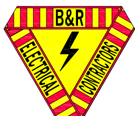
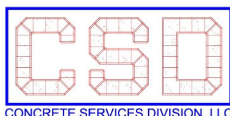
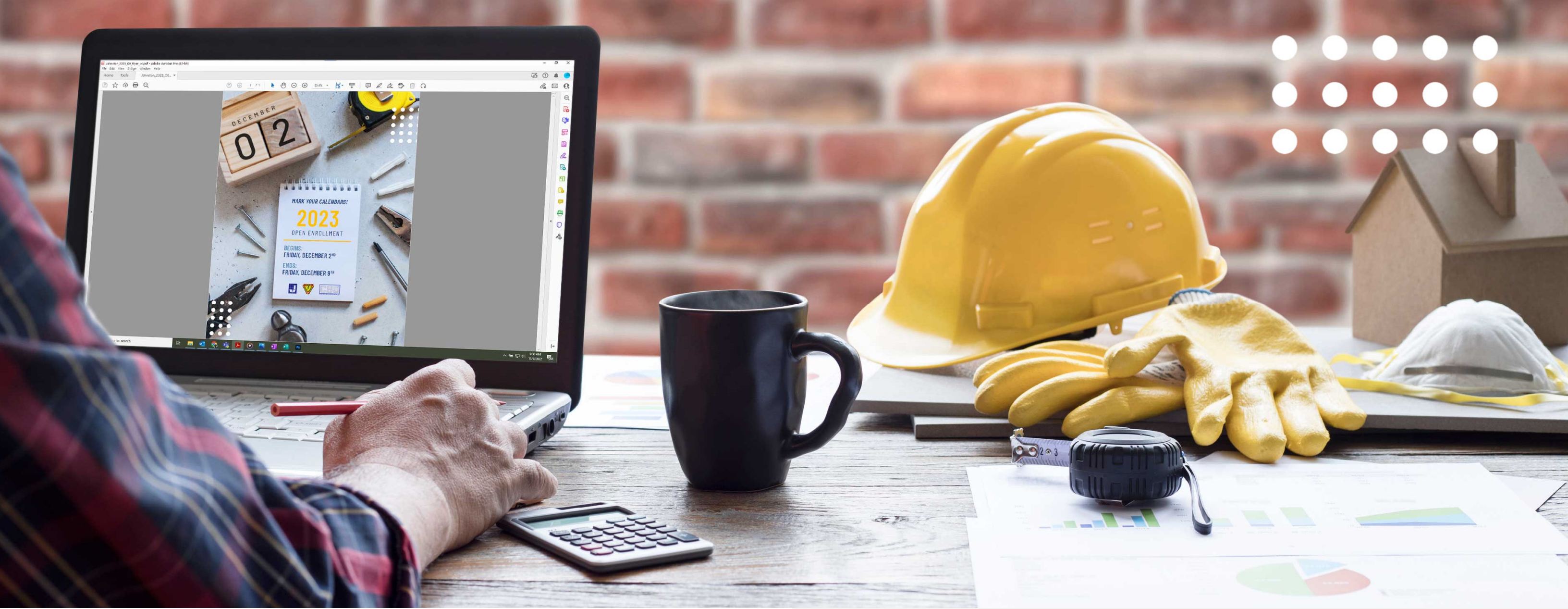
2023

EMPLOYEE BENEFITS GUIDE







WELCOME TO JCC/BRE/CSD!

Johnston Construction Company (JCC), B and R Electrical Contractors, Inc. (BRE), and Concrete Services Division LLC (CSD) strive to offer you and your eligible dependents a competitive and comprehensive benefits package. We encourage you to take the time to review this Guide and educate yourself about the benefits that JCC/BRE/CSD offer to you and your family.

The employee benefits outlined in in this Guide are effective through December 31, 2023.

Questions?

If you have any questions about your benefits, please contact the Conner Strong & Buckelew Member Advocacy Team at **800.563.9929** (Monday through Friday, 8:30 am to 5:00 pm ET) or submit a request online anytime at **www.connerstrong.com/memberadvocacy.**

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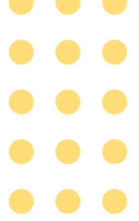
ELIGIBILITY & ENROLLMENT



Who is Eligible?

Full-time employees who work a regular schedule of 30 hours or more per week, are eligible to enroll in the benefits described in this Guide on the first of the month, following 60 days of continuous employment. Only eligible dependents can be enrolled. Eligible dependents include all of the following:

- Your spouse (PLEASE NOTE: If your spouse is employed full-time and eligible for benefits, he/she is not eligible for JCC/BRE/CSD benefits)
- Your dependent child(ren) to age 26 regardless of student status or that meet(s) the eligibility criteria

How Do I Enroll in Benefits?

You **MUST** complete and submit an election form to Human Resources to enroll. The benefits you elect will remain in place until December 31, 2023.

IMPORTANT:

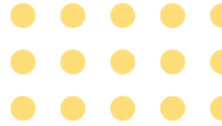
Once you make your elections, you will not be able to change them until the next Open Enrollment period, unless you experience a qualified change in status.

Qualified Status Changes

Qualified status changes include: marriage, divorce, civil union partner status change, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence due to an employment transfer for you, your spouse or civil union partner, commencement or termination of adoption proceedings, or change in your spouse's or civil union partner's benefits or employment status. **You must notify Human Resources within 31 days of experiencing a qualified status change.**

MEDICAL BENEFITS

Meritain



Below is a summary of the medical plan options available to you and your family. If you enroll in one of the High Deductible Health Plans (HDHP), you can make pre-tax contributions toward a Health Savings Account (HSA) which can be used to pay for eligible healthcare expenses.

	HSA PLAN OPTION #1		HSA PLAN OPTION #2	
MEDICAL BENEFITS	**IN-NETWORK**	**OUT-OF-NETWORK**	**IN-NETWORK**	**OUT-OF-NETWORK**
Annual Deductible Individual Family	$2,500 $5,000	$6,000 $12,000	$1,400 $2,800	$6,000 $12,000
Maximum Out-of-Pocket Individual Family	$6,450 $12,900	$12,000 $24,000	$6,450 $12,900	$12,000 $24,000
Coinsurance	100%	60%	100%	60%
Primary Care Physician (PCP) Office Visit	$40 copay after deductible	60% after deductible	$40 copay after deductible	60% after deductible
Specialist Office Visit	$70 copay after deductible	60% after deductible	$70 copay after deductible	60% after deductible
Preventive Care	100%	60% after deductible	100%	60% after deductible
Inpatient Hospital	100% after deductible	60% after deductible	100% after deductible	60% after deductible
Outpatient Surgery	100% after deductible	60% after deductible	100% after deductible	60% after deductible
Independent X-Ray or Lab Facility	100% after deductible	60% after deductible	100% after deductible	60% after deductible
Emergency Room	$200 copay after deductible		$200 copay after deductible	
Urgent Care	100% after deductible	60% after deductible	100% after deductible	60% after deductible
Chiropractic (20 visits per year)	$70 copay after deductible	60% after deductible	$70 copay after deductible	60% after deductible
Inpatient Mental Health & Substance Abuse	100% after deductible	60% after deductible	100% after deductible	60% after deductible
Outpatient Mental Health & Substance Abuse	$40 copay after deductible	60% after deductible	$40 copay after deductible	60% after deductible

PRESCRIPTION DRUG BENEFITS

CVS/Caremark & RxBenefits

If you are enrolled in one of the medical plans, you are automatically enrolled in the prescription drug plan below.

RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)	
Generic	$8 copay after medical deductible*
Formulary Brand	$45 copay after medical deductible
Non-Formulary Brand	$95 copay after medical deductible
MAIL ORDER PHARMACY (UP TO A 90-DAY SUPPLY)	
Generic	$16 copay after medical deductible*
Formulary Brand	$90 copay after medical deductible
Non-Formulary Brand	$190 copay after medical deductible

* Generic medications on the High Deductible Health Plan (HDHP) Health Savings Account (HSA) Preventive Drug List are subject only to the copay, the deductible is waived.

Save with Generic Drugs

To get the most from your benefits plan, it pays to be a wise consumer. You can save yourself money on your prescriptions by choosing generic versions of medications, when possible. Check with your prescribing physician to see if a generic version exists.

No Deductible for Generic Medications on the Preventive Drug List

Our plan includes the HDHP/HSA Preventive Drug List, making it easier to save on the medications that are taken regularly for chronic conditions such as high cholesterol, high blood pressure or asthma. If you fill a medication on the list, you will only be responsible for the plan's generic copay amount—no deductible. If a medication you take regularly is not on the list, just ask your doctor if a listed medication might be right for you. Visit **www.caremark.com** to view the Preventive Drug List.

Download the Caremark Mobile App

You can manage your prescription benefit anytime, anywhere by downloading the Caremark app to your mobile device.

Get Your Prescriptions at a Retail Pharmacy or Through Mail Order

Depending on the nature of your prescription, you can have your prescriptions filled at a participating retail pharmacy or by mail.

- Fill prescriptions for up to a 30-day supply at a participating CVS/Caremark pharmacy.
- If you have a chronic condition and you take medication for it for long periods of time, you can have it filled by mail.

To use the mail order service contact RxBenefits at **1.877.745.4398** for more information.

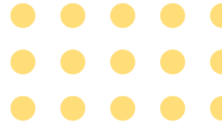
MAIL ORDER Rx TIP:* *Ask your doctor for two prescriptions, one for 30 days and one for 90 days. Fill the 30 day prescription at a network pharmacy to use while waiting for your 90 day prescription to arrive.

Certain Drugs Must Be Approved

If your prescription is for a very expensive drug, or one that can be easily abused, prior authorization may be required. For more information, contact RxBenefits customer service at **1.800.334.8134**.

HEALTH SAVINGS ACCOUNT (HSA)

Benefit Wallet



If you participate in one of the High Deductible Health Plans (HDHP), you may be eligible to participate in a Health Savings Account (HSA). An HSA allows you to set aside funds on a pre-tax basis which can be used to pay for qualified out-of-pocket healthcare expenses, as defined by the IRS.

To Be Eligible for the HSA, You:

- Must have coverage under an HSA-qualified HDHP
- Cannot have other first-dollar medical coverage
- Cannot be entitled to Medicare
- Cannot be claimed as a dependent on someone else's tax return

HSA Eligible Expenses Include:

- Medical and prescription drug deductibles, coinsurance and copayments
- Orthodontia or other dental care
- Eye exams, contact lenses and glasses

For a complete list of qualified HSA expenses, please visit **www.irs.gov**.

HSA Contributions

For 2022, the contribution limits are:

- **$3,850** for employee only coverage
- **$7,750** for family coverage
- The annual catch-up contribution for employees age 55 and older is **$1,000** per month

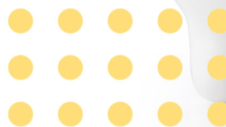
Contributions to the HSA must stop once you are enrolled in Medicare. However, the money in your account can still be used to pay for qualified healthcare expenses.

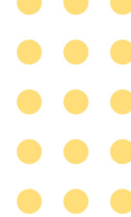
Key Benefits of an HSA

- Contributions may be taken out of your paycheck before taxes are calculated; therefore, you pay fewer taxes on what you earn.
- The HSA is portable, meaning that if you leave the organization, you can take your HSA funds with you.
- There is no "use it or lose it" provision with an HSA. If you don't use the money in your account by the end of the year, it stays there and collects interest on a tax-deferred basis.

Questions?

Contact Meritain Health Customer Service, at the number listed on your ID Card.

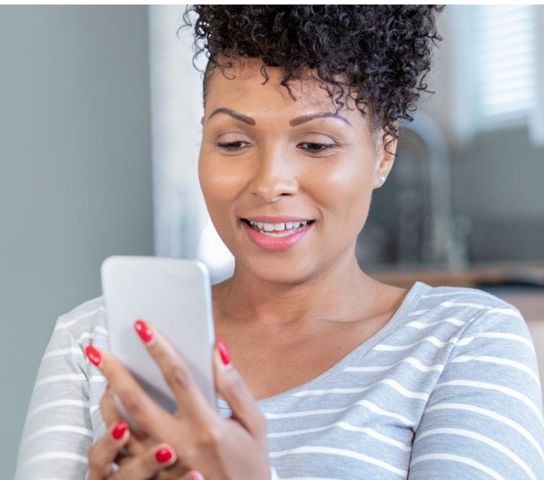




TELEMEDICINE

Teladoc

Whether you're on vacation or it's the middle of the night, the care you need is just **A CALL OR CLICK AWAY**.



Sometimes you need to speak with a doctor when it's not possible to attend an office visit. Teladoc is a national network of U.S. board-certified doctors available on-demand 24/7/365 to diagnose, treat and prescribe medication, if necessary, for many of your medical issues. It's quality care when you need it.

The cost for a Teladoc consultation is $40. Once your deductible is met, this service will be covered at 100%.

State-licensed doctors can resolve many of your medical issues including, but not limited to:

- Cold & flu symptoms
- Bronchitis
- Respiratory infection
- Sinus problems
- Allergies
- Urinary tract infection
- Ear infection
- Pink eye

With your consent, Teladoc will provide information about your consult to your primary care physician. Your electronic health record is secure and portable.

If a Teladoc provider writes a prescription, it can be filled using your prescription drug benefits.

PLEASE NOTE:
All users over the age of 18 must complete their own medical history disclosure form, dependents under the age of 18, their guardian must fill out their form.

Visit **www.teladoc.com** or call **1.800.TELADOC** (835-2362) to activate and set up your account.
To download the app, visit **www.teladoc.com/mobile**.

USING IN-NETWORK PROVIDERS

Meritain

It's Easy To Find Doctors and Hospitals in Your Network

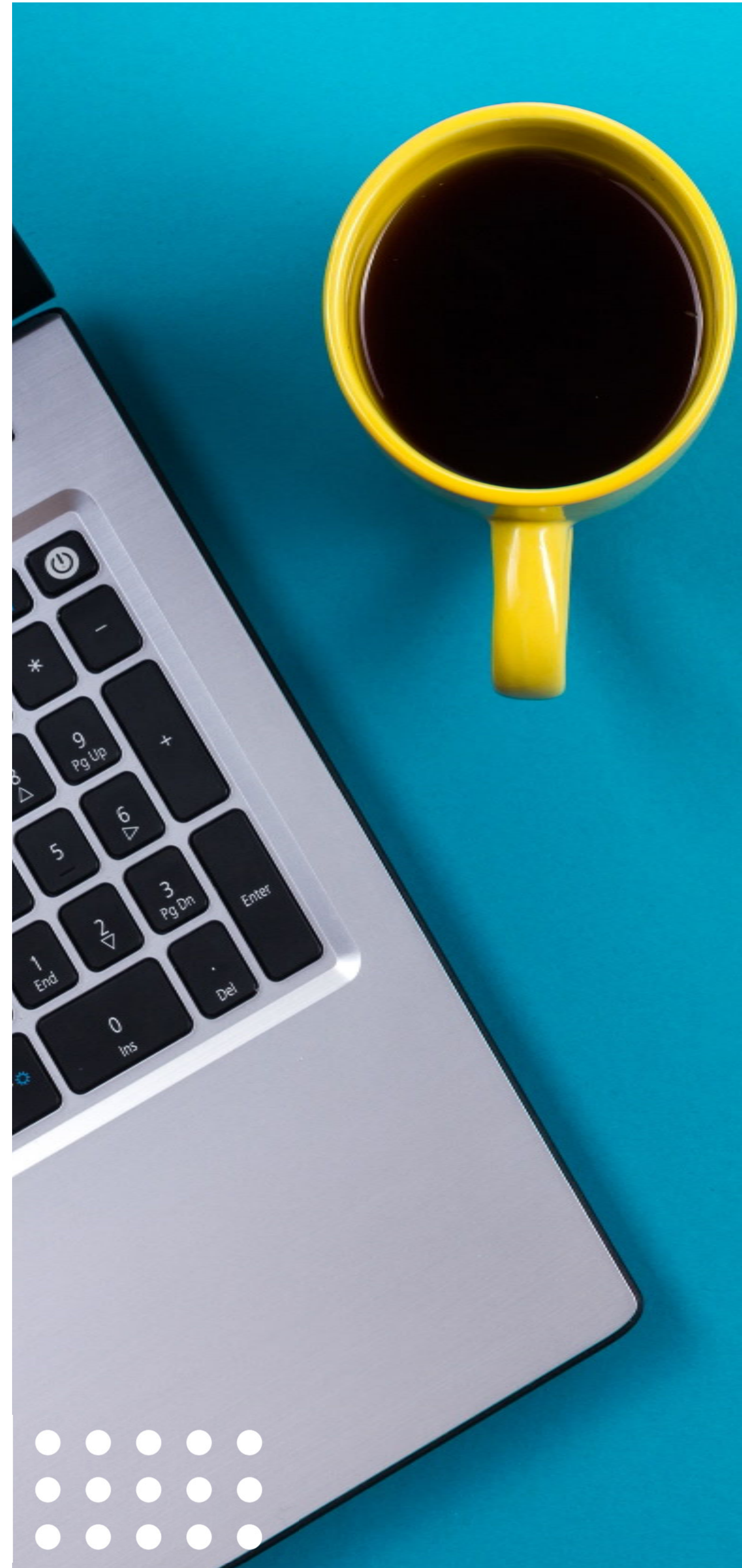
It's easy when you use the online DocFind directory from Aetna. With up-to-date listings, you can search for providers by name, specialty, gender, hospital affiliations and more.

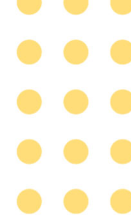
Use the DocFind Directory Anywhere You Have Internet Access:

- Visit **www.aetna.com/docfind/custom/mymeritain**.
- **Key in the zip, city, county or state** of the desired geographical area and click **Search**
- Key in **Aetna Choice® POS II (Open Access)** under *Select a Plan*. or you can select Aetna Choice® POS II (Open Access) from the list of plans. Click **Continue**
- There are two options available to search for providers:
  1. **Click on one of the categories** under *Find what you need by category*, or
  2. **Use the search box**, key in the type of provider, provider name, specialty or condition
- Choose your provider from the list of providers displayed on the results screen and learn more about each provider by clicking on their name
- Narrow your search results by provider gender, languages, hospital affiliations and more by using the **Filter & Sort** option

Find providers by phone

Need a provider when you're not near a computer?
No problem. Simply call the Aetna Provider Line at **1.800.343.3140** from 8:00 a.m.–9:00 p.m. ET, Monday through Friday. If you need more information, contact Meritain Health at **1.800.925.2272**.





HEALTHCARE BLUEBOOK

Shop for Care and Save Money!

Provider charges for healthcare vary widely, even within networks. With Healthcare Bluebook you can compare prices to choose the most cost-effective providers.

Healthcare Bluebook is a pricing transparency solution that helps employees shop for providers based on costs for the same healthcare service. It also allows employers to include online programs that encourage—and reward—smart choices. ***With Healthcare Bluebook, both employers and employees can save on healthcare costs.***

How Do I Use Healthcare Bluebook?

- Log in to **www.myMERITAIN.com**
- Click on the **Cost Information** tab at the top of the page and choose **Healthcare Bluebook** from the drop-down
- Simply search for prices using the drop-down menu options, or if you know the name of the procedure or service, you can type it in the search box to quickly access related information

What is *Go Green to Get Green*?

Where network-specific provider reimbursement information is available, Healthcare Bluebook displays the high, low and recommended Fair Price™ for the procedure you are searching for. The *Go Green to Get Green* program rewards employees for selecting "green" providers.

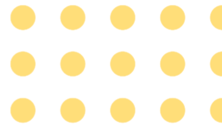
Providers are ranked as green (those who charge at or below Fair Price), yellow or red (providers who charge the most). When employees select "green" providers for certain healthcare services, they receive a cash incentive—allowing them to save, as well as earn, for cost-effective provider selection. **The follow are procedures included in the *Go Green to Get Green* program, with associated incentives:**

PROCEDURE	INCENTIVE
Most CT Scans	$25
Most MRIs	$25
Cataract Surgery	$50
Ear tube placement (tympanostomy)	$50
Colonoscopy	$100
Upper gastrointestinal endoscopies	$100

Get the Mobile App

With the Healthcare Bluebook app, you can access the same price and provider information that's available through the full Healthcare Bluebook website—all with the swipe of your finger.

WELLNESS INCENTIVES



Become a Healthier You While Saving Time and Money!

By participating in the wellness program offered by JCC/BRE/CSD, you can reduce your medical/prescription drug contributions, depending upon your coverage tier:

- **$20 per week** reduction for employee/spouse or family coverage, or
- **$10 per week** reduction for employee only, or employee/child(ren) coverage

If both you and your spouse are enrolled in the medical/ prescription drug plan in 2023, you both must complete the program requirements.

In order to receive the reduction for the first period of 2023, **ALL FOUR** requirements below must be completed by November 30, 2023:

- COMPLETE A BIOMETRIC SCREENING which is a blood pressure reading as well as a blood draw that measures total cholesterol, HDL, LDL, Triglycerides and blood glucose. This can be done as part of the annual physical (patient to give enclosed certification form to provider).
- COMPLETE A PHYSICAL EXAMINATION from your Primary Care Physician (PCP) (patient to give enclosed certification form to provider).
- COMPLETE A HEALTH RISK ASSESSMENT (HRA) which is located at **www.myMERITAIN.com** and click on **My Personal Health Dashboard**, then click on the **Create Account** link. We recommend doing this after you have done your biometrics so you have the results available to complete the HRA.
- COMPLETE A NON-TOBACCO USER AFFIDAVIT (affidavit attached), or complete a tobacco cessation program through the Freedom from Smoking online program through the American Lung Association at **www.freedomfromsmoking.org** and clicking **Join Now**. When you have completed all of the modules, you will be asked to fill out the Program Evaluation. Once your evaluation has been received, you will be sent an email with a link to a **Certificate of Participation** (this must be provided to Human Resources).

If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard.

If you have additional questions or want to request a reasonable accommodation or an alternative standard, please contact Human Resources.

ADDITIONAL FREE TOOLS & RESOURCES

GlobalFit Gym Discount Program

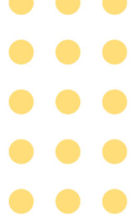
GlobalFit offers discounts at more than 10,000 gyms nationwide. Members also get exclusive savings on home health and fitness products including Zumba, Total Gym, Schwinn, StairMaster and more! Learn more about GlobalFit by calling **800.294.1500** or visit **www.globalfit.com/connerstrong.**

Healthier at Home

This resource is a private website that encompasses over 300 health topics along with self -help tools, videos, clinical and other resources for consumers. For more information, visit Healthier at Home today at: **www.healthylife.com/online/healthierathome/ConnerStrongBuckelew.**

GoodRx

Good Rx allows you to simply and easily search for retail pharmacies that offer the lowest price for specific medications. Use Good Rx to compare drug prices at local and mail-order pharmacies and discover free coupons and savings tips. Find out how GoodRx can save on your prescription drugs by visiting **www.connerstrong.goodrx.com.**



DENTAL BENEFITS

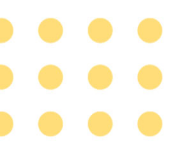
Principal

Below is a summary of the dental benefit, available to you and your family AT NO COST - JCC/BRE/CSD pays 100% of the dental premium.

	DENTAL PPO PLAN
	IN-NETWORK & OUT-OF-NETWORK
Calendar Year Deductible* Individual/Family	$50/$150
Calendar Year Maximum**	$1,000
Preventive & Diagnostic Services • Exams • Cleanings • Bitewing X-rays (each twice in a calendar year) • Fluoride Treatment (once in a calendar year, children to age 19)	Covered 100%
Basic Services • Fillings, Extractions • Endodontics (root canal) • Periodontics, Oral Surgery • Sealants	Plan pays 80% after deductible
Major Services • Crowns • Gold Restorations • Bridgework • Full and Partial Dentures	Plan pays 50% after deductible

* In-Network deductibles for basic and major procedures are combined. Non-Network deductibles for basic and major procedures are combined.
** Maximums for preventive, basic, and major procedure are combined. In-Network calendar year maximums are $1,000 per person. Non-Network calendar year maximums are $1,000 per person.

Please refer to the Plan Summary for more detailed information regarding your benefits. Please reference the provider directory on **www.principal.com** to locate nearby dentists or to see if your dentist participates in your network.



VISION BENEFITS

Vision Benefits of America (VBA)

VBA VISION PLAN

MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Exam (Glasses or Contacts)	Covered 100%	Reimbursed up to $40
Frames[B]	Covered 100%	Reimbursed up to $50
Lenses		
Single Vision Lenses	Covered 100%	Reimbursed up to $40
Bifocal/Blended Bifocal Lenses	Covered 100%	Reimbursed up to $50
Trifocal Lenses	Covered 100%	Reimbursed up to $75
Progressives[D]	Controlled Cost[E]	Reimbursed up to $75
Lenticular Lenses	Covered 100%	Reimbursed up to $100
Polycarbonate[C]	Covered 100%	N/A
Scratch Coat (1 yr.)	Covered 100%	N/A
Contact Lenses (in lieu of eyeglasses)		
Materials	Up to $110 allowance	Reimbursed up to $110
Fitting Fee	15% off UCR[A]	15% off UCR[A]
Medically Required Contacts[F]	Covered 100%	Reimbursed up to $320
Frequency (Vision Exam*/ Lenses / Frames)	Once every 24 months	Once every 24 months

A. Usual, Customary and Reasonable.
B. Within the program's $50 wholesale allowance (approximately $125 to $150 retail)
C. Available In-Network at no charge for children under age 19.
D. Progressive lenses typically retail from $150 to $400, depending on lens options. VBA's controlled costs generally range from $45 to $175.
E. Unless otherwise prohibited by law.
F. Medically required contacts may only be selected in lieu of all other material benefits listed herein.
* Children under 19 can have an exam and lenses once every 12 months.

Please refer to the VBA Plan Summary for more detailed information regarding your benefits. To find a participating doctor please log on to **www.vbaplans.com**. Under the member tab click on "Provider Finder".

LIFE AND DISABILITY INSURANCE

New York Life

Basic Life and AD&D Insurance

All active employees working at least 30 hours per week are eligible for the basic life and accidental death & dismemberment (AD&D) plan. This plan is available to employees at no cost – JCC/BRE/CSD pays 100% of the basic life and AD&D premium. AD&D coverage equals the basic life benefit. The Basic Life and AD&D benefit is $25,000. Amount reduces by 35% at age 65, and 50% at age 70.

Disability Benefits

All active employees working at least 30 hours per week are eligible for Short-Term Disability and Long-Term Disability benefits. These plans are available at no cost to the employee. JCC/BRE/CSD pays 100% of the disability premiums. Disability plans provide insurance to protect a portion of your income in the event you are incapable of working due to a qualified illness or injury.

SHORT-TERM DISABILITY (STD) PLAN	
Benefit	60% of weekly pre-disability earnings
Benefit Maximum per Week	$400
Duration	25 weeks
Elimination Period	Accident: 8 days / Sickness: 8 days

LONG-TERM DISABILITY (LTD) PLAN	
Benefit	60% of weekly pre-disability earnings
Benefit Maximum per Month	$3,000
Definition of Earnings	Base Salary
Elimination Period	180 days

EMPLOYEE ASSISTANCE PROGRAM (EAP)

WellSpan EAP

Life's demands and pressures can cause anyone to experience problems from time to time. For those times, WellSpan EAP is available to offer free, confidential counseling to employees and their dependent family members. Don't delay, call today.

WellSpan EAP's licensed professionals address a wide range of personal and workplace issues, including:

- Stress
- Depression
- Marital and relationship issues
- Family and child issues
- Anxiety
- Alcohol & drug use
- Work/life balance
- Grief & loss

Who are the staff associated with WellSpan EAP?

WellSpan EAP has a diverse network of licensed therapists, counselors and psychologists who provide face-to-face assessment, short-term counseling, referral and follow-up services.

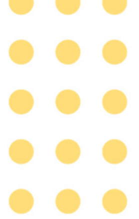
To schedule an appointment:

Visit **www.wellspaneap.org** for a listing of WellSpan EAP providers. You can call providers directly to schedule an appointment. ***Mention you want to use WellSpan EAP and Johnston Construction is your employer.***

When scheduling, you will be asked your insurance in case you go beyond your three (3) free visits.

Or if you would like assistance in scheduling, call WellSpan EAP toll free at **1-800-673-2514**.

ADDITIONAL BENEFITS RESOURCES



Member Advocacy & BenePortal

Member Advocacy

We know it is often difficult to fully understand your health benefits and use them properly—especially when insurance companies make more and more changes to the way plans are administered and how claims are paid. If you:

- Believe your claim was not paid properly
- Need clarification on information from the insurance company
- Have a question regarding a bill from a doctor, lab or hospital
- Are unclear on how your benefits work
- Need information about adding or deleting a dependent
- Need help to resolve a problem you've been working on

Please contact the Conner Strong & Buckelew Member Advocacy Unit for assistance at **800-563-9929**, Monday through Friday, 8:30 am to 5:00 pm or submit a request online at **www.connerstrong.com/memberadvocacy**.

BenePortal

BenePortal is a valuable online resource that houses all of our employee benefit program information. It's your One-Stop-Shop for:

- All benefits-related information and downloads, including benefit summaries and detailed plan documents
- Quick links to carrier websites
- Enrollment forms and wellness forms
- Carrier contact information

Visit the BenePortal for Johnston Construction Company, B and R Electrical Contractors, Inc. and Concrete Services Division LLC at **www.JCCbenefits.com.**

CARRIER CONTACTS

BENEFIT/SERVICE	CARRIER PHONE	WEBSITE
Meritain Health: Medical & Prescription Drug Benefits	1.800.925.2272	www.myMERITAIN.com
Aetna Provider Line	1.800.343.3140	www.aetna.com/docfind/custom/mymeritain
RxBenefits: Prescription Drug Benefits	1.800.334.8134	www.caremark.com
Benefit Wallet: Health Savings Account	1.877.472.4200	www.mybenefitwallet.com
Meritain Health Disease Management: Support for Chronic Conditions	1.888.610.0089	N/A
Meritain Health Medical Management: Precertification	1.800.242.1199	N/A
Teladoc: On-demand Medical Advice	1.800.362.2667	www.teladoc.com
Health Care Blue Book	1.800.341.0504	www.myMERITAIN.com
Principal: Dental Benefits	1.800.986.3343	www.principal.com
New York Life: Life and Disability Benefits	1.800.557.7975	www.newyorklife.com
Vision Benefits of America (VBA): Vision Benefits	1.800.432.4966 x 5	www.vbaplans.com

myMeritain Member Website

Once enrolled as a Meritain Health member, you will have access to myMERITAIN. When you log in, you'll find everything you need to know about your benefits—from eligibility, to enrollment, to what's covered—so you can live a life that's balanced and informed.

To login or register, visit **www.myMERITAIN.com**. If you are registering a new account, make sure you have your Meritain ID card handy because you will be prompted to enter your group ID and member ID numbers. The system will display your username, which is your member ID and you will be asked to change your password. Enter and re-enter your new password.

LEGAL NOTICES

Availability of Summary Health Information

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.
You will receive a Summary of Benefits and Coverage (SBC). This document summarizes important information about all health coverage options in a standard format. Please contact Human Resources if you have any questions or did not receive your SBC.

COBRA Continuation Coverage Rights

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 happens:

- 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, commencement of a proceeding in bankruptcy with respect to the employer,] 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: Art Hendrix, VP 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.

Disability extension of 18-month 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 the18-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

Johnston Construction Company
B and R Electrical Contractors, Inc.
Concrete Services Division LLC
Human Resources
4331 Fox Run Road
P.O. Box 98
Dover, PA 17315
717-292-3606

HIPAA/CHIP Special Enrollment Notice

Loss of other Coverage (excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage (including COBRA coverage) is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the Company stops contributing toward your or your dependents' other coverage). However, you must request enrollment within [30 days or any longer period that applies under the plan] after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment. When the loss of other coverage is COBRA coverage, then the entire COBRA period must be exhausted in order for the individual to have another special enrollment right under the Plan. Generally, exhaustion means that COBRA coverage ends for a reason other than the failure to pay COBRA premiums or for cause (that is, submission of a fraudulent claim). This means that the entire 18-, 29-, or 36-month COBRA period usually must be completed in order to trigger a special enrollment for loss of other coverage. Coverage will be effective the first of the month following your request for enrollment.

Loss of coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program (CHIP). If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

New dependent by marriage, birth, adoption, or placement for adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within [30 days or any longer period that applies under the plan] after the marriage, birth, adoption, or placement for adoption. If you request a change within the applicable timeframe, coverage will be effective the date of birth, adoption or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program (CHIP) with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. If you request a change within the applicable timeframe, coverage will be effective the first of the month following your request for enrollment.

To request special enrollment or obtain more information, contact Human Resources.

The Genetic Information Nondiscrimination Act (GINA) Notice

Title II of GINA, which applies to employers with 15 or more employees, prohibits employers from discriminating against employees or applicants based on genetic information. "Genetic information" includes information about an individual's genetic tests and the genetic tests of an individual's family members, as well as information about the manifestation of a disease or disorder in an individual's family members (that is, family medical history).

Under GINA, employers may not request genetic information, subject to limited exceptions. For example, under one of the exceptions, GINA permits employers to request family medical history as part of the certification process for FMLA leave (or leave under similar state or local laws or pursuant to an employer policy), where an employee is asking for leave to care for a family member. This exception does not apply when an employee is asking for leave because of his or her own serious health condition. In addition, employers do not violate GINA if they inadvertently acquire genetic information.

To avoid liability for inadvertent/unintentional access to protected genetic information, all forms which request medical information, including but not limited to the following, should have a GINA disclosure –

- FMLA Forms
- STD Forms
- LTD Forms
- Workers' Compensation Forms
- Pre-Employment Medical Examination Forms
- Return to Work Medical Exam Forms
- ADA Medical Exam Forms

To meet this disclosure, plans may add an appendix to such forms with the following safe harbor language:

The Genetic Information Nondiscrimination Act of 2008 (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 a request for medical information. "Genetic Information" as defined by GINA includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Newborns' and Mothers' Notice

Under federal law, group health plans and health insurance issuers offering group health insurance generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or the newborn child to less than 48

hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, the plan or issuer may pay for a shorter stay if the attending physician (e.g., your physician, nurse, [or midwife], or a physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under federal law, plans and insurers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain precertification. For information on precertification, contact your plan administrator.

Women's Health and Cancer Rights Act Notice

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

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other benefits. If you have any questions, please speak with Human Resources.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility –

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

ALASKA – Medicaid
The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/
Phone: 1-866-251-4861
Email: CustomerService@MyAKHIPP.com
Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

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

CALIFORNIA - Medicaid
Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
Phone: 1-800-541-5555

COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:
1-800-221-3943/ State Relay 711
CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/ State Relay 711

FLORIDA – Medicaid
Website: http://flmedicaidtplrecovery.com/hipp/
Phone: 1-877-357-3268

GEORGIA – Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
Phone: 678-564-1162 ext 2131

INDIANA – Medicaid
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: http://www.indianamedicaid.com
Phone 1-800-403-0864

IOWA – Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members
Medicaid Phone: 1-800-338-8366
Hawki Website: http://dhs.iowa.gov/Hawki

KANSAS – Medicaid
Website: http://www.kdheks.gov/hcf/default.htm
Phone: 1-800-792-4884

KENTUCKY – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program
(KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx
Phone: 1-855-459-6328
Email: KIHIPP.PROGRAM@ky.gov
KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx
Phone: 1-877-524-4718

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

MAINE – Medicaid
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/
Phone: 1-800-862-4840

MINNESOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see "what if I have other health insurance?"]
Phone: 1-800-657-3739

MISSOURI – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

NEBRASKA – Medicaid
Website: http://www.ACCESSNebraska.ne.gov
Phone: (855) 632-7633
Lincoln: (402) 473-7000
Omaha: (402) 595-1178

NEVADA – Medicaid
Medicaid Website: http://dhcfp.nv.gov
Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm
Phone: 603-271-5218
Toll-Free: 1-800-852-3345, ext 5218

NEW JERSEY – Medicaid and CHIP
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

NEW YORK – Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid
Website: https://dma.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP
Website: http://www.insureoklahoma.org
Phone: 1-888-365-3742

OREGON – Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx
http://www.oregonhealthcare.gov/index-es.html
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
Phone: 1-800-692-7462

RHODE ISLAND – Medicaid and CHIP
Website: http://www.eohhs.ri.gov/
Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid
Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid
Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid
Website: http://gethipptexas.com/
Phone: 1-800-440-0493

UTAH – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/
CHIP Website: http://health.utah.gov/chip
Phone: 1-877-543-7669

VERMONT– Medicaid
Website: http://www.greenmountaincare.org/
Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP
Website: https://www.coverva.org/hipp/
Medicaid Phone: 1-800-432-5924
CHIP Phone: 1-855-242-8282

WASHINGTON – Medicaid
Website: https://www.hca.wa.gov/
Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid
Website: http://mywvhipp.com/
Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf
Phone: 1-800-362-3002

WYOMING – Medicaid
Website: https://wyequalitycare.acs-inc.com/
Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Important Notice from Johnston Construction Company (JCC), B and R Electrical Contractors, Inc. (BRE) and Concrete Services Division LLC (CSD)Health Plan About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Johnston Construction Company (JCC), B and R Electrical Contractors, Inc. (BRE) and Concrete Services Division LLC (CSD) Health Plan 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. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three 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. Johnston Construction Company (JCC), B and R Electrical Contractors, Inc. (BRE) and Concrete Services Division LLC (CSD) Health Plan has determined that the prescription drug coverage offered by the plan is, on average for all plan participants, NOT expected to pay out as much as standard Medicare prescription drug coverage pays. Therefore, your coverage is considered Non-Creditable Coverage. This is important because, most likely, you will get more help with your drug costs if you join a Medicare drug plan, than if you only have prescription drug coverage from the Johnston Construction Company (JCC), B and R Electrical Contractors, Inc. (BRE) and Concrete Services Division LLC (CSD) Health Plan. This also is important because it may mean that you may pay a higher premium (a penalty) if you do not join a Medicare drug plan when you first become eligible.

3. You can keep your current coverage from Johnston Construction Company (JCC), B and R Electrical Contractors, Inc. (BRE) and Concrete Services Division LLC (CSD) Health Plan. However, because your coverage is non-creditable, you have decisions to make about Medicare prescription drug coverage that may affect how much you pay for that coverage, depending on if and when you join a drug plan. When you make your decision, you should compare your current coverage, including what drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area. Read this notice carefully - it explains your options.

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 decide to drop your current coverage with Johnston Construction Company (JCC), B and R Electrical Contractors, Inc. (BRE) and Concrete Services Division LLC (CSD) Health Plan, since it is employer sponsored group coverage, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan; however you also may pay a higher premium (a penalty) because you did not have creditable coverage under Johnston Construction Company (JCC), B and R Electrical Contractors, Inc. (BRE) and Concrete Services Division LLC (CSD) Health Plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

Since the coverage under Johnston Construction Company (JCC), B and R Electrical Contractors, Inc. (BRE) and Concrete Services Division LLC (CSD) Health Plan, is not creditable, depending on how long you go without creditable prescription drug coverage you may pay a penalty to join a Medicare drug plan. Starting with the end of the last month that you were first eligible to join a Medicare drug plan but didn't join, if you go 63 continuous days or longer without prescription drug coverage that's creditable, 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 (penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

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 Johnston Construction Company (JCC), B and R Electrical Contractors, Inc. (BRE) and Concrete Services Division LLC (CSD) Health Plan coverage will be affected. Our plan covers prescriptions just like any other medical expenses. You are responsible for the plan's deductible and copays, then the plan pays the cost of your covered medical expenses after your out of pocket expenses equal the plan's out of pocket maximum. Our plan will coordinate coverage with Medicare Part D; however, if you are enrolled in Medicare you may not participate in the plan's HSA account.

If you do decide to join a Medicare drug plan and drop your current Johnston Construction Company (JCC), B and R Electrical Contractors, Inc. (BRE) and Concrete Services Division LLC (CSD) Health Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

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 also may request a copy of this notice at any time.

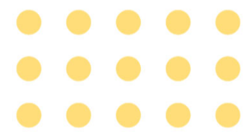
For More Information About Your Options Under Medicare Prescription Drug Coverage...

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 (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
Call 1-800-MEDICARE (1-800-633-4227).
TTY users should call 1-877-486-2048.

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

Date: September 30, 2022
Name of Entity/Sender: Johnston Construction Company, B and R Electrical Contractors, Inc. and Concrete Services Division, LLC
Contact--Position/Office: Human Resources
Address: 4331 Fox Run Road, Dover, PA 17315
Phone Number: 717-292-3606



INSURANCE MARKETPLACE NOTICE

PART A: General Information

When key parts of the health care law take effect in 2014, there will be 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 new 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 our 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 2013 for coverage starting as early as January 1, 2014.

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 9.5% 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 the insurance carrier's customer service number located on your ID card. 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. To get information about the Marketplace coverage, you can call the government's 24/7 Help-Line at 1-800-318-2596 or go to https://www.healthcare.gov/marketplace/individual/.

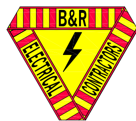
PART B: Information about Health Coverage Offered by Your Employer

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 Johnston Construction Company, B and R Electrical Contractors, Inc., Concrete Services Division, LLC		4. Employer Identification Number (EIN) 23-2216549
5. Employer Address 4331 Fox Run Road		6. Employer phone number 717-292-3606
7. City Dover	8. State PA	9. Zip Code 17315

[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.

NOTES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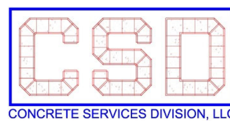
CSD
CONCRETE SERVICES DIVISION, LLC