay	Plan pays 70% after deductible
Home Health Care	Plan pays 100%	Plan pays 70% after deductible
Outpatient Therapies (PT, OT, Chiro)	\$45 copay	Plan pays 70% after deductible
Inpatient Mental Health/Substance Abuse	\$300 copay per day	Plan pays 70% after deductible
Outpatient Mental Health/Substance Abuse	\$45 copay	Plan pays 70% after deductible
PRESCRIPTION DRUG BENEFITS (RETAIL: UP TO 30-DAY SUPPLY/MAIL ORDER: UP TO A 90-DAY SUPPLY)		
	RETAIL	MAIL ORDER
Generic	\$5 copay	\$10 copay
Preferred Brand	\$30 copay	\$60 copay
Non-Preferred Brand	\$50 copay	\$100 copay
Specialty Medications	\$50 copay	\$100 copay

NOTE: The single deductible is embedded in the family deductible, so no one family member can contribute more than the individual deductible amount during the plan year. Once the member meets their single deductible, they will start paying copays and/or coinsurance until they have reached their out-of-pocket maximum.



PRESCRIPTION DRUG PROGRAMS

GET THE MOST OUT OF YOUR BENEFITS

Generic Drugs: Safe. Effective. FDA Approved.

A generic drug is identical (or bioequivalent) to a brand name drug in dosage form, safety, strength, route of administration, quality, performance characteristics and intended use. Although generic drugs are chemically identical to their branded counterparts, they are typically sold at substantial discounts from the branded price.

Generic drugs are reviewed and approved by the U.S. Food and Drug Administration (FDA), just as brand drugs are. *The major difference is that the generic drug often costs much less.*

Are generic drugs as effective as brand-name drugs?

Yes. FDA requires generic drugs have the same high quality, strength, purity and stability as brand-name drugs. Most brand-name drug patents are protected for 20 years. The patent, which protects the company that made the drug first, doesn't allow anyone else to make and sell the drug. When the patent expires, other drug companies can start selling a generic version of the drug. But first, they must test the drug and the FDA must approve it.

Creating a drug costs lots of money. Since generic drug makers do not develop a drug from scratch, the costs to bring the drug to market are less; therefore, generic drugs are usually less expensive than brand-name drugs. However, generic drug makers must show that their product performs in the same way as the brand-name drug.

Ask your healthcare provider if there is a generic equivalent for your brand-name drug, or visit www.fda.com for a catalog of FDA-approved drug products.

Maintenance Medications

Maintenance medications are those drugs you may take on a regular basis to treat conditions such as high cholesterol, high blood pressure or diabetes. Maintenance medications must be obtained by mail order through OptumRx after the initial dosage at the pharmacy.

While prescription drug plan copays may be the same no matter which pharmacy you go to, the retail cost to your employer may be greatly reduced when you get your medications from a pharmacy that charges a discounted price. Lower costs to your employer can also help keep your benefits costs down in the long run.

Variable Copay Program

Silvi is enrolled in the Independence Administrators Variable Copay Program. This program allows members to pay **\$0 out of pocket for certain medications**. If you are prescribed a medication on the Variable Copay Program list, Independence Administrators will reach out to you to elect in the program.

More ways to save:

Mail Order

Using the OptumRx mail order program for your maintenance medications will **SAVE YOU MONEY!** You will receive up to a **90-day supply** for the same price that a 60-day supply would cost if purchased at the pharmacy—**reducing your annual costs by 30%**. In addition to the savings you'll receive, your prescriptions will be delivered right to your home.

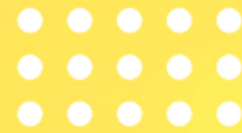
GoodRx

GoodRx is a prescription drug price comparison tool which allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications. Use GoodRx to compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips. Find huge savings on drugs not covered by your insurance plan – you may even find savings versus your typical copayment!

You can find the lowest price on prescriptions right from your phone or tablet. Visit **www.goodrx.com** or download the GoodRx mobile app to learn more and start saving!

DENTAL BENEFITS

UNITED CONCORDIA



Eligible employees and their eligible family members may enroll in the United Concordia dental plan, which includes 100% coverage for preventive services such as routine dental exams, cleanings and X-rays.



UNITED CONCORDIA DENTAL PLAN

DENTAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Plan Year Deductible		\$50/\$150
Plan Year Maximum (per patient)		\$1,500
Preventive & Diagnostic Services* Exams, Cleanings, Bitewing X-rays (each twice in a cal. year), Fluoride Treatment (once in a calendar year, children to age 19)	100%	100%
Basic Services Fillings, Extractions, Endodontics (root canal), Periodontics, Oral Surgery, General Anesthesia	90%	90%
Major Services Implants, Inlays, Onlays, Crowns, Prosthetics (Bridges, Dentures)	80%	80%
Orthodontia Benefits (children age 19 and below)	50%	50%
Orthodontia Lifetime Maximum (per patient)		\$1,500

* Class 1 Preventive Services do not count toward your annual program maximum.

Smile for Health - Wellness Benefit

Provides periodontal care for people with certain chronic medical conditions: diabetes, heart disease, lupus, oral cancer, organ transplant, rheumatoid arthritis and stroke

- Scaling and root planning covered at 100%
- 4 periodontal surgery procedures covered at 100%

Pregnancy Benefit

- Covers 1 additional cleaning during pregnancy
- Covers 1 additional periodontal maintenance
- Scaling and root planning
- 4 periodontal surgery procedures



Dental hygiene and health are directly linked to health in other areas of the body. The truth is that good dental care is a crucial part of your overall physical health because other systems can be affected by your oral health. For example, taking proper care of your gums can actually help prevent heart disease.

VISION BENEFITS

DAVIS VISION

Take care of your vision and overall health while saving on your eye care and eyewear needs. Vision insurance can help you maintain your vision as well as detect various health problems. Health conditions such as diabetes and high blood pressure can be detected early through a comprehensive eye exam.

If you elect to enroll in the medical plan, you will automatically receive the Davis Vision benefits outlined below.



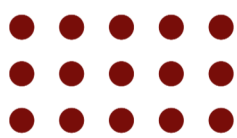
DAVIS VISION PLAN

	IN-NETWORK	OUT-OF-NETWORK
Exam	\$30 copay	N/A
Eyeglasses (Frames & Lenses)	Covered 100%	Up to \$100 reimbursement
Contact Lenses (in lieu of glasses)	\$100 allowance	Up to \$100 reimbursement
Frequency	Every 24 months	

EMPLOYEE CONTRIBUTIONS



Please see the following 2025 employee contribution rates. The rates shown include Medical, Prescription Drug, Dental, and Vision benefits!

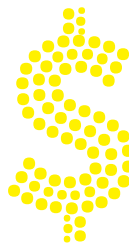


2025 MONTHLY CONTRIBUTIONS

COVERAGE TIER	MONTHLY RATE
One Adult	\$217.16
Adult + Child	\$360.27
Two Adults	\$400.50
Family	\$571.02

2025 PER-PAY CONTRIBUTIONS

COVERAGE TIER	PER-PAY RATE
One Adult	\$100.23
Adult + Child	\$166.28
Two Adults	\$184.85
Family	\$263.55



See the next page to understand potential surcharges that will be applied for those that do not take part in the Wellness Program, or who use tobacco.

WELLNESS PROGRAM

Employees enrolled in the Silvi medical plan can reduce their per-pay contributions by participating in our Wellness Program

BEING HEALTHY PAYS!

\$150

Wellness Bonus
Per Year

Complete your **BIOMETRIC SCREENING** and receive a \$150 Wellness Bonus

\$75

Wellness Bonus
Per Year

NEW! Spouses enrolled in the Silvi medical plan are eligible to participate. Spouses who complete their biometric screening will receive a \$75 Wellness Bonus. Spouse participation is voluntary, no surcharge will be assessed for non-participating spouses.

\$20

Surcharge
Per Month

\$20 PER MONTH SURCHARGE FOR TOBACCO USERS who participate in the Wellness Program

\$40

Surcharge
Per Month

\$40 PER MONTH SURCHARGE FOR EMPLOYEES who DO NOT participate

NOTE: If you complete a tobacco cessation program and have a certificate of completion, the surcharge will be removed at any point during 2025.

Silvi will continue to offer biometric screenings. Look for further communications from Human Resources for the next event in 2025 in the coming months.

This year, the Wellness Program will include the A1C Test and the Complete Blood Count Test to biometric screenings.

Nicotine testing will be included as part of the biometric screening and there will be a surcharge for Nicotine users. However, if you are a smoker, you can participate in a smoking cessation program.

Are you ready to be a quitter?

Tobacco Cessation Reimbursement - Silvi members can receive reimbursement of up to \$150 for enrollment and completion of a smoking cessation program.

SmartQuit Program - A smoking cessation quit plan, tips and tools offered through the Achieve Well-being program.

Tobacco cessation medications - Covered at 100% under our prescription drug program.

SILVI BENCHMARKS

Silvi Offers best-in-class benefits at a competitive price!

This year Silvi benchmarked our benefit plans against other employers in our industry. The results show that our benefits exceed industry benchmarks! This aligns with Silvi’s employee benefit philosophy. The benchmark examples below compare deductibles, coinsurance, prescription drug copays, and employee contributions.



DEDUCTIBLE	SILVI	BENCHMARK
Employee Only	\$0	\$2,200
Employee + Dependents	\$0	\$5,600

COINSURANCE	SILVI	BENCHMARK
In-Network Coinsurance Level	Plan pays 100%	Plan pays 80%

PRESCRIPTION DRUG COPAYS	SILVI PRESCRIPTION COPAYS	BENCHMARK PRESCRIPTION COPAYS
Generic	\$5	\$13
Preferred Brand	\$30	\$30
Non-Preferred Brand	\$50	\$60

MONTHLY CONTRIBUTIONS	SILVI	BENCHMARK
NOTE THAT THE SILVI CONTRIBUTIONS INCLUDE DENTAL AND VISION WHILE THE BENCHMARK CONTRIBUTIONS ONLY INCLUDE MEDICAL!		
Employee Only	\$217.16	\$185
Employee + Child(dren)	\$360.27	\$687
Employee + Spouse	\$400.50	\$888
Employee + Family	\$571.02	\$964



CONCLUSION:

*The Silvi plans are **STRONGER** and **MORE AFFORDABLE** than industry benchmarks!*

TELEMEDICINE

JEFF CONNECT

Jeff Connect allows you to have an on-demand video consultation with a clinician 24/7 for unexpected illnesses or injuries. Telemedicine through Jefferson offers the convenience of live online visits and is especially helpful for routine appointments such as sinus infections, bronchitis, flu, sore throat, allergies, stomach aches, minor wounds, rashes, sprains etc.



There is NO COST to Silvi employees to utilize Jeff Connect!

The way patients receive their healthcare has changed drastically, especially over the past year. That's why we offer telehealth services to ensure you get the care you need, when you need it, no matter where you are.

You can see your doctor or provider from the privacy and comfort of your own home on your computer, phone or tablet. These telehealth visits provide a variety of helpful services for issues, including, but not limited to:

- COVID related concerns
- Primary care
- Diabetes management
- Urology
- And more, including minor illnesses and general health concerns.

Call **1.800.JEFF-NOW** (1.800.533.3669) or visit **www.jeffconnect.org**



FLEXIBLE SPENDING ACCOUNTS

THE HARRISON GROUP

Flexible spending accounts, or FSAs, provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family's health care and dependent care costs for the next plan year, you can lower your taxable income.

Healthcare FSA

The Healthcare FSA allows you to set aside pre-tax dollars via payroll deductions to pay for qualified healthcare expenses for you and your dependents. The annual maximum amount you may contribute is \$3,300 per calendar year.

The Healthcare FSA can be used for:

- Doctor office copays
- Non-cosmetic dental procedures (crowns, dentures, orthodontics)
- Vision expenses such as prescription contact lenses, glasses, sunglasses, and LASIK eye surgery

Dependent Care FSA

The Dependent Care FSA lets you use pre-tax dollars toward qualified dependent care expenses. The annual maximum amount you may contribute is \$5,000 (or \$2,500 if married and filing separately) per calendar year.

The Dependent Care FSA can be used for:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

Claims Submission Deadline

All eligible claims for FSA expenses incurred between January 1, 2025 and December 31, 2025 must be submitted to The Harrison Group by March 15, 2026.



Did you know...

Under the CARES Act, the definition of a qualifying medical expense now includes certain over-the-counter medications and products. Specifically, the act treats additional over-the-counter medications, along with menstrual care products, as qualified medical expenses that may be paid for using FSAs or other tax-advantaged accounts.

LIFE AND AD&D INSURANCE

SUN LIFE



Life and Accidental Death & Dismemberment (AD&D) insurance provides protection to those who depend on you financially, in the event of your death or an accident that results in death or serious injury.

Basic Life Insurance

Life insurance can help provide for your loved ones if something were to happen to you. Silvi provides full-time employees with \$50,000 in group life insurance. Silvi pays for the full cost of this benefit.

Voluntary Life and AD&D Insurance

Your Voluntary Life offerings are as follows:

- Employees are eligible to elect up to \$500,000
- Spouses are eligible to elect up to \$250,000
- Employees are able to make a Voluntary AD&D election for themselves and for dependents

The Voluntary AD&D plan design matches the Voluntary Life plan design. However, employees will make a separate election for Voluntary Life and Voluntary AD&D.

While Silvi offers basic life insurance some employees may be interested in additional coverage based off their personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With Voluntary Life and AD&D insurance, you are responsible for paying the full cost of coverage through payroll deductions. You can purchase coverage for yourself, your spouse and/or your dependent child(ren) as outlined below:

COVERAGE FOR YOU:

- Increments of \$25,000 up to 5 times salary or \$500,000, whichever is less.
- EOI is required for the following scenarios:
 - If you did not elect Voluntary Life in past years but elect Voluntary Life for the first time.
 - If you are currently enrolled in Voluntary Life and elect to increase your amount of Voluntary Life insurance by an amount in excess of \$25,000.
 - If the elected amount is in excess of \$100,000.

COVERAGE FOR YOUR SPOUSE AND CHILD(REN):

- **Spouse:** Increments of \$5,000, up to a maximum of 50% of employee election or \$250,000, whichever is less
- **Child(ren) from birth to 6 months:** \$500
- **Child(ren) over 6 months to age 19 (25 if a full-time student):** Increments of \$2,500 up to \$10,000
- EOI is required for the following scenarios:
 - If you did not elect Dependent Voluntary Life in past years but elect Dependent Voluntary Life for the first time.
 - If you elect to increase your amount of Dependent Voluntary Life Insurance
 - If the elected amount is in excess of \$30,000.

DISABILITY BENEFITS

SUN LIFE

Whether you suffer from a non-work-related injury or illness, or you're planning a procedure and will be out of work for an extended period of time, the disability benefits highlighted below can provide eligible employees a partial replacement of lost income.



Short-Term Disability

Short-Term Disability (STD) is a type of disability insurance coverage that can help you remain financially stable should you become injured or ill and cannot work.

PENNSYLVANIA & OHIO EMPLOYEES

- PA and OH employees with more than one year of experience will receive 60% of their pre-disability earnings. **Additionally, employees will have the option to purchase additional STD insurance on a voluntary basis equal to 30% of your pre-disability earnings.** Those that enroll in the STD buy-up will receive a combined benefit of 90% of pre-disability earnings in the event of a claim.
- This program will be administered by Sun Life.

NEW JERSEY NON-UNION EMPLOYEES

- NJ employees will continue to receive the New Jersey state disability benefit which is 85% of earnings up to \$1,025 per week. However, NJ employees will also have the option to purchase additional STD insurance on a voluntary basis to get up to a total STD benefit of 90% of pre-disability earnings in the event of a claim.
- The buy-up portion will be administered by Silvi. If you participate in the STD buy-up as a NJ employee, you should file claims with NJ state. Once approved, provide your confirmation to Silvi HR in order to receive the STD buy-up benefit.

For more details, review the Short-Term Disability Summary Plan Document on BenePortal.

Long-Term Disability

Long-Term Disability (LTD) insurance protects workers in the event they become disabled for a prolonged period prior to retirement. **Employees must elect in to this benefit.** This benefit is available to all Non-Union employees working in the U.S. who are scheduled to work a minimum of 30 hours per week.

LTD provides you with income continuation in the event your illness or injury lasts beyond 180 days. This helps ensure you have a continued income if you are unable to work due to a covered sickness or injury.

For 2025, the LTD maximum will be \$10,000 per month. You may receive 60% of your pre-disability earnings to a maximum benefit of **\$10,000 per month.**



EMPLOYEE ASSISTANCE PROGRAM

SUN LIFE (GuidanceResources)

Personal issues, planning for life events or simply managing daily life can affect your work, health and family. GuidanceResources provides support, resources and information for personal and work-life issues. This company-sponsored service is confidential, and is provided at no cost to you and your dependents.

Let GuidanceResources assist you and your family when you are faced with everyday challenges



Confidential Counseling

Highly trained master's and doctoral level clinicians will listen to your concerns and quickly refer you to in-person counseling and other local resources for:

- Stress, anxiety, and depression
- Relationship/marital conflicts
- Grief and loss
- Substance abuse

Financial and Legal Resources

Speak by phone with a Certified Public Accountant, Financial Planner, or Attorney for a variety of issues, including:

- Getting out of debt
- Retirement planning
- Real estate transactions
- Will Preparation

Work-Life Solutions

Delegate your "to-do" list! The work-life specialists can provide referrals and customized resources for:

- Child and elder care
- Moving and relocation
- College planning
- Pet care
- Home Repair

Call **877.595.5284** or visit **[guidanceresources.com](https://www.guidanceresources.com)**

(Use company ID: EAPComplete)



DIABETES & HYPERTENSION MANAGEMENT

LIVONGO

Managing a health condition can be tough – but it doesn't have to be. Livongo provides you with all the tools, supplies and support you need to stay on track. Livongo's fully integrated diabetes program can help you improve your numbers and as a result, your health and wellbeing.

Diabetes Management

When you join Livongo you receive health monitoring devices, unlimited strips and lancets, personalized insights, support from health coaches you can trust, and more.

More Than a Standard Meter:

The Livongo meter is connected and provides real-time tips and automatically uploads a member's blood glucose readings, making log books a thing of the past.

Strips at No Cost to Members:

Members get the strips and lancets they need at no extra cost. When members are about to run out, Livongo ships more strips and lancets, right to their door.

Coaching Anytime and Anywhere:

Livongo coaches are Certified Diabetes Educators who are available anytime by phone, text, or mobile app to give members guidance on their nutrition and lifestyle.

Hypertension Management

Livongo helps you manage your blood pressure, at no cost to you. The Livongo hypertension program includes a cellular-connected blood pressure monitor that transmits data, as well as Health Nudges for managing blood pressure. You also have access to one-on-one health coaching .

To get started with Livongo,
visit join.livongo.com/register
or call **800.945.4355**.



BENEFITS CONTACTS

Below is a list of important contacts for all of your employee benefits needs.

BENEFIT PLAN/CONTACT	PHONE	WEBSITE
Medical Independence Administrators (IA)	844.864.4352	www.myibxtpabenefits.com
Dental United Concordia	800.332.0366	www.unitedconcordia.com
Vision IA/Davis Vision	800.999.5431	www.davisvision.com
Flexible Spending Accounts The Harrison Group	610.853.9075	www.theharrisingrouponline.com
Life/AD&D Sun Life	800.247.6875	www.sunlife.com/us
Voluntary Life Sun Life	800.247.6875	www.sunlife.com/us
Short & Long Term Disability Sun Life	800.247.6875	www.sunlife.com/us
Wellness Resources Independence Administrators	888.356.7899	www.myibxtpabenefits.com
Diabetes & Hypertension Management Livongo	800.945.435	https://join.livongo.com/register
Employee Assistance Program Sun Life (GuidanceResources)	877.595.5284	www.guidanceresources.com (Use company ID: EAPComplete)

This booklet provides a brief summary of the benefits available for the 2025 plan year; it is not a complete description. Complete benefits information can be found in the summary plan description, legal plan contracts or plan documents, available from the Human Resources Department. If there is any difference between the information in this booklet, any verbal description you receive, and the legal plan documentation, the legal documents will govern. Silvi Concrete reserves the right to amend or terminate these plans at any time for any reason.

LEGAL NOTICES

Women's Health and Cancer Rights Act

On October 21, 1998, the Women's Health and Cancer Rights Act became effective. This law requires group health plans that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. As the Act requires, we have included this notification to inform you about the law's provisions. The law mandates that a plan participant receiving benefits for a medically necessary mastectomy who elects breast reconstruction after the mastectomy will also receive coverage for:

1. Reconstruction of the breast on which the mastectomy has been performed,
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance,
3. Prostheses,
4. Treatment of physical complications of all stages of mastectomy, including lymphedema.

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

Health Insurance Portability and Accountability Act (HIPAA) – State Children's Health Insurance Program (SCHIP)

Loss of other coverage: If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Medicaid or SCHIP coverage: If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New dependent: 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 new dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or SCHIP premium assistance: If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

Summary of Benefits and Coverage

The Patient Protection and Affordable Care Act requires that health plans provide consumers with information about health plan benefits and coverage in a simple and consistent format called a Summary of Benefits and Coverage (SBC). The purpose of the SBC is to help consumers better understand the coverage they have and allow them to easily compare different coverage options. It summarizes key features of the plan, cost-sharing provisions, and coverage limitations and also provides coverage examples. A Uniform Glossary explaining the most common terms used in health insurance is also available. Employees receive SBCs when they are first eligible for coverage, each year during Open Enrollment, and upon request. To obtain a copy of the plan's summary of benefits and coverage, contact Human Resources.

Notice of Privacy Practice

Silvi Concrete provides health care benefits and related benefits to its eligible employees and their eligible dependents. By so doing, it creates, receives, uses, and maintains health information about plan participants which is protected by federal law (Protected Health Information/PHI). The Health Insurance Portability and Accountability Act (HIPAA) requires health plans to provide plan participants and others with a notice of the plan's privacy practices with regard to the health information it creates and maintains in the course of providing benefits. (Notice of Privacy Practice). This Notice of Privacy Practice describes the ways the plan uses and discloses PHI. To obtain a copy of the plan's Notice of Privacy Practices, contact Human Resources.

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, 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
Medicaid Eligibility: <https://health.alaska.gov/dpa/Pages/default.aspx>

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

LEGAL NOTICES

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program
<http://dhcs.ca.gov/hipp>
Phone: 916-445-8322
Fax: 916-440-5676
Email: 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.flmedicaidprecovery.com/flmedicaidprecovery.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/fss/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: <https://dhs.iowa.gov/ime/members>
Medicaid Phone: 1-800-338-8366
Hawki Website: <http://dhs.iowa.gov/Hawki>
Hawki Phone: 1-800-257-8563
HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
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
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 or www.lahipp.la.gov
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: 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: 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

MINNESOTA – Medicaid

Website: <https://mn.gov/dhs/health-care-coverage/>
Phone: 1-800-657-3672

MISSOURI – Medicaid

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>
Phone: 1-573-751-2005

MONTANA – Medicaid

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>
Phone: 1-800-694-3084
Email: HSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: <http://www.ACCESSNebraska.ne.gov>
Phone: 855-632-7633
Lincoln: 402-473-7000
Omaha: 402-495-1178

NEVADA – Medicaid

Medicaid Website: <http://dhcnp.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

NEW JERSEY – Medicaid and CHIP

Medicaid Website: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>
Phone: 800-356-1561
CHIP Premium Assistance 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/
Phone: 1-800-541-2831

LEGAL NOTICES

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: <https://www.pa.gov/en/agencies/dhs/resources/chip.html>
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 Rlte 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: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>
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

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: <https://dvha.vermont.gov/members/medicaid/hipp-program>
Phone: 1-800-562-3022

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>
Phone: 1-800-432-5924

WASHINGTON – Medicaid

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

WEST VIRGINIA – Medicaid and CHIP

Website: <http://mywvhipp.com/> and <https://dhhr.wv.gov/bms/>
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: 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

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



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