SILVI MATERIALS

2027
BENEFITS GUIDE







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WELCOME TO SILVI MATERIALS

We're glad you're here! Being part of Silvi Materials means you are dialed in to a unique and exciting professional opportunity. One important way we demonstrate our commitment to you is via the benefits program showcased within this guide.

The Silvi Materials benefits program makes you and us better. It gives you access to great core benefits, coverage options and protections, many of which are or can be extended to family members. What it does for you and others will depend on the choices you make at enrollment and beyond. What's in it for us? Well, we're at our best when you are too. It's that simple.

In this benefits guide, you will find all of the information you need to make informed benefit elections. Take time to carefully review each plan, its offerings, and how they may benefit you and your family. After reviewing your options, submit your benefit elections by the enrollment deadline.

Please take advantage of the resources identified on each page, as they provide the best avenues for making informed benefit decisions. You can also email Human Resources if you need any help along the way.



Open Enrollment starts November 16th and ends December 11th. Don’t forget to enroll!



PLAN NOTES

Plan Year

The Silvi Materials benefits plan year extends from January 1 through December 31, 2027. This Benefits Summary outlines the benefits that apply to the 2027 plan year.

Eligibility

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 (11/16-12/11).

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.

Changing Your Benefits - Qualifying Life Events

The Internal Revenue Service (IRS) states that employees may only make elections to the plan once a year; benefit choices that you make during open enrollment or as a newly hired employee are binding through December 31. You may be able to change your benefits during the plan year including, but not limited to, the following circumstances:

- Marriage
- Birth or adoption
- Divorce
- Spouse's Open Enrollment
- Gain or loss of coverage through a spouse
- Death of spouse or dependent
- Loss of dependent status
- Change in eligibility for Medicare benefits
- Gain or loss of eligibility for Medicaid, a Children's Health Insurance Program (CHIP), or a premium assistance subsidy under these programs (60-day election period)

These special circumstances, often referred to as Qualifying Life Events or life event changes, will allow you to make plan changes at any time during the plan year in which they occur. For any allowable changes, you must notify Human Resources within 31 calendar days of the event (unless indicated otherwise) and provide proof of the Qualifying Life Event. Changes that are requested due to a change of mind are not allowed until the next open enrollment period.



ENROLLMENT

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, 2027.

BenePortal

Your Benefits Information - All in One Place! BenePortal is an 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 12/11/2026



MEDICAL BENEFITS

Independence Administrators PPO Plan

Medical benefits help to ensure good health. They also help protect you and your family from costly and unexpected medical expenses. Silvi offers the following medical plans, administered by Independence Administrators, which include prescription drug benefits through OptumRx.

This chart is for illustrative purposes. For specific plan details, please refer to your summary plan description (SPD).

Benefit Description	Independence Administrators PPO Plan	Independence Administrators HDHP Plan
	In-Network	In-Network
Calendar Year Deductible: Individual / Family	$0 / $0	$2,500 / $5,000 (Includes Prescriptions)
Out-of-Pocket Maximum: Individual / Family	$5,000 / $10,000	$7,000 / $14,000
Silvi HSA Contribution	N/A	$500 – Employee Only $1,000 – Employee & Spouse or Employee & Child(ren) $1,500 - Family
Preventive Care Services	Plan pays 100%	Plan pays 100%
Office Visit Primary Care Visit Specialist Visit	 $25 copay $45 copay	 $30 after deductible $60 after deductible
Telemedicine sick visit (Teladoc)	$20	$20 after deductible
Lab/X-ray	$30 copay	$60 after deductible
Advanced Imaging (MRI, CT-Scan)	$60 copay	$200 after deductible
Emergency Room Visit	$150 copay	$300 after deductible
Urgent Care Visit	$100 copay	$100 after deductible
Hospital Inpatient Care	10% coinsurance	$500/day after deductible up to a max of 5 copays per admission after deductible
Outpatient Surgery	10% coinsurance	$500 after deductible
Skilled Nursing Facility	$300 copay	$250/day after deductible
Home Health Care	Plan pays 100%	No charge after deductible
Outpatient Therapies (PT, OT, Chiro)	$45 copay	$60 after deductible
Inpatient Mental Health/Substance Use	$300 copay per day	$500/day after deductible
Outpatient Mental Health/Substance Use	$45 copay	$60 after deductible
Rx Deductible* Individual / Family	$100 / $250	Combined with Medical
Prescription Benefits (Retail 30 day supply/ Mail order 90 day supply) Generic Preferred Brand Non-Preferred Brand Specialty *Mail order 90 day is 2x 30 day copay and retail 90 day is 3x 30 day copay	 $5 copay $30 copay $50 copay $100 copay	 $3 copay $20 copay $40 copay $70 copay

NOTE FOR PPO PLAN PARTICIPANTS: 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. NOTE FOR HDHP PLAN PARTICIPANTS: The family deductible is collective (non-embedded), meaning the full family deductible must be met before the plan begins paying benefits for any covered family member. Expenses incurred by all covered family members count toward the family deductible. Once the family deductible is met, covered family members will begin paying coinsurance until they reach their applicable out-of-pocket maximum. *Copays will apply after deductible.



PRESCRIPTION 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.

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.

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. **Please note that 90-day maintenance medications may be obtained through the OptumRx mail order program or through your local pharmacy.** However, 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%.

If you choose to obtain your maintenance medications at the pharmacy, your 90-day supply will cost 3x what you would pay for a 30-day supply, so there is not a cost savings when you use a retail pharmacy.

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!



PRESCRIPTION DRUG PROGRAMS

HelpScript Service

HelpScript service maximizes cost-sharing assistance offered by drug manufacturers.

Many prescription drug manufacturers provide copay assistance programs to commercial health plan members receiving high-cost specialty drugs. Traditional benefit designs often prevent consumers from redeeming the full value of these programs, leaving plan sponsors to shoulder more of the medication's cost.

HelpScript is designed to capture available dollars, which reduces costs for employers and employees. This service targets an extensive list of over 200 drugs covered under the medical benefit.

Member enrollment is simple

Employees will receive direct communications about HelpScript. Experienced support staff will provide concierge-level service to answer questions, facilitate enrollment, and highlight the value.

Step 1	Step 2	Step 3
HelpScript contacts the member and encourages them to opt in. HelpScript also determines the full value of the available copay assistance for the drug during this time.	The member opts in. HelpScript and Independence Blue Cross work together to determine how to vary the copayments to extract the most value from the available assistance program.	The member receives select specialty medications for a $0 copay.

PillarRx

PillarRx is a new high-cost specialty drug discount optimization program for medications filled through a specialty pharmacy (i.e. Autoimmune/Inflammatory, Oncology)

How it works

1. If you are taking an eligible medication, you will be contacted by an IBX Care Team Coordinator about this copay assistance program.
2. Member opts in - When filling your prescription, a manufacturers coupon will automatically be applied at checkout.
3. Depending on medication, member can receive prescription for as little as $0!



DENTAL BENEFITS

United Concordia Dental Plans

Good dental health is important to your overall well being. For this reason, Silvi Materials is pleased to offer eligible employees and their eligible family members enrollment in the United Concordia $1,500 Dental Plan or United Concordia $2,500 Dental Plan. Both plans include 100% coverage for preventive services such as routine dental exams, cleanings and X-rays.

These plans will allow you to receive care from dentists within United Concordia network or any dentist of your choice. If you decide to use an out-of-network dentist, your out-of-pocket costs are typically higher.

This chart is for illustrative purposes. For specific plan details, please refer to your summary plan description (SPD).

Benefit Description	United Concordia $1,500 Dental Plan	United Concordia $2,500 Dental Plan
	In-Network	In-Network
Plan Year Deductible Individual / Family	$50 / $150	$50 / $150
Annual Maximum	$1,500 per member	$2,500 per member
Preventive Services* Exams, Cleanings, Bitewing X-rays (each twice in a calendar 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% after deductible	100% after deductible
Major Services Crowns, Inlays, Bridges, Dentures	80% after deductible	80% after deductible
Orthodontia Covered for children 19 and below for UCC $1,500 plan. Adults and children covered on the UCC $2,500 plan.	50%	50%
Orthodontia Lifetime Maximum	$1,500	$2,500

*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 Plan

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 here.

This chart is for illustrative purposes. For specific plan details, please refer to your summary plan description (SPD).

Benefit Description	Davis Vision Plan	
	In-Network	Out-of-Network
	Frequency: Every 24 months	
Eye Exam	$30 copay	N/A
Eyeglasses (Frames and Lenses)	Covered 100%	Up to $100 Reimbursement
Contact Lenses (in Lieu of Glasses)	$100 allowance	Up to $100 Reimbursement
Eyeglasses (Frames and Lenses)	Covered 100%	Up to $100 Reimbursement





EMPLOYEE CONTRIBUTIONS

Please see the following 2027 employee contribution rates. The rates shown include Medical, Prescription Drug, and Vision benefits. Dental contribtions are separate and shown below.

Coverage Level - PPO Plan	Medical Monthly Contributions	Medical Per pay Contributions
Employee Only	$260.45	$120.21
Employee + Child	$483.73	$223.26
Employee + Spouse	$590.46	$272.52
Family	$779.07	$359.57

Coverage Level - HDHP Plan	Medical Monthly Contributions	Medical Per pay Contributions
Employee Only	$174.23	$80.41
Employee + Child	$322.80	$148.98
Employee + Spouse	$399.04	$184.17
Family	$519.08	$239.58

Coverage Level - $1,500 Dental Plan	$1,500 Dental Monthly Contributions	$1,500 Dental Per pay Contributions
Employee Only	$9.50	$4.38
Employee + Child	$20.05	$9.25
Employee + Spouse	$21.74	$10.03
Family	$30.85	$14.24

Coverage Level - $2,500 Dental Plan	$2,500 Dental Monthly Contributions	$2,500 Dental Per pay Contributions
Employee Only	$21.85	$10.08
Employee + Child	$52.65	$24.30
Employee + Spouse	$47.68	$22.01
Family	$77.27	$35.66



TELEMEDICINE

Teladoc

Independence Blue Cross partners with Teladoc for telemedicine visits. Teladoc allows you to have an on-demand video consultation with a clinician 24/7 for unexpected illnesses or injuries. Teladoc offers the convenience of secure phone and video visits and is especially helpful for minor health needs such as sore throat, fever, cold & flu, headache, stomachache, rash, acne, allergies, UTIs, and more.

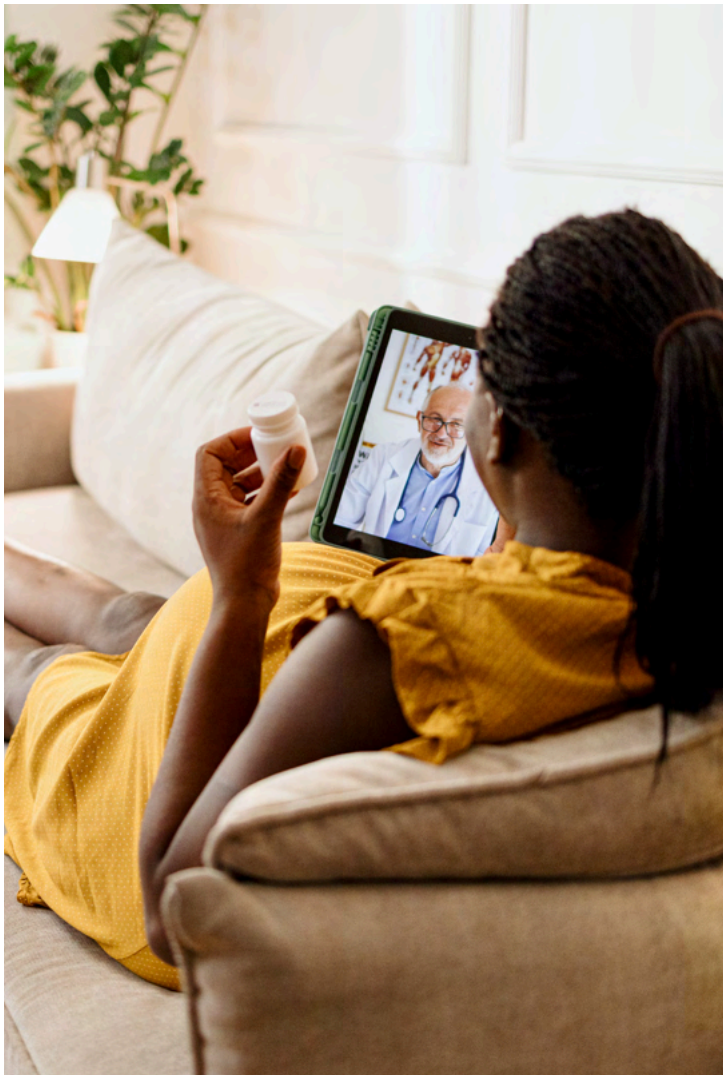
Telemedicine:

- Annual Physical: $0
- Sick Visit: $20
- Behavioral Health: $45
- Dermatology: $45

You can see your doctor or provider from the privacy and comfort of your own home on your computer, phone or tablet. Physicians can call any required prescriptions into your local pharmacy.

You can also use Teladoc to obtain a physical with Teladoc Virtual P360.

- Annual checkups by phone or video
- Dedicated time with your virtual PCP to talk through medical history, challenges, needs.
- Referrals, prescriptions and lab orders as needed.



Starting in 2027, JeffConnect will no longer be an option for Telemedicine.

Call 1-800-835-2362, visit teladochealth.com, or download the Teladoc mobile app



WELLNESS PROGRAM

Being Healthy Pays!

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

NEW!

ANNUAL PHYSICAL REQUIREMENT
Silvi employees that do not receive a physical in 2027 will be charged a 15% surcharge on their medical contribution in 2028.

$150 Wellness Bonus Per Year

Complete your **BIOTMETRIC SCREENING** and Health Survey and receive a $150 Wellness Bonus.

$75 Wellness Bonus Per Year

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 2027.

Silvi will continue to offer biometric screenings. Look for further communications from Human Resources for the 2027 biometric screening events.

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.





FSAS

Flexible Spending Accounts (FSAs)

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 $3,500 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 $7,500 (or $3,750 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, 2027 and December 31, 2027 must be submitted to The Harrison Group by March 15, 2028.

Note: Silvi will reimburse the unused balance in your FSA accounts in April of the following year. Since contributions to the FSA are not taxable, the reimbursement is considered taxable income.

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.



HSA

Health Savings Account (HSA)

A Health Savings Account (HSA) is an employee-owned, tax-advantaged bank account paired with a qualified High Deductible Health Plan (HDHP). HSA funds can be used to pay for current or future qualified healthcare expenses, including medical, dental, vision, and prescription costs.

- You must be enrolled in Silvi's HDHP Plan to elect an HSA.
- Silvi partners with Harrison Group to administer your HSA.
- HSA funds roll over every year and remain yours even if you leave Silvi.

Employees enrolled in the HDHP with an HSA will be issued an HSA debit card, making it easy and convenient to pay for eligible healthcare expenses directly from their Health Savings Account.

Triple Tax Advantage

- Contribute on a pre-tax basis.*
- Grow your account tax-free through investments and interest.**
- Pay for qualified healthcare expenses tax-free using HSA funds.

*CA & NJ tax contributions and earnings at the state level.
**CA, NH, NJ & TN tax investments/interest at the state level.

Eligibility

- You must be enrolled in a qualified HDHP.
- You cannot be covered by any other non-HDHP coverage, including Medicare (all parts), Tricare, Tricare for Life, or a Healthcare FSA.
- You cannot be claimed as a dependent on someone else's tax return.

Investments

- A minimum balance of $2,000 must be maintained in your HSA to invest in select mutual funds.
- No taxes on investment earnings.*

*CA, NJ & TN tax investments at the state level.

Silvi HSA Contributions

Silvi contributes to your Health Savings Account (HSA) to help you save for qualified healthcare expenses. You can also make your own pre-tax contributions, up to the annual limits established by the IRS, outlined below. Please note that the annual IRS contribution limits include both Silvi's contributions and your own, so your total combined contributions cannot exceed the applicable IRS limit.

2027 HSA Annual Contribution Limits		
Coverage Level	**Team Member Contribution**	**Silvi Contribution**
Individual	$4,000	$500
Employee & Spouse or Employee & Child(ren)	$8,000	$1,000
Family Coverage	$7,500	$1,500
Catch-Up Contributions (55 and older)	$1,000	N/A



HARRISON GROUP RESOURCES

Participant Resources

In addition to a Dedicated Account Manager to assist with your account, employees will experience:

- LIVE telephone support
- Online 24/7 participant portal
- Chatbot
- Mobile App
- Educational emails and customized enrollment information, also available in Spanish
- Single HG Advantage card for all accounts, if plan applicable
- Fast and accurate reimbursements via Direct Deposit or check
- Interpreter services through our partner, Language Line

HG Advantage Card

The HG Advantage Card is a consolidated debit card that provides participants with convenient, cost-effective healthcare payment solutions. By using the HG Advantage Card, participants can easily pay for eligible expenses.



- **Plan eligible participants will receive two cards 7–10 days after their election information is submitted to The Harrison Group.**
- Additional cards for dependents and/or replacements are free of charge.

Mobile Application

Our free Mobile App makes it easy for participants to manage their account-based plans on their iOS (iPhone, iPod Touch, iPad), or Android-powered devices. They can:

- Check their available balances for any account
- Submit reimbursement claims and receipts using their device camera
- Receive account balances and configurable alerts via text message on any mobile device
- Access convenient customer service contact information
- Utilize their device camera to scan an over-the-counter item's barcode to determine if it is 213d eligible, if plan applicable
- Utilize Mobile Wallet for iPhone and Samsung users



LIFE AND AD&D INSURANCE

Sun Life Life and AD&D Insurance

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 children:

- **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 Disability Benefits

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 and 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 $1,158 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.

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 2027, 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**.

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



EAP

Sun Life (GuidanceResources) Employee Assistance Program (EAP)

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.



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 visitguidanceresources.com
(Use company ID: EAPBusiness)



CARDIOMETABOLIC PROGRAM

Teladoc Cardiometabolic Health Program

Managing a health condition can be tough – but it doesn't have to be. Teladoc's Cardiometabolic Health Program provides you with all the tools, supplies and support you need to stay on track. The program is designed to help members manage chronic conditions like heart disease, hypertension, and diabetes. Teladoc's Cardiometabolic Health Program can help you improve your numbers and as a result, your health and wellbeing.

- Access to registered dieticians
- Proactive outreach from expert health coaches
- At home testing for key measures like A1c and blood lipids
- Integrated with Teladoc's 24/7 Care and primary care providers

No cost to any participating members!

Chronic Condition	Support
Type 1 or Type 2 diabetes	Personalized tools and support to track blood sugar, develop healthy lifestyle habits, and improve glycemic control, as well as access to supplies like a scale, strips, lancets, and blood pressure cuff
Hypertension	Engaging and clinically powerful program using motivation and daily tracking to support improving blood pressure
Prediabetes	Evidence-based curriculum, activity tracking, coaching and support
Obsesity	Structured engagement to improve nutrition, exercise, and weight loss



To get started with Teladoc Health visit teladochealth.com or call 800-835-2362 and use registration code INDEPENDENCE.



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.



LEGAL NOTICES

Medicaid and the Children's Health Insurance Program (CHIP) Offer Free Or Low-Cost Health Coverage To Children And Families

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, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	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
ALASKA – Medicaid	**INDIANA – 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	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
ARKANSAS – Medicaid	**IOWA-Medicaid and CHIP (Hawki)**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Medicaid Website: https://hhs.iowa.gov/medicaid Medicaid Phone: 1-800-338-8366 Hawki Website: https://hhs.iowa.gov/medicaid/plans-programs/hawki Hawki Phone: 1-800-257-8563 Services (iowa.gov) HIPP Phone: 1-888-346-9562 HIPP Website: https://hhs.iowa.gov/medicaid/plans-programs/fee-service/health-insurance-premium-payment-program
CALIFORNIA – Medicaid	**KANSAS - 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	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**KENTUCKY - Medicaid**
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	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: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms
FLORIDA – Medicaid	**OKLAHOMA - Medicaid and CHIP**
Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MAINE – Medicaid	**LOUISIANA – Medicaid**
Enrollment Website: 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	Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084



LEGAL NOTICES

MASSACHUSETTS – Medicaid and CHIP	OREGON - Medicaid and CHIP
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
MINNESOTA – Medicaid	**PENNSYLVANIA - Medicaid and CHIP**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	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/agencies/dhs/resources/chip CHIP Phone: 1-800-986-KIDS (5437)
MISSOURI – Medicaid	**RHODE ISLAND - Medicaid and CHIP**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
MONTANA-Medicaid	**SOUTH CAROLINA - Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEBRASKA-Medicaid	**SOUTH DAKOTA - Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEVADA – Medicaid	**TEXAS - Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website:https://www.pa.gov/agencies/dhs/resources/chip Phone: 1-800-440-0493
NEW HAMPSHIRE – Medicaid	**UTAH-Medicaid and CHIP**
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	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/
NEW JERSEY – Medicaid and CHIP	**VERMONT-Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://dvha.vermont.gov/members/medicaid/hipp-program Access Phone: 1-800-250-8427
NEW YORK – Medicaid	**VIRGINIA - Medicaid and CHIP**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	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
NORTH CAROLINA – Medicaid	**WASHINGTON - Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
NORTH DAKOTA – Medicaid	**WEST VIRGINIA - Medicaid and CHIP**
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	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	**WYOMING - Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	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, 2026, 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

OMB Control Number 1210-0137 (expires 5/31/2029)



CONTACTS

Questions About	Carrier	Phone	Website
Medical Benefits	Independence Administrators (IA)	844-864-4352	www.myibxtpabenefits.com
Dental Benefits	United Concordia	800-332-0366	www.unitedconcorida.com
Vision Benefits	IA/Davis Vision	800-999-5431	www.davisvision.com
FSAs	The Harrison Group	610-853-9075	www.theharrisongrouponline.com
HSA	The Harrison Group	610-853-9075	www.theharrisongrouponline.com
Life and AD&D	Sun Life	800-247-6875	www.sunlife.com/us
Voluntary Life	Sun Life	800-247-6875	www.sunlife.com/us
Long and Short Term Disability	Sun Life	800-247-6875	www.sunlife.com/us
Wellness Resources	Independence Administrators (IA)	888-356-7899	www.myibxtpabenefits.com
Teladoc Cardiometabolic Health Program	Teladoc Health	800-835-2362	teladochealth.com
Employee Assistance Program (EAP)	Sun Life (GuidanceResources)	877-595-5284	www.guidanceresources.com (Use company ID: EAPComplete)

SILVI MATERIALS

About This Benefits Summary: This Benefits Summary describes the highlights of our benefits in non-technical language. Your specific rights to benefits under the plan are governed solely, and in every respect, by the official documents and not the information contained within this Benefits Summary. If there is any discrepancy between the descriptions of the program elements as contained within this Benefits Summary or other enrollment materials you receive and the official plan documents, the language of the official plan documents shall prevail as accurate. Please refer to the plan-specific documents published by each of the respective carriers for detailed plan information. Eligibility for any benefit plan is determined by applicable plan documents and policies. You should be aware that any and all elements of the Silvi Materials Benefits Program may be modified in the future to meet Internal Revenue Service rules or otherwise as decided by Silvi Materials. This Benefits Summary may not be reproduced or redistributed in any form or by any means without express, prior permission in writing from Silvi Materials.