



2024

Benefits Guide

Hawaii

Table of Contents

“
I have had great experiences with all the benefits and programs CMC has to offer. My daughter took advantage of the Scholarship Gift Program for several years and now she is graduating this May with her bachelor’s degree. My son took advantage of the Telehealth Services and was able to get weekend appointments. I appreciate all the benefits that CMC offers and always used them as much as possible.
 ”

“
It’s gratifying to work for a company that helps with your financial future. I feel truly blessed to work for CMC.
 ”

“
*I didn’t know what to expect when I joined CMC at 21 years old, but I know this job changed my life for the better. I see many people who have had successful careers for many years. **Not only have the benefits and programs allowed me to take care of my family, but CMC has been a big part of my journey of learning and improving myself.** My experience here has been life-changing. Thank you, CMC.*
 ”

Welcome	3	Voluntary Benefits	15
Eligibility, Coverage & Enrollment	4	Hospital Indemnity	15
Eligibility	4	Accident	15
Eligible Dependents	4	Critical Illness	15
When Coverage Begins	5	Voluntary Benefits Premiums	16
If You Don’t Enroll	5	Income Protection Benefits	17
Changing Your Coverage During the Year	5	Life Insurance	17
How to Enroll	6	Accidental Death & Dismemberment Insurance	17
Total Wellness	7	Voluntary Life Insurance	18
Medical Benefits	8	Voluntary Accidental Death & Dismemberment Insurance	18
HMSA PPO Plan	8	Disability Benefits	19
Telehealth through HMSA’s Online Care	9	Short Term Disability	19
Prescription Drug Coverage	10	Long Term Disability	19
Dental Benefits	11	401(k) Retirement Plans	20
Vision Benefits	12	Employee Assistance Program (EAP)	21
Benefit Premiums	13	Additional Benefits	21
Lifestyle Benefit	14	Important Notices	22
Flexible Spending Accounts	14	Contacts	31

Welcome

At CMC, we care about you! You are unique and there is much more to you than just work—your families, friends, additional commitments, hobbies and interests—many things make up who you are. That’s why we offer a comprehensive benefits package designed to meet you wherever you are in life.

We are committed to you! We believe that safety and Total Wellness (health, wealth and wellbeing) go hand in hand. So, whether you want to improve your overall health through diet and exercise, save on doctor’s visits or prescriptions, learn more about budgeting and financial tips or find child or elder care options, CMC provides resources for you!

We understand that making benefits choices can be difficult, so we’ve made it easy for you. Visit our benefits website at mycmcbenefits.com to find everything you need about benefits and more!

“

*The 401k and the ESPP are awesome because CMC matches. **That makes me feel that the company cares about our future.** It’s a very simple and easy process to sign up. Thank you for all you do CMC!*

”

“

*I love that CMC’s programs **facilitate the healthy lives** our families and I ought to try to pursue. There are no more excuses!*

”

“

*I had been looking for a specific provider for what seems like years now, and yesterday I decided to try telehealth and I have a phone appointment today after work! **It is so convenient and extremely helpful!** I will most definitely be telling my colleagues about my great experience!*

”

“

*Telehealth has been great, especially with COVID and not wanting to go to a doctor’s office. You call and the appointment is done right away, and **they have treated my issues with great results.** I needed a lawyer to do my will and CMC recommended a great one through the Employee Assistance Program that was very professional.*

”

HAVE A GREAT STORY TO SHARE ABOUT OUR BENEFITS?

Throughout this guide, you will see employee feedback, and we want to hear from you too! Scan the QR code below to let us know what you think of the benefit package we’ve designed for **YOU**.



Note: Not all employees are eligible to participate in the plans described. Eligibility is dependent on the terms of any collective bargaining agreement, employee classification and/or plan documents applicable to the individual employee.



DOCS

When enrolling dependents in a CMC benefit for the first time (or re-enrolling), you must submit proof of eligibility. Preferred documents are:

- **Spouse:** Marriage certificate¹
- **Common-Law Spouse or Domestic Partner:** Affidavit²
- **Natural Children:** A copy of the child's birth certificate listing the employee as parent
- **Stepchildren:** A copy of the child's birth certificate with the name of the parent AND proof of marriage to the parent
- **Adopted or Custodial Children:** Legal documents stating adoption or custody



TIME SENSITIVE

Required documents must be submitted during the enrollment period



CONTACT EMPLOYEE SERVICES

877.262.8050 or employeeservices@cmc.com

Eligibility

Employees of CMC working 20 hours or more per week for 4 consecutive weeks of employment are eligible to participate in the benefits described in this guide.

ELIGIBLE DEPENDENTS

You can also cover the following dependents:

- Your legal spouse, including a same-gender spouse
- Your common-law spouse or domestic partner
- Your children, who include:
 - Natural children
 - Stepchildren
 - Legally adopted children
 - Foster children
 - Children for whom you have legal guardianship
 - Children of your domestic partner

Note: You can cover your children:

- Up to age 26
- Up to any age for physically or mentally disabled children, as long as you provide proof of disability²

¹In the absence of a preferred document, a current federal tax return showing joint filing status (for a spouse) or dependent (for a child) will be accepted.

²Contact Employee Services

“

I'm a new employee and I'm super excited to join the team. I really love all of the benefits CMC offers—they are such a blessing!

”



When Coverage Begins



CURRENT EMPLOYEES

You can change your benefits each fall during Open Enrollment. If you don't make changes, your current elections will carry over, except the FSA per IRS rules. **Open Enrollment elections are effective January 1, 2024.**



NEW HIRES & REHIRES

If you wish to elect benefits you must enroll within 31 days of your date of hire. Benefits begin the first of the month following 30 days of employment.

If You Are Reinstated

If you leave the company and are rehired within 31 days, your benefits begin as of the date you are rehired. CMC will reinstate the benefits you had in place as of your date of termination.



QUALIFIED LIFE EVENTS

You can only make changes to your benefits during the year if you have a qualified life event (e.g., marriage, divorce, birth, adoption, death). If you have a qualified life event, go to cmcbenefits.bswift.com and click on "Life Event" to make changes and provide the required documentation. **Qualified life events must be submitted within 31 days of the event.**

IMPORTANT NOTES

If You Don't Enroll

If you don't enroll, you will be automatically enrolled ONLY in benefits paid 100% by CMC (basic life, basic accidental death and dismemberment, short term disability, long term disability, business travel accident and the employee assistance program).

You will have to wait until the next Open Enrollment to elect optional coverage (medical, dental, vision, optional life and optional accidental death and dismemberment), unless you experience a qualified life event.

If You Are Enrolling Dependents

If you are enrolling dependents, you must submit the required documentation during the enrollment period.

Life Insurance

If your Life Insurance election requires evidence of insurability, the effective date of coverage will be the date the insurance company approves insurability. The effective date of coverage may be delayed if you are not actively at work, or if you or your dependent is hospitalized.

3 Ways to Enroll or Learn about Benefits



CONTACT EMPLOYEE SERVICES

877.262.8050 or employeeservices@cmc.com



BENEFITS WEBSITE¹

Go to cmcbenefits.bswift.com and log in with your employee ID number.



CMC GLOBALNET²

Go to globalnet.cmc.com and click "Benefits" to get started.

¹If accessing from a personal PC or mobile device. ²If accessing from a CMC issued PC or mobile device.



Scan the QR code to add CMC Employee Services to your phone's contact list for easy access!



“

Yes, CMC is a big company, but they don't act like one. They are accessible and can provide quick answers when you need them. CMC's biggest strength is their people.

”

Total Wellness at CMC

What does it mean?

Why does it matter?

CMC is a fortune 500 company with over \$8b in revenue. **But what is CMC really, beyond the surface?**

CMC is the 12,000+ employees in over 160 locations that make up our construction solutions businesses, our mills, fab shops and recycling yards, our drivers moving our products throughout the U.S., our maintenance teams maintaining and repairing our equipment and **so much more!**

We are the sum of many parts. For our business to succeed, we need each and every part working in unison every day.

In the same way, Total Wellness is the sum of many parts too – it's the health, wealth and wellbeing of our employees and their families. And, while Total Wellness looks different for everyone, there are a few common themes.

MAKING YOUR TOTAL WELLNESS A PRIORITY MEANS OUR TEAM IS SUCCESSFUL.

HEALTH

Getting 6-8 hours of sleep each night, eating a balanced diet, limiting alcohol, excluding tobacco products and maintaining "your equipment" by getting your annual physical.

WEALTH

Having money set aside for that unexpected emergency, budgeting and saving for retirement, a house or even a college education for a child. Take time to create a will or trust and making sure you have an up-to-date beneficiary designated for your retirement plans, life and AD&D insurance and the employee stock purchase plan. Financial health is also about using our benefits and resources wisely like Telehealth because they are FREE!

WELLBEING

It's defined by a feeling of contentment in all areas of life. Being content is more easily achieved when we take time for ourselves mentally, physically, spiritually and emotionally. We need to de-stress and relax, unplug and recharge.

Did you know...

Exercise can reduce the risk of heart attack by **up to 31%**, and regular physical activity can lower the risk of heart disease by **up to 50%**, stroke by **27%** and reduces the risk of high blood pressure too!

High blood pressure impacts **nearly ½** of all adults and can lead to heart disease, stroke, kidney disease, blindness and death.

Healthy habits such as regular exercise, a healthy diet, limiting alcohol and excluding tobacco can lower the risk of cardiovascular disease by **up to 73%**.

A poor diet impacts **nearly 46%** of all adults and can lead to high blood pressure, heart disease, type-2 diabetes, stroke and more.

Budgeting can help build savings for the short and long term. Being financially prepared can reduce financial stress. And, studies show that financial stress impacts **nearly 65%** of all adults.

56% of adults in the U.S. believe that estate planning is important, but **only 33%** have established estate plans. Estate planning not only includes having an established will or trust but also items like naming and/or updating your beneficiary, having a medical power of attorney and more.

A **positive mindset** can boost your immune system and increase your life expectancy. Positivity can also reduce your risk of heart disease, stroke, muscle and joint pain and more. So, viewing life through a "**glass half full**" lens leads to a happier, healthier life.

And, your morning routine **sets the tone** for the day... start your day with "**calm**" and be sure to allow time to connect with family, pray or meditate and exercise.

Studies show that watching the news and/or checking email first thing in the morning can produce mornings filled with **anxiety** and **stress**.



Want to learn more?

Check out mycmcbenefits.com or contact Employee Services at **877.262.8050** or employeeservices@cmc.com.

Medical

HMSA PPO PLAN

Our medical benefits through HMSA provides affordable access to care through an extensive network of providers.

HMSA PPO	In-Network Costs
Preventive Care	No cost to you
Annual Deductible	\$0 Individual / \$0 Family
Annual Out-of-Pocket Max	\$2,500 Individual / \$7,500 Family
Coinsurance	20%
Telehealth (HMSA's Online Care)	\$0
Primary Care Office Visit	\$12
Specialist Office Visit	\$12
Urgent Care	\$12
Emergency Room Physician Facility	\$12 per visit 20% coinsurance
Inpatient Hospital Physician Facility	\$12 per visit 10% coinsurance
Outpatient Care Physician Facility	\$12 per visit 10% coinsurance



800.776.4672 or [hmsa.com](https://www.hmsa.com)
Group #: **29482**

Scan the QR code to add HMSA's contact information to your phone's contact list for easy access and to find an in-network provider!



Fast Facts about Medical

Save time, money and take care of your Total Wellness too. Check out the Medical plan chart and the tips below.

TELEHEALTH

Telehealth includes 24/7 remote healthcare services that use technology to connect patients with healthcare providers. Use it for allergies, sinus infections, anxiety/ depression and more.

PRIMARY CARE

Primary care providers offer a comprehensive range of services, including preventive care, annual physicals, and treatment for minor ailments and injuries.

URGENT CARE

Urgent Care Centers are walk-in clinics with extended hours that provide medical care for cuts, sprains and strains, and non-life-threatening conditions.

EMERGENCY ROOM

Emergency Rooms are open 24/7 for life-threatening or severe medical emergencies, such as heart attacks, severe allergic reactions, or major injuries.

Annual Physical & Age-Appropriate Care: Regular check-ups and screenings can help detect health issues early when they are easier to treat.

Sleep: Quality sleep is crucial for cognitive function, mood regulation, and physical health. Adults typically need 7-9 hours of sleep per night.

Tobacco and Alcohol: Avoiding tobacco and limiting alcohol consumption can reduce the risk of various health problems, including cancer and cardiovascular disease.

Hydration & Healthy Eating: Drinking 64 ounces of water daily and proper nutrition is essential for bodily functions and overall health.

Stress Management: Chronic stress can negatively impact overall health. Stress management techniques like meditation, yoga, and deep breathing can be beneficial.

Mental Health & Social Connections: Seeking help when needed and practicing self-care are important for mental health. Social interactions and maintaining strong relationships can have a positive impact on mental and emotional health.

Telehealth

With HMSA's Online Care, you can see a doctor or other health care provider from the comfort and privacy of your home, office or anywhere. Get real-time answers to your health questions and concerns – anytime, anywhere.

FEATURES

- Get affordable visits without an appointment
- See a doctor 24/7, 365 days a year
- Have secure, confidential conversations
- Share health information from Apple's Health App with the doctor
- Have prescriptions sent directly to your pharmacy

Online Care doctors can help with:

- Sudden or acute conditions like bronchitis, or ear and sinus infections
- Chronic conditions like allergies, diabetes or hypertension
- Common conditions like headaches, colds or the flu
- Managing multiple medications, side effects or drug interactions

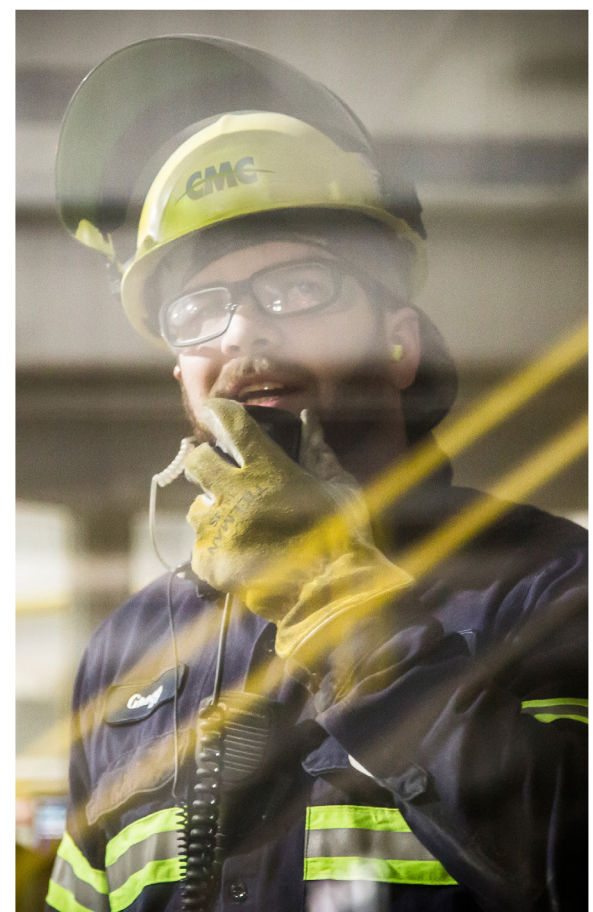
“
I found telehealth to be very easy to use and very convenient. Especially when you're sick and it's the weekend when most doctor's offices are closed. It's also really nice to have for when you're out of town and not familiar with the area.
”



**CONTACT
TELEHEALTH**

866.939.6013 or hmsaonlinecare.com

Scan the QR code to add
HMSA to your phone's
contact list for easy access!



Prescription Drug Coverage

Our HMSA medical plan automatically includes benefits for prescription drugs. The amount you pay for prescriptions depends on the type of prescription drug and if the pharmacy is in-network. Use your HMSA Medical card when filling your prescriptions.

Prescription Drug Plan	In-Network Retail	Mail Order
	<i>(Up to 30-day supply)</i>	<i>(Up to 90-day supply)</i>
Annual Deductible	\$0 – There is no deductible	\$0 – There is no deductible
Annual Out-of-Pocket Max		
Individual	\$3,600	\$3,600
Family	\$4,200	\$4,200
Tier 1: Generic	\$7	\$11
Tier 2: Preferred	\$30	\$65
Tier 3: Other Brand Name	\$30	\$65
Tier 4: Preferred Specialty	\$100	N/A
Tier 5: Other Brand Name Specialty	\$200	N/A

REACH OUT TO HMSA BEFORE YOU FILL IT

Save money by visiting hmsa.com or calling **800.776.4672** before you fill a prescription.

- Fill a prescription through CVS Caremark. Call them 24 hours a day, 7 days a week at **800.875.0867**.
- Access My Dashboard: Your main CVS Caremark member page with links to help you save on drugs, order mail-order drugs, print forms, get messages from CVS Caremark, Ask-a-Pharmacist, and more at hmsa.com.
- Manage your mail-order drugs: Pay your balance, check your order, view history, refill prescriptions, and transfer prescriptions.
- View drug pricing: Verify coverage and check the cost of a specific drug.
- Find participating local and Mainland pharmacies by entering a ZIP code or city and state.
- View drug benefit highlights: Copayments for brand-name and generic drugs.

Note: To find a list of covered prescriptions and classifications, contact HMSA at 800.776.4672 or hmsa.com/help-center/your-hmsa-drug-formulary-list/. The list can change so check before you purchase!



**CONTACT
HMSA**

800.776.4672 or hmsa.com

Group #: **29482**

Scan the QR code to add HMSA to your phone's contact list for easy access!



Dental

The dental plan through HMSA is included when enrolled in the HMSA medical plan – the C53 Plan. It covers preventive, major and basic restorative care.

HMSA Dental		C53 Plan
Annual Deductible		\$0 Individual / \$0 Family
Annual Maximum Benefits	Per person	\$1,500
Diagnostic and Preventive	Oral exams, routine cleanings, fluoride treatments, space maintainers, x-rays	No cost to you
Basic Restorative Services	Root canals, fillings, sealants, denture repairs, endodontics, periodontics, oral surgery	You pay 30%
Major Services	Crowns, inlays, onlays, cast restorations, bridges, dentures	You pay 50%

Note: A portion of your unused calendar year maximum may be carried over to the next calendar year when certain conditions are met. Calendar year rollover is a up to \$500 per year with a maximum accumulation of \$1,250.



800.776.4672 or [hmsa.com](https://www.hmsa.com)

Group #: 29482

Scan the QR code to add HMSA’s contact information to your phone’s contact list for easy access and to find an in-network provider!



Fast Facts about Dental Health

Dental care isn’t just about your teeth. Did you know poor oral health can effect other areas of your body—including your heart?

Tooth decay is one of the most common chronic diseases worldwide, affecting people of all ages.

Regular brushing and flossing are essential for maintaining good oral hygiene and preventing dental problems.

Gum disease, if left untreated, can lead to tooth loss and has been linked to other health conditions such as heart disease and diabetes.

Diabetes and oral health are closely linked. People with diabetes have a higher risk of gum disease, which can lead to bleeding gums and tooth problems. If gum disease isn’t treated, it can make it tough to control blood sugar levels, making diabetes worse.

The connection goes both ways: high blood sugar can promote harmful bacteria in the mouth, causing gum issues, while untreated gum disease can make blood sugar harder to manage.

Vision

The vision plan through HMSA is included when enrolled in the HMSA medical plan.

HMSA Vision	Frequency	In-Network Costs
Vision Exam	Once every calendar year	\$10 copay
Single vision lenses Multifocal lenses	Once every calendar year	\$10 copay
Frames ¹	Once every two calendar years	\$15 copay
Contact Lenses ¹		
Contact fitting fee	Once every calendar year	Up to \$45 allowance
Contact lenses		\$25 copay (up to \$130 allowance)

¹ You're eligible for either contact lenses or eyeglass frames (not both) in the same calendar year.



CONTACT VSP

800.776.4672 or hmsa.com

Group #: 29482

Scan the QR code to add HMSA's contact information to your phone's contact list for easy access and to find an in-network provider!



Fast Facts about Vision Health

Your eyes are windows to the live action of blood vessels, nerves and connective tissues throughout your body. Problems spotted in the eye are often the first signs of disease lurking elsewhere.

The American Academy of Ophthalmology recommends that all adults get a complete eye examination at age 40. If you have risk factors such as diabetes, high blood pressure or a family history of eye disease, don't delay — schedule an eye exam at an earlier age.

Clear vision is crucial for safety, whether it's driving, walking, or operating machinery. Impaired vision can increase the risk of accidents and injuries.

Vision problems can lead to feelings of isolation, frustration, and reduced self-esteem. Addressing vision issues can have a positive impact on mental health.

Changes in vision can sometimes indicate broader health issues. For instance, sudden vision changes can be a symptom of a stroke or other neurological conditions.

Practices that support good vision, such as a balanced diet rich in eye-friendly nutrients, staying hydrated, and wearing UV-protective sunglasses, also contribute to overall health.



Benefit Premiums

HMSA PREMIUMS: MEDICAL, DENTAL AND VISION

Medical, dental and vision premiums are bundled together so you pay one amount for all coverage. The standard weekly and bi-weekly rates are below:

Your Cost	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Family	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly
HMSA Plan	\$0	\$0	\$86.83	\$173.66	\$86.83	\$173.66	\$130.24	\$260.48

Lifestyle Benefit

CMC's Lifestyle benefit promotes Total Wellness. This benefit allows employees to be reimbursed up to \$500 annually on over 100 eligible expenses.¹

Health

- Weight loss/nutrition programs
- Exercise equipment
- Personal trainers

Wealth

- Student loan reimbursement
- Financial advisor
- Identity theft services

Wellbeing

- Hunting/fishing license
- Annual park passes
- Pet care



**REGISTER FOR
HEALTH EQUITY**

877.924.3967 or healthequity.com

Scan the QR code to add Health Equity to your phone's contact list for easy access!



Flexible Spending Accounts

Flexible Spending Accounts (FSA) allow you to put aside pre-tax dollars to pay for eligible expenses.¹ CMC offers two different FSAs—the Health Care FSA and the Dependent Care FSA. You must re-elect your FSA each year if you wish to participate.

	Health Care FSA	Dependent Care FSA	Lifestyle Benefit
Who can participate?	All eligible full-time employees	All eligible full-time employees	All eligible full-time employees
Who can contribute?	You only	You only	CMC only
What is the maximum amount that can be contributed each year?	\$3,200	Single, head-of-household or married filing jointly: \$5,000; Married filing separately: \$2,500	Up to \$500 annually
How can I use the money?	Eligible out-of-pocket medical, dental, vision and prescription drug expenses	Eligible out-of-pocket child or adult dependent day care expenses — dependent medical expenses ARE NOT eligible	Eligible expenses that promote Total Wellness
What money can I use when I have an eligible expense?	Up to your entire annual election amount	Only the funds that are in your account at that time	Up to \$500 annually
How do I access my money?	Debit card or file a claim	File a claim	File a claim
What if there is money left at the end of the year?	Carry over \$640 of your unused 2023 Health Care FSA dollars into 2024	All unused dollars are forfeited	All unused dollars are forfeited
Will the amount I can contribute in 2024 be reduced if funds carry over from 2023?	No	n/a	n/a
Can I take my money if I leave CMC?	No, but you can file claims for expenses incurred through your termination date		No, unused dollars are forfeited

Note: March 31, 2024 is the deadline for filing FSA claims for eligible expenses you incurred during 2023.

Medical plan enrollment is not required to take advantage of the Lifestyle Benefit or either FSA. If you have an FSA account, the Lifestyle Benefit will be visible in the online portal.

¹For a complete list of eligible expenses go to healthequity.com.

Voluntary Benefits

Medical expenses can add up fast and take a toll on your Total Wellness. That's why CMC offers additional protection to help you manage unexpected costs.

Features of Voluntary Benefit Plans

- **Guaranteed Issue:** No medical questions or tests are required for coverage
- **Flexible:** You can use the benefit payments for any purpose you like
- **Payroll deductions:** Premiums are paid through payroll deductions
- **Portable:** If you leave CMC, you can take your coverage with you

HOSPITAL INDEMNITY

Hospital Indemnity Insurance¹ pays a daily benefit if you have a covered stay in a hospital², critical care unit or rehabilitation facility. The benefit amount is determined based on the type of facility and the number of days you stay. If you elect coverage for yourself, you may also purchase coverage for your spouse and/or children equal to your own coverage.

Benefits of Hospital Indemnity Insurance include:

- Hospital: \$100 per day up to 30 days
- Critical Care Unit: \$200 per day up to 15 days
- Rehabilitative Facility: \$50 per day up to 30 days
- Hospital Admission: \$1,250
- Intensive Case Admission: \$1,250

Note: Initial Confinement pays a \$1,250 benefit for the first day of confinement up to 8 times per year. Additional benefits per day noted.

ACCIDENT COVERAGE

Accident Insurance¹ pays you benefits for specific injuries and events resulting from a covered accident that occurs while you are not at work, on or after your coverage effective date. The benefit amount depends on the type of injury and care received. If you elect coverage for yourself, you may also purchase coverage for your spouse and/or children equal to your own coverage.

CRITICAL ILLNESS

Critical Illness Insurance¹ pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. You can elect the following amounts for yourself: \$10,000, \$20,000 or \$30,000. If you purchase coverage for your spouse and/or children, their coverage is equal to half of your own coverage.

Accident and Critical Illness plans include a \$100 wellness payment.

Wellness claims can be filed over the phone by calling **877.236.7564**.

- Eligible services include an annual physical exam, biometric screening, mammogram, colonoscopy, well woman exam, hearing and vision screenings and dental cleaning



HOW TO FILE A CLAIM

877.236.7564 or voya.com/claims and click **Get Started**

Group #: **70288-9**

Scan the QR code to add Voya to your phone's contact list for easy access!



¹Limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

²A hospital does not include an institution or part of an institution used as: a hospice care unit; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative center; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care. "Critical care unit" and "rehabilitative facility" are specifically defined in the plan documents.

Voluntary Benefit Premiums

HOSPITAL INDEMNITY PLAN

	Weekly	Bi-Weekly
Employee	\$3.09	\$6.19
Employee + Spouse	\$7.17	\$14.34
Employee + Child(ren)	\$5.15	\$10.30
Employee + Family	\$9.22	\$18.45

ACCIDENT PLAN

	Weekly	Bi-Weekly
Employee	\$2.48	\$4.96
Employee + Spouse	\$4.33	\$8.66
Employee + Child(ren)	\$4.91	\$9.82
Employee + Family	\$6.76	\$13.51

CRITICAL ILLNESS PLAN

You can elect \$10,000, \$20,000 or \$30,000 for yourself. Dependent coverage is equal to half the amount you select for yourself. Here's what you pay in premiums for \$10,000 of coverage:

Age	Weekly				Bi-Weekly			
	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
Under 30	\$1.52	\$2.19	\$2.09	\$2.76	\$3.05	\$4.38	\$4.18	\$5.52
30-39	\$2.03	\$2.97	\$2.60	\$3.53	\$4.06	\$5.93	\$5.19	\$7.06
40-49	\$3.46	\$5.20	\$4.03	\$5.77	\$6.92	\$10.41	\$8.05	\$11.54
50-59	\$8.61	\$12.27	\$9.17	\$12.83	\$17.22	\$24.53	\$18.35	\$25.66
60-64	\$14.24	\$19.95	\$14.80	\$20.52	\$28.48	\$39.90	\$29.61	\$41.03
65-69	\$18.28	\$25.56	\$18.84	\$26.12	\$36.55	\$51.12	\$37.68	\$52.25
70+	\$24.99	\$34.89	\$25.56	\$35.46	\$49.98	\$69.78	\$51.12	\$70.92

Life and AD&D Insurance

Total wellness isn't just about your physical health. It's also about your financial health and your wellbeing. Income protection benefits provide coverage if you or a covered family member dies or becomes seriously injured or disabled.

Life Insurance

CMC provides Basic Life coverage equal to 2x your annual eligible pay at no cost to you. Need more life coverage? [See page 18](#) for details and rates.

Guaranteed issue (GI) applies to your initial election period allowing you to elect the maximum allowable coverage available without providing evidence of insurability (EOI).¹

Life Insurance Coverage Options	
For You	1X – 7X your annual eligible pay Basic Life Maximum: \$1,000,000 Optional Life Maximum: \$1,500,000 Maximum Combined: \$2,500,000 GI is 3X annual eligible pay
For Your Spouse	\$25,000 – \$250,000 in increments of \$25,000 not to exceed employee's combined coverage GI is \$50,000, based on the employee's initial enrollment period
For Your Child(ren)	\$5,000 – \$20,000 in increments of \$5,000

AD&D Insurance

CMC provides you with Basic Accidental Death and Dismemberment (AD&D) coverage equal to 2x your annual eligible pay at no cost to you. If you wish, you may also purchase additional protection. Evidence of Insurability (EOI) is not required.

AD&D Insurance Coverage Options	
For You	1X – 10X your annual eligible pay Basic AD&D Maximum: \$1,000,000 Optional AD&D Maximum: \$1,000,000 Maximum Combined: \$2,000,000
For Your Spouse	60% of employee coverage if no children are covered 50% of employee coverage if children are covered Maximum coverage amount is \$250,000
For Your Child(ren)	25% of employee coverage if no spouse is covered 15% of employee coverage if spouse is covered Maximum coverage amount is \$25,000

¹EOI may be required if electing optional Life Coverage after your initial election.



UPDATE YOUR BENEFICIARIES

Got married, divorced or had a child? You may need to update your beneficiaries. Contact Employee Services to learn more.



CONTACT EMPLOYEE SERVICES

877.262.8050 or employeeservices@cmc.com

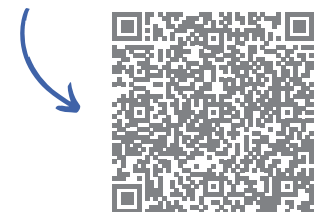


CONTACT LINCOLN FINANCIAL

844.829.5510 or mylincolnportal.com

Group #: **09-466376**

Scan the QR code to add Lincoln Financial to your phone's contact list for easy access!



Voluntary Life Insurance

You may purchase additional coverage up to \$1,500,000 for employees, \$250,000 for spouses and \$20,000 for child(ren). Below are the monthly rates. Use the calculator to determine your per pay period cost for additional coverage

Employee Voluntary Life Rates	
Age	Rate Per \$1,000 of Coverage
< 25	\$0.050
25-29	\$0.060
30-34	\$0.072
35-39	\$0.090
40-44	\$0.100
45-49	\$0.150
50-54	\$0.230
55-59	\$0.430
60-64	\$0.660
65-69	\$1.230
70 +	\$1.850

Spouse Voluntary Life Rates	
Age	Rate Per \$1,000 of Coverage
< 25	\$0.060
25-29	\$0.060
30-34	\$0.080
35-39	\$0.090
40-44	\$0.100
45-49	\$0.160
50-54	\$0.270
55-59	\$0.480
60-64	\$0.820
65-69	\$1.270
70 +	\$2.060

Child(ren) Voluntary Life Rate	
Age	Rate Per \$1,000 of Coverage
< 26	\$0.140

Voluntary AD&D Insurance

Employee Voluntary AD&D Rate
Rate Per \$1,000 of Coverage
\$0.023

Family Voluntary AD&D Rate
Rate Per \$1,000 of Coverage
\$0.038

HOW TO CALCULATE WHAT YOU'LL PAY

Voluntary Life and AD&D

Coverage Amount
 \div \$1,000
 =

 \times
 Insert Age Based Rate ¹
 =
 Monthly Contribution

How to calculate what you pay

Monthly Contribution
 \times 12
 =

 \div 52 (weekly) or 26 (bi-weekly)
 =
 Your Contribution

¹Age Based Rate for Employee and Spouse Life Coverage is based on the individual's age as of **January 1, 2024**. Age Based Rate does not apply for Child Coverage.

Disability Benefits

An illness or injury can happen at any time. CMC's disability coverage provides financial security for you and those that depend on you. Facing a long-term illness or injury can be stressful, which is why CMC provides company-paid Short Term Disability (STD) and Long Term Disability (LTD) coverage at no cost to you.

Short Term Disability (STD)

Benefits are paid if you can't work due to an approved illness, injury or pregnancy. Weekly benefits start after 7 days of absence and may continue for up to 26 weeks.

Benefit Amount	Weeks of Payment
80% of annual eligible pay	2-9
70% of annual eligible pay	10-17
60% of annual eligible pay	18-26

Long Term Disability (LTD)

Benefits are paid if you can't work due to an approved illness or injury. Monthly benefits start after the later of 180 days or when STD coverage ends.

Feature	Amount
Benefit Amount	60% of annual eligible pay
Monthly Maximum Benefit	\$10,000 per month
How Long Benefits Can Continue	Until you are no longer disabled, or up to age 65 (longer if your disability begins after age 60)

“
Because of our fantastic benefits, my husband and I had a peace of mind that we were taken care of. That is something we will never get over...I have also had a great deal of emotional support from my supervisors as well as our Human Resources department. That is truly priceless.
 ”



844.829.5510 or mylincolnportal.com

Group #: 09-466376

Scan the QR code to add Lincoln Financial to your phone's contact list for easy access!



401(k) Plan

At CMC, we care about you and that includes your financial health too! Tackling financial stress head on with a practical savings strategy means you will be healthier, happier, and more productive. Making contributions to a 401(k) account is the first step toward achieving financial security.

PLAN OVERVIEW

As a full-time or part-time employee, you're automatically enrolled in the CMC Retirement Plan through Fidelity with a 6% pre-tax contribution on the first of the month following 30 days of your employment. Your deferral will begin 31 days after your eligibility date.

You can contribute from 1% to 75% of your eligible pay in pre-tax or Roth after-tax contributions, up to the IRS limit. Each year your contribution will automatically increase each September 1 until your contribution reaches 8%. You can change your contributions and make separate elections for your base pay and bonus pay at any time.

THE COMPANY MATCH

Company matching contributions become 100% vested after two years of service. You are always 100% vested in your own contributions.

If you contribute...	CMC matches...
1%	1%
2%	2%
3%	3%
4%	3.50%
5%	4%
6% and over	4.50%

“
It's not everyday you work for a company that choses to match your 401(k), which shows that I work for a company that cares for me and my family's future. Thanks CMC!
”

Did you know? Beneficiary designation has expanded to include Person, Trust, or Charity.



**CONTACT
FIDELITY**

800.835.5095 (Monday - Friday 7:30 AM - 11 PM CST), visit one of the **200+** Fidelity financial locations throughout the U.S. or check out [netbenefits.com](https://www.fidelity.com/netbenefits) online, any time.

Scan the QR code to add Fidelity to your phone's contact list for easy access!



Did you know?

Nearly 78% of adults live paycheck to paycheck.

More than 50% of adults are behind on retirement savings.

Financial stress can impact both your **mental and physical health.**

56% of adults believe estate planning is important, but only **33%** have established estate plans.

TAKE CARE OF YOUR FINANCIAL WELLNESS WITH FIDELITY...

With your Fidelity 401(k) account, you'll have access to a variety of online resources and 200+ financial locations throughout the US to help you plan for your future.

The Fidelity NetBenefits Portal, allows you to:

- Manage your account with ease - see your 401(k) balance, investment performance, and transaction history all in one place.
- Adjust your contributions or reallocate your investments.
- Use calculators, tools, and planning resources to set goals and track progress.
- Watch webinars, access one-on-one consultations, and explore workshops.

Employee Assistance Program (EAP)

As part of CMC's commitment to your Total Wellness you have access to our customized EAP with SupportLinc. This program combines technology and personalized advocacy to help enhance your health, wealth, and wellbeing. Take advantage of the **6 FREE CONFIDENTIAL** sessions per issue per year, which can help you and your eligible dependents with many work, health, or life concerns. The program is available to all employees and their families at no cost to you.

Health

- Work-Life Balance Resources
 - Mental/emotional wellness
 - Meditation/mindfulness
 - Sleep fitness
 - Resiliency
- Drug and Alcohol Dependency Counseling

Wealth

- Legal Consultation
 - Will/Trust prep
- Financial Counseling and Budgeting
- Identity Theft Recovery
- Resources for Everyday Needs
 - Home improvement; auto repair; pet care; travel/entertainment services
- Retirement Planning and Assistance

Wellbeing

- 24/7 Access to Licensed Professionals
- Get Help With:
 - Anxiety/depression
 - Burnout/stress
 - Coping/trauma
 - Drug/alcohol concerns
 - Relationship issues

HERE'S HOW THE EAP HELPED JOSÉ

José is overwhelmed. Not only is his son battling addiction, his wife is struggling with depression and anxiety while both his daughter (who is expecting) and his disabled mother are moving in.

Luckily, our EAP through SupportLinc, has 12 different access points with licensed clinicians available 24/7 to assist.

The EAP didn't just help José. It provided support for his family too, for FREE!

“

*I needed a lawyer to do my will and through the Employee Assistance Program, the care advocate **recommended a great one that was very professional.***

”



**CONTACT
SUPPORTLINC**

888.881.5462 or supportlinc.com

Group code: **cmc**

Scan the QR code to add SupportLinc to your phone's contact list for easy access!



Additional Benefits

- Aevo Medicare Enrollment and Transition Services
- Employee Stock Purchase Program (ESPP)
- Tuition Reimbursement
- Travel Assistance
- Paid Time Off
- Scholarship & Gift Program

Annual Enrollment Notices

CMC

PRIVACY OFFICER:

CMC
6565 N MacArthur Blvd
Suite 800, Irving, TX 75039
EIN: 75-0725338

Important: Paper copies of the following documents and/or notices are available by request, free of charge, by calling Employee Services at 877.262.8050.

- Summary plan descriptions and summaries of material modifications
- Summary of Benefits and Coverage

Your Medicare Part D Notice is the first section of this packet. Some other key notices include CHIPRA, HIPAA Privacy, and Notice of Coverage Options (Marketplace Notice). If you have any questions, please reach out to the contact listed above.

Important Notice from CMC About Your Prescription Drug Coverage under the HMSA Plan and Medicare Creditable Coverage

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with CMC 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:

- 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.
- CMC has determined that the prescription drug coverage offered by both the HMSA PPO plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

WHEN CAN YOU JOIN A MEDICARE DRUG PLAN?

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

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

WHAT HAPPENS TO YOUR CURRENT COVERAGE IF YOU DECIDE TO JOIN A MEDICARE DRUG PLAN?

If you decide to join a Medicare drug plan, your current coverage will not be affected. You can keep this coverage if you elect part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents will be able to get this coverage back at the next annual enrollment opportunity or qualified life 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 this plan 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...

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 [medicare.gov](https://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 [socialsecurity.gov](https://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).

Notice of Special Enrollment Rights

This notice is being provided to help you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

LOSS OF OTHER COVERAGE

If you are declining coverage 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 31 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

MARRIAGE, BIRTH OR ADOPTION

If you have a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, or placement for adoption.

MEDICAID OR CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children’s Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

To request special enrollment or obtain more information, please contact the plan administrator ([see page 22](#) for contact information).

Newborns’ and Mothers’ Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother of 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 issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours if applicable).

Genetic Information Nondiscrimination Act (GINA)

The Genetic Information Nondiscrimination Act of 2008 protects employees against discrimination based on their genetic information. Unless otherwise permitted, your employer may not request or require any genetic information from you or your family members.

GINA prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law.

To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. “Genetic Information” as defined by GINA, includes an individual’s family medical history, the results of genetic tests, the fact that a member sought or received genetic services, and genetic information of a fetus carried by a member or an embryo lawfully held by a member receive assistive reproductive services.

Mental Health Parity & Addiction Act

The Mental Health Parity and Addiction Act of 2008 generally requires group health plans and health insurance issuers to ensure that financial requirements (such as co-pays and deductibles) and treatment limitations (such as annual visit limits) applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. For more information regarding the criteria for medical necessity determinations made under your employer’s plan with respect to mental health or substance use disorder benefits, please contact your plan administrator at ([see cover page for contact information](#)).

Women’s Health and Cancer Rights Act

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). The Women’s Health and Cancer Rights Act requires group health plans and their insurance companies and HMOs to provide

certain benefits for mastectomy patients who elect breast reconstruction. 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.

Breast reconstruction benefits are subject to deductibles and co-insurance limitations that are consistent with those established for other benefits under the plan. If you would like more information on WHCRA benefits, contact your plan administrator (see cover page for contact information).

Michelle's Law

When a dependent child loses student status for purposes of the group health plan coverage as a result of a medically necessary leave of absence from a post-secondary educational institution, the group health plan will continue to provide coverage during the leave of absence for up to one year, or until coverage would otherwise terminate under the group health plan, whichever is earlier.

For additional information, contact your plan administrator (see cover page for contact information).

Patient Protections

CMC's Health Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator (see cover page for contact information).

Uniformed Services Employment and Re-Employment Rights Act of 1994 (USERRA)

The Uniformed and Services Employment and Re-Employment rights Act of 1994 (USERRA) sets requirements for continuation of health coverage and re-employment in regard to an Employee's military leave of absence. These requirements apply to medical and dental coverage for you and your Dependents. They do not apply to any Life, Short Term or Long Term Disability or Accidental Death & Dismemberment coverage you may have. A full explanation of USERRA and your rights is beyond the scope of this document. If you want to know more, please see the Summary Plan Description (SPD) for any of our group insurance coverage or go to this site: dol.gov/agencies/vets/programs/userra

An alternative source is VETS. You can contact them at 1-866-4-USA-DOL or visit this site: dol.gov/vets

An interactive online USERRA Advisor can be viewed at dol.gov/agencies/vets/programs/userra

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 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 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 askebsa.dol.gov or call 1-866-444-3272.

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, 2023. Contact your State directly for more information on eligibility:

ALABAMA – Medicaid
Website: myalhipp.com
Phone: 1-855-692-5447

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: myakhipp.com
Phone: 1-866-251-4861
Email: customerservice@myakhipp.com
Medicaid Eligibility: health.alaska.gov/dpa/pages/default.aspx

ARKANSAS – Medicaid
Website: myarhipp.com
Phone: 1-855-692-7447

CALIFORNIA – Medicaid

Website: [Health Insurance Premium Payment \(HIPP\)](#)

Program: [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: [healthfirstcolorado.com](#)

Health First Colorado Member Contact Center: 1-800-221-3943 / State Relay 711

CHP+: [hcpf.colorado.gov/child-health-plan-plus](#)

CHP+ Customer Service: 1-800-359-1991 / State Relay 711

Health Insurance Buy-In Program (HIBI): [mycohibi.com](#)

HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: [flmedicaidprecovery.com/](#)

[flmedicaidprecovery.com/hipp/index.html](#)

Phone: 1-877-357-3268

GEORGIA – Medicaid

Website: [medicaid.georgia.gov/health-insurance-premium-payment-program-hipp](#)

Phone: 678-564-1162, Press 1

GA CHIPRA Website: [medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra](#)

Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: [in.gov/fssa/hip](#)

Phone: 1-877-438-4479

All other Medicaid

Website: [in.gov/medicaid](#)

Phone 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: [dhs.iowa.gov/ime/members](#)

Medicaid Phone: 1-800-338-8366

Hawki Website: [dhs.iowa.gov/hawki](#)

Hawki Phone: 1-800-257-8563

HIPP Website: [dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp](#)

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: [kancare.ks.gov](#)

Phone: 1-800-792-4884

HIPP Phone: 1-800-766-9012

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: [chfs.ky.gov/agencies/dms/member/pages/kihipp.aspx](#)

Phone: 1-855-459-6328

Email: kihipp.program@ky.gov

KCHIP Website: [kidshealth.ky.gov/pages/index.aspx](#)

Phone: 1-877-524-4718

Kentucky Medicaid Website: [chfs.ky.gov/agencies/dms](#)

LOUISIANA – Medicaid

Website: [medicaid.la.gov](#) or [ldh.la.gov/lahipp](#)

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Website: [mymaineconnection.gov/benefits/s/?language=en_US](#)

Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage:

[maine.gov/dhhs/ofa/applications-forms](#)

Phone: 1-800-977-6740

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP

Website: [mass.gov/masshealth/pa](#)

Phone: 1-800-862-4840

TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: [mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp](#)

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: [dss.mo.gov/mhd/participants/pages/hipp.htm](#)

Phone: 573-751-2005

MONTANA – Medicaid

Website: [dphhs.mt.gov/montanahealthcareprograms/hipp](#)

Phone: 1-800-694-3084

Email: hhshippprogram@mt.gov

NEBRASKA – Medicaid

Website: [accessnebraska.ne.gov](#)

Phone: 855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA - Medicaid

Website: [dhcfnv.gov](#)

Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: [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 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: [state.nj.us/humanservices/dmahs/clients/medicaid](#)

Medicaid Phone: 609-631-2392

CHIP Website: [njfamilycare.org/index.html](#)

CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: [health.ny.gov/health_care/medicaid](#)

Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Website: [medicaid.ncdhhs.gov](#)

Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: hhs.nd.gov/healthcare

Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP

Website: insureoklahoma.org

Phone: 1-888-365-3742

OREGON – Medicaid

Website: healthcare.oregon.gov/pages/index.aspx

Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: dhs.pa.gov/services/assistance/pages/hipp-program.aspx

Phone: 1-800-692-7462

CHIP Website: Children’s Health Insurance Program (CHIP) (pa.gov)

CHIP Phone: 1-800-986-5437

RHODE ISLAND – Medicaid and CHIP

Website: eohhs.ri.gov

Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)

SOUTH CAROLINA – Medicaid

Website: scdhhs.gov

Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid

Website: dss.sd.gov

Phone: 1-888-828-0059

TEXAS – Medicaid

Website: hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: medicaid.utah.gov

CHIP Website: health.utah.gov/chip

Phone: 1-877-543-7669

VERMONT– Medicaid

Website: dvha.vermont.gov/members/medicaid/hipp-program

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: coverva.dmas.virginia.gov/learn/premium-assistance/famis-select

coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs

Phone: 1-800-432-5924

WASHINGTON – Medicaid

Website: hca.wa.gov

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: dhhr.wv.gov/bms/mywvhipp.com

Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-699-8447

WISCONSIN – Medicaid and CHIP

Website: dhs.wisconsin.gov/badgercareplus/p-10095.htm

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: 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, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Services

Employee Benefits Security Administration

dol.gov/agencies/ebsa

866-444-3272

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

cms.hhs.gov

877-267-2323, Menu Option 4, Ext. 61565

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved

OMB No. 1210-0149

(expires 9.30.2023)

PART A: GENERAL INFORMATION

When key parts of the health care law took effect in 2014, there’s now a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

WHAT IS THE HEALTH INSURANCE MARKETPLACE?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October for coverage starting in January.

CAN I SAVE MONEY ON MY HEALTH INSURANCE PREMIUMS IN THE MARKETPLACE?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

DOES EMPLOYER HEALTH COVERAGE AFFECT ELIGIBILITY FOR PREMIUM SAVINGS THROUGH THE MARKETPLACE?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 8.39% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

HOW CAN I GET MORE INFORMATION?

For more information about your coverage offered by your employer, please check your Summary Plan Description or contact: HMSA at 800.776.4672 or hmsa.com

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit healthcare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information.

This information is numbered to correspond to the Marketplace application.

3. Employer Name: CMC
4. Employer Identification Number (EIN): 75-0725338
5. Employer Address:
6565 N MacArthur Blvd, Suite 800
6. Employer Phone Number: 877.262.8050
7. City: Irving
8. State: TX
9. Zip Code: 75039
10. Contact About Coverage:
Employee Services
11. Phone Number: 877.262.8050
12. Email: employeeservices@cmc.com

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:

- Employees of CMC working 20 hours or more per week for 4 consecutive weeks of employment are eligible to participate in the benefits described in this guide.

With respect to dependents:

- We do offer coverage. Eligible dependents are spouses/domestic partners and children.

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, healthcare.gov will guide you through the process. Here's the employer information you'll enter when you visit healthcare.gov to find out if you can get a tax credit to lower your monthly premiums

Notice of Availability of HIPAA Privacy Notice

Under the Health Insurance Portability and Accountability Act (HIPAA) health plans are required to provide covered individuals with a Privacy Notice that describes, among other things, the uses and disclosures of protected health information that may be received by the plans, your rights regarding that information and the plan's responsibilities.

The Company's Health Plan maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact:

PLEASE CONTACT US FOR MORE INFORMATION:

Privacy Officer

FOR MORE INFORMATION ABOUT HIPAA OR TO FILE A COMPLAINT:

The U.S. Department of Health & Human Services
Office for Civil Rights
200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0257
Toll Free: 1-877-696-6775

Benefit Resources

ENROLLMENT & QUALIFIED EVENT CHANGES

CMC Benefits Service Center
cmcbenefits.bswift.com
CMC Employee Services
877.262.8050 | employeeservices@cmc.com

MEDICAL & PRESCRIPTION DRUG COVERAGE

HMSA
800.776.4672 | hmsa.com
Group #: 29482

TELEHEALTH

HMSA Online Care
866.939.6013 | hmsaonlinecare.com

DENTAL COVERAGE

HMSA
800.776.4672 | hmsa.com
Group #: 29482

VISION COVERAGE

HMSA
800.776.4672 | hmsa.com
Group #: 29482

LIFESTYLE BENEFIT

HealthEquity
877.924.3967 | healthequity.com
Select **WageWorks** if prompted

FLEXIBLE SPENDING ACCOUNTS

HealthEquity
877.924.3967 | healthequity.com
Select **WageWorks** if prompted

CRITICAL ILLNESS, GROUP ACCIDENT & HOSPITAL INDEMNITY

Voya
877.236.7564 | presents.voya.com/EBRC/cmc
Group #: 70288-9

LIFE, AD&D & DISABILITY

Lincoln Financial
844.829.5510 | mylincolnportal.com
Group #: 09-466376

EMPLOYEE ASSISTANCE PROGRAM (EAP)

SupportLinc
888.881.5462 | supportlinc.com
Group code: cmc

TRAVEL ASSISTANCE

Starr Assist
800.667.7222 (U.S.)
416.977.8687 (Outside U.S.)
assistance@wtp.ca

COBRA

bswift COBRA
866.365.2413 | benefitsbilling.bswift.com

401(K) PLAN

Fidelity
800.835.5095 | netbenefits.com

MEDICARE ENROLLMENT & TRANSITION SERVICE

Aevo
833.830.2386

CMC EMPLOYEE SERVICES

employeeservices@cmc.com
877.262.8050

Is Your Total Wellness in Check?

Your journey begins with your first step, let's start TODAY!

- Schedule your in-network Annual Physical today
- Skip the doctor's office and use telehealth
- Review and update your beneficiaries (Life and AD&D Insurance, 401k and ESPP)
- Keep your dental care in check. Schedule an in-network dental exam today!
- Need to create or update your will or trust? Contact SupportLinc
- Be better prepared for retirement by contributing to your 401k
- A regular eye exam can detect more than impaired vision. Schedule your eye exam today!
- Need help finding a contractor for home repairs, finding elder care or help with stress, contact the Employee Assistance Program for help!
- Don't forget to use and submit your Lifestyle Benefit!

need help?

Check out mycmcbenefits.com to find resources that can help!



Questions?

Contact Employee Services

- Enrollment
 - Qualified Life Event Changes
 - Benefit Details
- employeeservices@cmc.com
877.262.8050



MEDICAL & RX
HMSA
Group #: 29482
hmsa.com
800.776.4672

DENTAL & VISION
HMSA
Group #: 29482
hmsa.com
800.776.4672

TELEHEALTH
HMSA Online Care
hmsaonlinecare.com
866.939.6013

LIFESTYLE & FSA BENEFITS
HealthEquity
healthequity.com
877.924.3967

CRITICAL ILLNESS, GROUP ACCIDENT & HOSPITAL INDEMNITY
Voya
Group #: 70288-9
presents.voya.com/EBRC/cmc
877.236.7564

LIFE, AD&D AND DISABILITY
Lincoln Financial
Group #: 09-466376
mylincolnportal.com
844.829.5510

EMPLOYEE ASSISTANCE PROGRAM (EAP)
SupportLinc
Group code: cmc
supportlinc.com
888.881.5462

TRAVEL ASSISTANCE
Starr Assist
assistance@wtp.ca
800.667.7222 (U.S.)
416.977.8687 (Outside U.S.)

COBRA
bswift COBRA
benefitsbilling.bswift.com
866.365.2413

401(K) PLAN
Fidelity
netbenefits.com
800.835.5095

MEDICARE ENROLLMENT
Aevo
833.830.2386



CMC is a Fortune 500 company with over \$8 billion in revenue. **But what is CMC really, beyond the surface?**

CMC is the **12,000+** employees in over 160 locations that make up our construction solutions businesses, our mills, fab shops and recycling yards, our drivers moving our products throughout the U.S., our maintenance teams maintaining and repairing our equipment **and so much more!**

In short, **we are the sum of many parts.** For our business to succeed, we need each and every part working in unison every day. In the same way, **Total Wellness is the sum of many parts too – it's your health, wealth and wellbeing.**

“
 I have two daughters in college as undergrads. The Scholarship & Gift Program has been a blessing because the girls have received these benefits simply by applying. No need for an essay, nor a certain grade point average. They have been rewarded for their hard work and mine. When my mom was dying in 2019, my family spent months sitting at mom’s bedside in hospitals, rehab centers & eventually hospice. My oldest daughter did homework and projects sitting in mom’s rooms, but her grades struggled a bit. She fell below the scholarship qualification range at her school by 0.1 point. CMC didn’t judge her. They helped her focus on her grandma and her schooling, while easing her financial worries because she still received her scholarship simply by being enrolled in school full-time. This past August, my youngest daughter enrolled in college. CMC’s scholarship coupled with some others paid her Fall and Spring semesters. Having both girls in a private university at the same time is no easy task. CMC has helped ease the burden. For that, we are eternally grateful. Thank you CMC.
 ”

“
 Voya helped me and my family when we most needed it. My husband has been hospitalized twice, so I had submitted an application for Hospital Indemnity and Critical Illness. They were very fast in approving my application. They approve you and they send your check in a timely manner. This truly is a blessing to have an extra coverage for incidents like this.
 ”

“
 Telehealth is useful when you are unable to make it to the doctor. The 401K & ESPP are two ways that the company allows us to prepare for our future retirement.
 ”

“
 Telehealth was extremely simple to use and saves me a lot of money in copays, having a family of 6. It is very nice to be able to set up an appointment at any time and have a call from the doctor within a few minutes.
 ”

“
 The ESPP really helped me take advantage of saving my money for the future, and at the same time gaining more out of it. I have started to understand what stocks are all about, as I was not familiar at all with the stock world. The program has made me grow in my interest, and I’m thankful the program has given me insight on how everything works. Thankful for the ESPP!
 ”

“
 Telehealth is great help when my family or I get a cold or minor symptoms. We don’t have to schedule an appointment and lose working hours to see a doctor in person.
 ”

“
 CMC has done a tremendous job promoting wellness and living a health lifestyle within its organization. Thank you for supporting my health journey CMC.
 ”

“
 I was able to get the glasses I wanted with all the upgrades possible for a fraction of what they will cost with any other insurance. The sales representative that was helping me was amazed with our benefits and said: “I haven’t seen benefits like this in a long time, Do you work for the government?” That made me feel great and realize how thankful I am to be a part of CMC and have these great benefits!
 ”

“
 Recently, our daughter was unexpectedly diagnosed with Type 1 diabetes. If you know anything about that dreadful, lifelong disease you know it is very expensive to treat on a daily basis. But the insurance plan that CMC provides has taken a lot of stress and financial burdens off our family so we can focus on our daughter. We went to pick up all the supplies and medications on the day of her hospital discharge and was expecting to pay hundreds. It was only \$18. What a blessing! I could go on and on about our amazing benefits, but this is just one that I wanted to brag on. The prescription plan is one of the best! Thank you CMC for choosing it for your employees and their families!
 ”