The choice is yours.

2022 - 2023

Benefits decision guide

BENEFITS FOR A HEALTHY LIFE

Your 2022 - 2023 benefit choices

CCI
CULBERSON
ENGINEERING & CONSTRUCTION

WELCOME TO YOUR BENEFITS ENROLLMENT

We recognizes how important benefits are to you. That’s why we’re committed to helping you and your family enjoy the best possible physical, financial, and emotional well-being. It’s also why we provide you with a comprehensive, highly competitive benefits package, with the flexibility to make the choices that best meet your needs.

Use this guide to better understand your 2022 - 2023 benefits options. Then, be sure to make your choices by the enrollment deadlines to receive coverage for the coming year.

Inside this guide

Important reminders

- **New employees:** You become eligible for benefits the 1st of the month following 60 days if you are an hourly employee, or the 1st of the month following date of hire if you are a salary employee.

- **After your enrollment opportunity ends, you will not be able to make changes to your benefits** until the next Open Enrollment, unless you experience a qualifying live event, such as marriage, divorce, birth, adoption, or a change in your or your spouse's employment status that affects your benefits eligibility.

Who can enroll?

- **Full-time employees (30+ hrs./wk.) –** must choose benefits within 60 days of hire date. Includes employee's spouse or domestic partner and children to age 26, plus disability dependent children of any age who meet plan criteria.

Summary of Benefits and Coverage

The Health section of this guide provides an overview of your medical plan options. You can find detailed information about each plan, including a breakdown of costs, in each plan's Summary of Benefits and Coverage (SBC). The SBCs summarize important information about your health coverage options in a standard format to help you compare costs and features across plans. The SBCs are available on Employee Portal. A paper copy is also available by calling **1-817-573-3079 ext: 1117**.

HEALTH

Quality health coverage is one of the most valuable benefits you enjoy as a CCI employee. Our benefits program offers plans to help keep you and your family healthy and also provide important protection in the event of illness or injury.

Which plan is right for you?

Medical

For 2022 - 2023, you have a choice of medical plans giving you the flexibility to choose what's best for your needs and the budget.

- **CCI HDHP**, a consumer directed health plan that puts you in charge of your spending through lower paycheck contributions, higher deductibles, and a tax-free Health Savings Account (HSA).
- **CCI Base PPO**, a preferred provider organization plan that reduces your out-of-pocket responsibility when you need care by offering a lower deductible and higher paycheck contributions
- **CCI Core PPO**, a preferred provider organization plan that has the lowest deductible, giving you the most protection from out-of-pocket expenses when you need care, but costs the most from your paycheck.

Key features

All of CCI's medical plans offer:

- Comprehensive, affordable coverage for a wide range of health care services.
- Flexibility to see any provider you want, although you'll save money when you stay in-network.
- Free In-network preventive care, with services such as annual physicals, recommended immunizations, well-woman and well-child exams, flu shots, and routine cancer screenings covered at 100%.
- Prescription drug coverage included with each medical plan.
- Financial protection through annual out-of-pocket maximums that limit the amount you'll pay each year.
- Choice of coverage levels: Employee Only, Employee + Spouse/Domestic Partner, Employee + Child(ren), or Family.

Consider which plan features are most important to you. Do you want to:	HDHP	Base PPO	Core PPO
Open and contribute to a tax-free HSA, which has no "use it or lose it" rule and offers the opportunity to invest money or future medical costs?	●		
Pay the lowest premium cost, which may make it the least expensive option if you expect to have low health care usage?	●		
Balance your out-of-pocket and paycheck costs with a moderate deductible and premium cost?		●	
Pay the highest premium cost in order to keep your out-of-pocket costs as low as possible when you need care?			●

Medical plan costs

You and CCI share the cost of your medical benefits — CCI pays a generous portion of the total cost and you pay the remainder amount you pay is deducted from your paycheck. Your specific cost is based on the plan and coverage level you selected.

2022 - 2023 paycheck deductions per pay period (before tax) Weekly

Coverage level	HDHP	Base PPO	Core PPO
Employee Only	$0.00	$20.08	$31.38
Employee + Spouse	$115.38	$170.77	$195.23
Employee + Child(ren)	$69.23	$105.69	$126.69
Employee + Family	$173.08	$275.08	$311.08

2022 - 2023 paycheck deductions per pay period (before tax) Semi–Monthly

Coverage level	HDHP	Base PPO	Core PPO
Employee Only	$0.00	$43.50	$68.00
Employee + Spouse	$250.00	$370.00	$423.00
Employee + Child(ren)	$150.00	$229.00	$274.50
Employee + Family	$375.00	$596.00	$674.00

Compare medical plans

The chart below provides a comparison of key coverage features and costs.

	HDHP		Base PPO		Core PPO	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual deductible						
Per person/per family	$4,000 / $8,000	$8,000 / $16,000	$4,000 / $12,000	$10,000 / $20,000	$1,000 / $3,000	$2,000 / $6,000
Out-of-pocket maximum						
Per person/per family	$4,000 / $8,000	Unlimited	$8,150 / $16,300	Unlimited	$4,000 / $12,000	Unlimited
Medical coverage						
Doctor's office visits	0% after Ded	30% after Ded	$35 Copay	50% after Ded	$30 Copay	40% after Ded
Preventive care	Covered 100%	30% after Ded	Covered 100%	50% after Ded	Covered 100%	40% after Ded
Specialist visits	0% after Ded	30% after Ded	$70 Copay	50% after Ded	$60 Copay	40% after Ded
Telemedicine	$44 Copay	Not Covered	$35 Copay	Not Covered	$30 Copay	Not Covered
Outpatient surgery	0% after Ded	30% after Ded	30% after Ded	50% after Ded	20% after Ded	40% after Ded
Inpatient hospital (per stay)	0% after Ded	30% after Ded	30% after Ded	50% after Ded	20% after Ded	40% after Ded
Urgent Care	0% after Ded	30% after Ded	$75 Copay	50% after Ded	$75 Copay	40% after Ded
Emergency room	0% after Ded		$500 Copay + 30% Coinsurance		$500 Copay + 20% Coinsurance	
Labs and X-rays	0% after Ded	30% after Ded	Covered 100%	50% after Ded	Covered 100%	40% after Ded
Retail prescription drugs (30-day supply)						
Generic	$0 after Ded	30% after Ded + 50%	$0 - $20 Copay	$10 - $20 Copay + 50%	$0 - $30 Copay	$10 - $20 Copay + 50%
Brand Formulary	$0 after Ded	30% after Ded + 50%	$50 - $70 Copay	$70 Copay + 50%	$50 - $70 Copay	$70 Copay + 50%
Non-formulary	$80 after Ded	30% after Ded + 50%	$80 Copay	50% after Ded	$80 Copay	50% after Ded
Mail-order prescription drugs (90-day supply)						
Generic	$0 after Ded	Not Covered	$0 - $30 Copay	Not Covered	$0 - $30 Copay	Not Covered
Brand Formulary	$0 after Ded	Not Covered	$150 Copay	Not Covered	$150 Copay	Not Covered
Non-formulary	$0 after Ded	Not Covered	$300 Copay	Not Covered	$300 Copay	Not Covered

** Specialty drugs require a higher out of pocket cost. For the Base and Core plan, preferred specialty drugs require a $150 copay and non-preferred specialty require a $250 copay. Specialty drugs obtained from an out-of-network pharmacy will require an additional 50% coinsurance charge.

Money-saving tips

To stretch your health care dollars, remember to:

- **See in-network providers** who have agreed to accept lower negotiated rates. Visit your plan website to search for in-network providers near you.
- **Use the mail-order pharmacy** to save time and money when refilling long-term prescriptions.

A closer look at the HDHP

The high deductible health plan (HDHP) costs you less from your paycheck, so you keep more of your money. This rewards you for taking an active role as a health care consumer, as a result could save you on your health care costs.

HDHP advantages

1. Lower paycheck costs

Your per-paycheck costs are lower compared to CCI's other health plans, giving you the opportunity to contribute the cost savings to a tax-free (federal taxes) Health Savings Account (HSA). You pay for your initial medical costs until you meet your annual deductible, and then you pay a percentage of any further costs until you reach the annual out-of-pocket maximum.

2. Tax-advantage savings account

To help you pay your deductible and other out-of-pocket costs, the HDHP lets you open a Health Savings Account (HSA) and make tax-free contributions directly from your paycheck. CCI will also contribute the following amounts for 2022 – 2023 to your HSA to help cover your annual deductible:

- $41.67/Month $500/Year for employee-only coverage.
- $83.33/Month $1,000/Year if you cover dependents.

All withdrawals from your HSA are tax-free, as long as you use the money to pay for eligible health care expenses. In addition, all the money in the account is yours and will never be forfeited. It rolls over from year to year, and you can take it with you if you leave the Company or retire. After age 65, you can withdraw funds for any reason without a tax penalty — you pay ordinary income tax only if the withdrawal isn't for eligible health care expenses.

3. Free in-network preventive care

As with all CCI health plans, preventive care is fully covered under the HDHP — you pay nothing toward your deductible and no copays as long as you receive care from in-network providers. Preventive care includes annual physicals, well-child and well- woman exams, immunizations, flu shots, and cancer screenings.

4. Extensive provider network

The HDHP uses Blue Cross Blue Shield of Texas's large network of doctors and other health care providers.

Using a HDHP

1 **Free Preventive Care**	You pay nothing for in-network preventive care.
2 **Deductible**	You pay 100% of your medical expenses up to the annual deductible amount. Use your HSA to plan ahead for these costs.
3 **Coinsurance**	You and the plan share costs once you meet your deductible, until you reach the out-of-pocket maximum.
4 **Out-of-pocket Maximum**	You're protected by an annual limit on costs. The plan starts to pay 100% once you've paid this amount during the year.

Money-saving tip

If you enroll in the HDHP, put the money you save through lower paycheck deductions into your tax-free HSA so you'll have money available when you need to pay out-of-pocket costs.

Health Savings Account (HSA) administered by VIVE

If you enroll in the HDHP, you are eligible to open an HSA. An HSA is a tax-free savings account you can use to pay for eligible health expenses anytime, even in retirement.

How does an HSA work?

- **Build tax-free savings for health care.** You can make before-tax deductions from your paycheck into your HSA, allowing you to save money by using tax-free dollars to pay for eligible medical, prescription, dental, and vision expenses. The total amount that can be contributed to your HSA each year is limited by the IRS. The following limits for 2022 include any company contributions you receive from CCI:
  - Up to $3,650* for employee-only coverage.
  - Up to $7,300* if you cover dependents.
  - Add $1,000 to these limits if you're age 55 or older.

- **Receive Company contributions.** For 2022 - 2023, CCI will make the following contributions to your account:
  - $500/Year for employee-only coverage.
  - $1,000/Year if you cover dependents.

- **Keep your money.** Unlike an FSA, the money in your HSA is always yours to keep and can be rolled over from year to year. You can take your unused balance with you when you retire or leave CCI.
- **Use it like a bank account**. Pay for eligible medical, prescription, dental, and vision expenses for yourself and your family by swiping your HSA debit card, or reimburse yourself for payments you've made (up to the available balance in your account). Keep in mind that you may only access money that is actually in your HSA when making a purchase or withdrawal. There's no need to turn in receipts (but keep them for your records).
- **Earn interest and invest for the future.** Once your interest-bearing HSA reaches a minimum balance, you can invest in a variety of no-load mutual funds similar to 401(k) investments.

- **Never pay taxes.** Contributions are made on a before-tax basis, and your withdrawals will never be subject to federal income taxes when used for eligible expenses. Any interest or earnings on your HSA balance build tax-free, too.*

** Money in an HSA grows tax-free and can be withdrawn tax-free if it is used to pay for qualified health care expenses (for a list of eligible expenses, see IRS Publication 502, available at www.irs.gov). If money is used for ineligible expenses, you will pay ordinary income tax on the amount withdrawn plus a 20% penalty tax if you withdraw the money for ineligible expenses before age 65. After age 65, withdrawals for ineligible expenses are only subject to ordinary income tax. Please review your state regulations as you may have to pay state taxes depending on your residency.*

HSA eligibility

In order to establish and contribute to an HSA, you:

- Must be enrolled in a high deductible health plan, like CCI's HDHP.
- Cannot be covered by any other medical plan that is not a qualified high deductible plan. This includes a spouse's medical coverage unless it's an HSA-qualified plan.
- Cannot be enrolled in a traditional health care FSA in 2022.
- Cannot be enrolled in Medicare, including Parts A.
- Cannot be claimed as a dependent on another person's tax return.
- Cannot be a veteran who has received treatment, other than preventive care, through the Department of Veterans Affairs within the past three months.

Dental

Healthy teeth and gums are important to your overall wellness. That's why it's important to have regular dental checkups and maintain good oral hygiene. Learn about the dental plans available to help you maintain your oral health.

	High Plan	Low Plan
Annual deductible (per person/per family)	$50/$150	$50/$150
Calendar-year maximum	$1,500	$750
Preventive/diagnostic services	$0(Deductible Waived)	$0(Deductible Waived)
Basic services	20% after Deductible	20% after deductible
Major services	50% after Deductible	N/A
Orthodontia annual Maximum (per child up to age 19)	$1,500	N/A

Benefits shown are for in-network providers and are based on negotiated fees. Out-of-network coverage is based on reasonable and customary (R&C) charges.

Dental 2022 – 2023 per-paycheck deductions (before tax) Weekly

Plan	Employee Only	Employee +Spouse	Employee +Children	Employee +Family
High Plan	$6.92	$14.96	$17.39	$27.37
Low Plan	$5.16	$11.10	$12.49	$19.79

Dental 2022 – 2023 per-paycheck deductions (before tax) Semi-Monthly

Plan	Employee Only	Employee +Spouse	Employee +Children	Employee +Family
High Plan	$15.00	$32.42	$37.68	$59.31
Low Plan	$11.17	$24.05	$27.06	$42.88

Vision

Having vision coverage allows you to save money on eligible eye care expenses, such as periodic eye exams, eyeglasses, contact lenses, and more for you and your covered dependents.

	In-Network	Out-of-Network
Exam (once per calendar year)	$10 Copay	Up to $30
Lenses (once per calendar year)	$25 Copay	Up to $25
Frames (once per calendar year)	$130 Allowance + 20% Discount	Up to $65
Contact lenses (instead of glasses) (Once Every 12 Months)	Up to $60 Copay	
Fitting	Covered in full after eyewear copay	Up to $210
Medically Necessary	$130 Allowance	
Elective		Up to $104

Vision 2022 - 2023 per-paycheck deductions (before tax) Weekly

Plan	Employee Only	Employee +Spouse	Employee +Children	Employee +Family
Vision Plan	$1.57	$2.98	$3.13	$4.61

Vision 2022 - 2023 per-paycheck deductions (before tax) Semi-Monthly

Plan	Employee Only	Employee +Spouse	Employee +Children	Employee +Family
Vision Plan	$3.40	$6.45	$6.79	$9.98

Focus on wellness

CCI is committed to helping you feel your best and live well. We offer benefits and programs that support your total health and make it easier to pursue your wellness goals.

Take advantage of preventive care benefits

Good preventive care can help you stay healthy and detect any "silent" problems early, when they're most likely to be treatable. Most in-network preventive services are covered in full, so there's no excuse to skip it.

- **Have a routine physical exam each year.** You'll build a relationship with your doctor and can reduce your risk for many serious conditions.
- **Get regular dental cleanings.** Numerous studies show a link between regular dental cleanings and disease prevention — including lower risks of heart disease, diabetes, and stroke.
- **See your eye doctor at least once every two years**. If you have certain health risks, such as diabetes or high blood pressure, your doctor may recommend more frequent eye exams.

Don't have a personal doctor? You should. Here's why.

- **Better health.** Getting the right health screenings each year can reduce your risk for many serious conditions. And remember, preventive care doesn't cost you anything.
- **A healthier wallet.** A PCP can help you avoid costly trips to the emergency room. Your doctor will also help coordinate specialist care, if needed.
- **Peace of mind.** Advice from someone you trust means a lot when you're healthy, but it's even more important when you're sick.

Get care from your couch

When you don't feel well, or your child is sick, the last thing you want to do is leave the comfort of your home to sit in a crowded waiting room full of other sick people. A virtual consultation, included as a covered service under your medical plan, lets you consult with a doctor from the comfort of your home or office without an appointment. When you seek care through virtual visits, you'll pay a flat copay amount, similar to an office visit. Consider a virtual visit when your doctor isn't available, you become ill while traveling, or you're considering visiting a hospital emergency room for a non-emergency health condition. To learn more and register for care, go to MDLIVE.com/BCBSTX, call 888-860-8646 or text BCBSTX to 635-483. Download the MDLIVE app!

FINANCIAL

Your benefits include programs to help ensure financial security for you and your family. We also provide access to voluntary benefits designed to help you save money on valuable supplemental insurance coverage.

Life and Accident insurance

As a CCI employee, you receive company-paid life and accident insurance and have the option to purchase additional coverage for yourself and your family.

Employee basic life and AD&D insurance

You automatically receive basic life and accidental death and dismemberment (AD&D) insurance so that you can protect those you love from the unexpected. There is no cost to you for this coverage. Your benefit amount will be $15,000 for hourly employees and $50,000 for salary employees.

Employee supplemental life and AD&D insurance

If you want added protection, you can purchase supplemental life and/or AD&D insurance for yourself. You may elect coverage in increments of $10,000 up to $500,000 (Elect up to $100,000 in coverage without Evidence of Insurability (EOI)).

Spouse/domestic partner voluntary life and AD&D insurance

You may also purchase life and/or AD&D insurance for your spouse or domestic partner in increments of $5,000 up to $100,000 (Elect up to $25,000 in coverage without Evidence of Insurability (EOI)).

Life insurance rates

Rates per $1,000 of coverage (before-tax)	
	Employee/Spouse Supplemental Life
Younger than 30	$0.084
30-34	$0.086
35-39	$0.105
40-44	$0.158
45-49	$0.251
50-54	$0.400
55-59	$0.630
60-64	$0.960
65-69	$1.780
70 or older	$2.860

AD&D insurance rates (all ages)	
Employee supplemental AD&D	Monthly rate per $1,000 = $0.044
Spouse/domestic partner AD&D	Monthly rate per $1,000 = $0.044

Child voluntary life insurance

Optional child life and/or AD&D insurance can be purchased in increments $1,000 up to a max of $10,000. (per child-no Evidence of Insurability (EOI) required during initial election). The life rate is $0.414 per $1,000 in coverage and the AD&D rate is $0.44 per $1,000 in coverage, regardless of the number of children covered, after tax.

Federal tax law requires CCI to report the cost of company-paid life insurance in excess of $50,000 as imputed income. AD&D benefits are paid in addition to any life insurance if you die in an accident or become seriously injured or physically disabled.

You may have to complete an evidence of insurability (EOI) medical questionnaire to determine whether you or your spouse is insurable for supplemental life insurance amounts. If required, one will be provided to you.

What is AD&D insurance?

Should you lose your life, sight, hearing, speech, or use of your limb(s) in an accident, AD&D provides additional benefits to help keep your family financially secure. AD&D benefits are paid as a percentage of your coverage amount — from 50% to 100% — depending on the type of loss.

Have you named a beneficiary?

Be sure you've selected a beneficiary for all your life and accident insurance policies. The beneficiary will receive the benefit paid by a policy in the event of the policyholder's death. It's important to designate a beneficiary and keep that information up-to-date. Visit Employee Portal to add or change a beneficiary.

Additional benefits

As part of your Company benefits package, you have access to a variety of additional programs that can help save you money and provide important assistance with everyday needs.

Accident insurance

You can't always avoid accidents — but you can help protect yourself from accident-related costs that can strain your budget. Accident insurance supplements your primary medical plan and disability programs by providing cash benefits in cases of accidental injuries. You can use this money to help pay for uncovered medical expenses, such as your deductible or coinsurance, or for ongoing living expenses, such as your mortgage or rent. Benefits are paid in addition to other coverages you may have, such as medical or an AD&D plan.

Accident insurance rates – Weekly

Tiers	Rates
Employee Only	$1.91
Employee + Spouse	$3.17
Employee + Child(ren)	$3.66
Family	$5.75

Accident insurance rates – Semi Monthly

Tiers	Rates
Employee Only	$4.14
Employee + Spouse	$6.87
Employee + Child(ren)	$7.93
Family	$12.46

Critical illness insurance

This plan protects against the financial impact of certain covered illnesses such as a heart attack or cancer. You receive a direct lump-sum benefit to cover out-of-pocket expenses for your treatments that are not covered by your medical plan. You can also use the money to take care of your everyday living expenses, such as housekeeping services, special transportation services and day care.

Critical illness insurance monthly costs per $1,000 benefit*

***Dependent Child(ren) Rates per $1,000: $0.216**

Attained Age	Employee Rates	Spouse Rates
< 30	$0.367	$0.564
30 – 39	$0.563	$0.781
40 – 49	$1.131	$1.385
50 – 59	$2.506	$2.782
60 – 64	$4.174	$4.450
65+	$7.994	$8.497

ENROLL

After you've carefully considered your benefit options and anticipated needs, it's time to make your benefit selections. Follow the instructions to enroll yourself and any eligible dependents in health and insurance benefits for 2022 – 2023.

How to enroll

You can enroll for your benefits either:

Online

Log in to **Employee Portal**

Enroll from any computer with internet access, 24 hours a day, seven days a week. Follow the prompts to set up your account and select a secure password.

By phone

If you need assistance, contact the Human Resources Department at (817)573-3079 ext. 1117

What happens if you don't enroll?

As a new employee – If you don't enroll in benefits within 60 days of your hire date, you will not have benefits coverage, except for those that are fully paid by CCI, such as basic life and AD&D insurance

During Open Enrollment – if you want to make changes to your benefits or enroll in the HDHP medical plan or HSA, you must take action before the enrollment deadline. If you don't enroll, you will keep your current coverage.

Changes during the year

After your enrollment opportunity ends, you won't be able to change your benefits coverage during the year unless you experience a qualifying life event, such as marriage, divorce, birth, adoption, or a change in your or your spouse/domestic partner's employment status that affects your benefits eligibility.

Effective date of coverage

For new employees, the effective date of coverage for most plans is the first of the month following 60 days if you are an hourly employee and first of the month following date of hire if you are a salary employee. For existing employees enrolling during Open Enrollment, the effective date of most plans is August 1st 2022

Contacts

Please contact the appropriate provider listed below to learn more about a specific benefit plan.

Benefit Plan	Provider	Phone number	Website	Plan/Group ID
Medical / Prescription	BCBS of TX	1-800-521-2227	www.bcbstx.com	PPO: 321815 HDHP: 321816
Health Savings Account (HSA)	VIVE	1-855-472-4090	cci.vivebenefits.com	8229963
Dental	BCBS of TX	1-800-521-2227	www.bcbstx.com	321817
Vision	BCBS of TX	1-855-556-8796	www.eyemedvisioncare.com/bcbstxvis	N/A
Life and AD&D Insurance	BCBS of TX	1-877-442-4207	www.bcbstx.com/ancillary	N/A
Accident Insurance	BCBS of TX	1-877-442-4207	www.bcbstx.com/ancillary	N/A
Critical Illness Insurance	BCBS of TX	1-800-438-4207	www.bcbstx.com/ancillary	N/A

Medicare Part D Notice of Creditable Coverage

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. Culberson Construction has determined that the prescription drug coverage offered by Blue Cross Blue Shield of TX is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan

When Can You Join a Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?
If you decide to join a Medicare drug plan, your current Culberson Construction coverage will not be affected. If you do decide to join a Medicare drug plan and dorp your current Culberson Construction coverage, be aware that you and your dependents may not be able to get this coverage back.

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 Culberson Construction 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,

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan? (continued)
your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For more information about this notice or your current prescription drug coverage:
Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Culberson Construction changes. You also may request a copy of this notice at any time.

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

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.

- Call 1-800-MEDICARE (1-800-633-4227) TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at:
- www.socialsecurity.gov
- or call: 1-800-772-1213 (TTY: 1-800-325-0778)

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

Date: 8/1/2020
Culberson Construction, LLC
4500 Colony Road
Granbury, TX 76048

Phone number:
CCI: 1-817-573-3079 ext.1117

Reminder of Availability of Privacy Notice

This is to remind plan participants and beneficiaries of the Culberson Construction Health and Welfare Plan (the "Plan") that the Plan has issued a Health Plan Privacy Notice that describes how the Plan uses and disclosed protected health information (PHI). You can obtain a copy of the Culberson Construction Health and Welfare Plan Privacy Notice upon your written request to the Human Resources Department, at the following address:

Culberson Construction, LLC
4500 Colony Road
Granbury, TX 76048

If you have any questions, please contact the Culberson Construction Human Resources Office, or your company human resources contact.

Women's Health and Cancer Rights Act

Federal law requires a group health plan to provide coverage for the following services to an individual receiving plan benefits in connection with a mastectomy:

• Reconstruction of the breast on which the mastectomy has been performed;

• Surgery and reconstruction of the other breast to produce a symmetrical appearance; and

• Prostheses and physical complications for all stages of a mastectomy, including lymphedema (swelling associated with the removal of lymph nodes).

The group health plan must determine the manner of coverage in consultation with the attending physician and patient. Coverage for breast reconstruction and related services will be subject to deductibles and coinsurance amounts that are consistent with those that apply to other benefits under the plan.

Newborns' and Mothers' Health Protection Act Disclosure

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

Continuation Coverage Rights Under Cobra

Introduction
You are receiving this notice because you have recently become covered under a group health plan (the Plan). This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage.

It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What Is COBRA Continuation Coverage?
COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

• Your hours of employment are reduced, or

• Your employment ends for any reason other than your gross misconduct

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:
• Your spouse dies;

• Your spouse's hours of employment are reduced;

• Your spouse's employment ends for any reason other than his or her gross misconduct;

• Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or

• You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happen:
• The parent-employee dies;

• The parent-employee's hours of employment are reduced

• The parent-employee's employment ends for any reason other than his or her gross misconduct;
• The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
• The parents become divorced or legally separated; or

• The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?
The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events
For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Culberson Construction Human Resources.

How is COBRA Coverage Provided?
Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Continuation Coverage Rights Under Cobra

Disability extension of 18-months period of Continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If you Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at **www.dol.gov/ebsa**. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

For further information regarding the plan and COBRA continuation, please contact:

Culberson Construction, LLC
4500 Colony Road
Granbury, TX 76048

Phone Number:
CCI: **1-817-573-3079 ext. 1117**

Premium Assistance Under Medicaid and theChildren'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 premiumassistance 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 yourState 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 dependentsmight 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 eligiblefor 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 January 31, 2022. Contact your State for more informationon eligibility -

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Programhttp://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid	**COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)**
The AK Health Insurance Premium Payment ProgramWebsite: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center:1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	**FLORIDA-Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA-Medicaid	MAINE-Medicaid
A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization- act-2009-chipra Phone: (678) 564-1162, Press 2	Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711
INDIANA-Medicaid	**MASSACHUSETTS-Medicaid and CHIP**
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/Phone 1-800-457-4584	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840
IOWA-Medicaid and CHIP (Hawki)	**MINNESOTA-Medicaid**
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: https://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
KANSAS-Medicaid	**MISSOURI-Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
KENTUCKY-Medicaid	**MONTANA-Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspxPhone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
LOUISIANA-Medicaid	**NEBRASKA-Medicaid**
Website: www.medicaid.la.gov or www.ldh.la.gov/lahippPhone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178

NEVADA-Medicaid	SOUTH CAROLINA-Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEW HAMPSHIRE-Medicaid	**SOUTH DAKOTA-Medicaid**
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW JERSEY-Medicaid and CHIP	**TEXAS-Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW YORK-Medicaid	**UTAH-Medicaid and CHIP**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA-Medicaid	**VERMONT-Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH DAKOTA-Medicaid	**VIRGINIA-Medicaid and CHIP**
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OKLAHOMA-Medicaid and CHIP	**WASHINGTON-Medicaid**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
OREGON-Medicaid	**WEST VIRGINIA-Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	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)
PENNSYLVANIA-Medicaid	**WISCONSIN-Medicaid and CHIP**
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
RHODE ISLAND-Medicaid and CHIP	**WYOMING-Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	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 January 31, 2022, or for more information onspecial 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

Paperwork Reduction Act Statement

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

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

While every effort has been made to ensure accuracy of this benefits guide, the plan documents and contracts will prevail in case of discrepancy between this guide and the plan documents and contracts. In addition, the company reserves the right to modify or terminate any benefit plans at any time

The Information in this booklet constitutes a Summary of Material Modifications (SMM) of the CCI benefits Handbook for the noted plan changes. Effective August 1, 2022, this benefit guide, along with a copy of the Summary Plan Description (SPD) in the CCI Benefit Handbook, will comprise the SPD. Please retain this guide for reference. The CCI Benefits Handbook is accessible on Employee Portal (viewpointforcloud.com). If you have questions or need to request a hard copy of your CCI Benefits Handbook, please contact CCI Benefits at 1-817-573-3079 Ext. 1117