Ready-Mixed Concrete Employee Benefits Guide

2027



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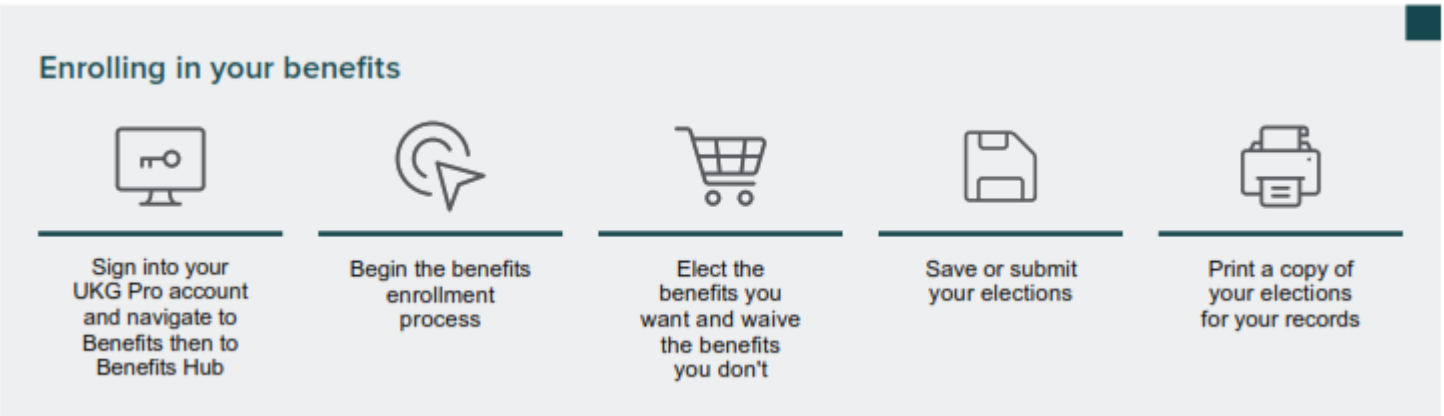
A Message From The Company

We recognize our ultimate success depends on our talented and dedicated employees. The Company's goal is to provide a comprehensive program of competitive benefits to attract and retain the best employees available. Through our benefits programs we strive to support the needs of our employees and their dependents by providing a benefit package that is easy to understand, easy to access and affordable for all our employees. This guide will help you choose the type of plan and level of coverage that is right for you.

Benefit Basics

Your benefits are a partnership between you and The Company. The table below outlines how you and the Company share costs for benefits. The tax treatment shows whether your contribution is taken from your paycheck before or after taxes.

Benefit	Tax Treatment	Who Pays
Medical and Pharmacy	Pre-Tax or After-Tax	Company & You
Dental	Pre-Tax or After-Tax	Company & You
Vision	Pre-Tax or After-Tax	Company & You
Health Savings Account	Pre-Tax	Company & You
Basic Life and Accidental Death & Dismemberment (AD&D)		Company
Voluntary Life and Accidental Death & Dismemberment (AD&D)	Post-Tax	You
401(k) Retirement Savings Plan	Pre-Tax or After-Tax	Company & You



If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage.
Please see pages 27 – 28 for more details.

Eligibility

Eligible Employees:

Active full-time employees regularly scheduled to work 30 hours or more per week are eligible for the employee benefits discussed in this guide. New hires become eligible on the first of the month following sixty (60) days of continuous employment. Employees who meet the eligibility requirements and could be considered as a dependent on another employee's insurance, may choose to either enroll as a participant or be covered as a dependent, but not both.

Eligible Dependents:

- Your legal spouse
- The following dependent children are eligible for coverage until the end of the month of their 26th birthday regardless of student status:
    - Biological Children
    - Stepchildren
    - Adopted children or children placed with you for adoption (must provide documentation of adoption)
    - Children you support for whom you are the legal guardian (must provide copy of the court order)
    - Any other children you support as the result of a Qualified Medical Child Support Order or National Medical Support Notice (must provide required documentation)
    - Dependent children totally and permanently disabled before age 19 (subject to verification)

NOTE: Domestic partners and Common Law Marriage spouses are NOT eligible and are excluded under the plan unless legal documentation is provided showing that the partners are "married", and which would cause the partners to legally terminate the partnership.

Dependent Verification Process:

When you initially enroll in benefits as a new hire, or when you enroll a new dependent, including during Open Enrollment, you will be asked to provide the following documentation to verify your dependent's eligibility. It is important that you only enroll eligible dependents in the Company's healthcare plan. Failure to provide the appropriate documentation by the effective date of your coverage will result in your dependent not being covered under the Company's healthcare plan.

Spouse
• Photocopy of an official Marriage Certificate

Child
• Photocopy of birth certificate or hospital birth record (which shows your name and the name of your enrolled spouse as the parent of the child and signed by a hospital administrator or physician on staff).
• If your spouse is not enrolled in the health plan and his/her name is listed on the birth certificate or hospital birth record, but your name is not listed, you must also provide a copy of your marriage certificate to establish your relationship to the child.
• Adoption Certificate or Assignment of Guardianship that is signed and/or stamped by a member of the court.

When filling out the enrollment form it is VERY IMPORTANT that the names of all employees and listed dependents match the name that is printed on their Social Security Card for ACA (Affordable Care Act) reporting. Pursuant to Section 6055 of the Patient Protection and Affordable Care Act, the Company is required to file an informational return with the IRS, which in part identifies the individuals to whom the Company provided Minimum Essential Coverage (MEC). This information will assist you and the IRS in establishing that all identified individuals have satisfied their obligations under the Individual Mandate to maintain MEC and are therefore not subject to a penalty.

Medical Insurance Information

The Company will be partnering with UMR to administer our group health plan, while utilizing their UnitedHealthcare Choice Plus Network. Prescription drugs will be administered through Oread Rx.
UMR is your Third-Party Administrator who handles paying medical claims while UHC Choice Plus is the Network that works directly with physicians and facilities to provide discounts on health care services.

How To Find A Provider:

Using non-network providers will cost you significantly more. Please use medical providers in the United Healthcare Choice Plus network. Please verify your provider is in network prior to scheduling an appointment.

1

Go to **umr.com** and select **Find a provider**

2

Search for **UnitedHealthcare Choice Plus Network** using our alphabet navigation or type **UnitedHealthcare Choice Plus** into the search box

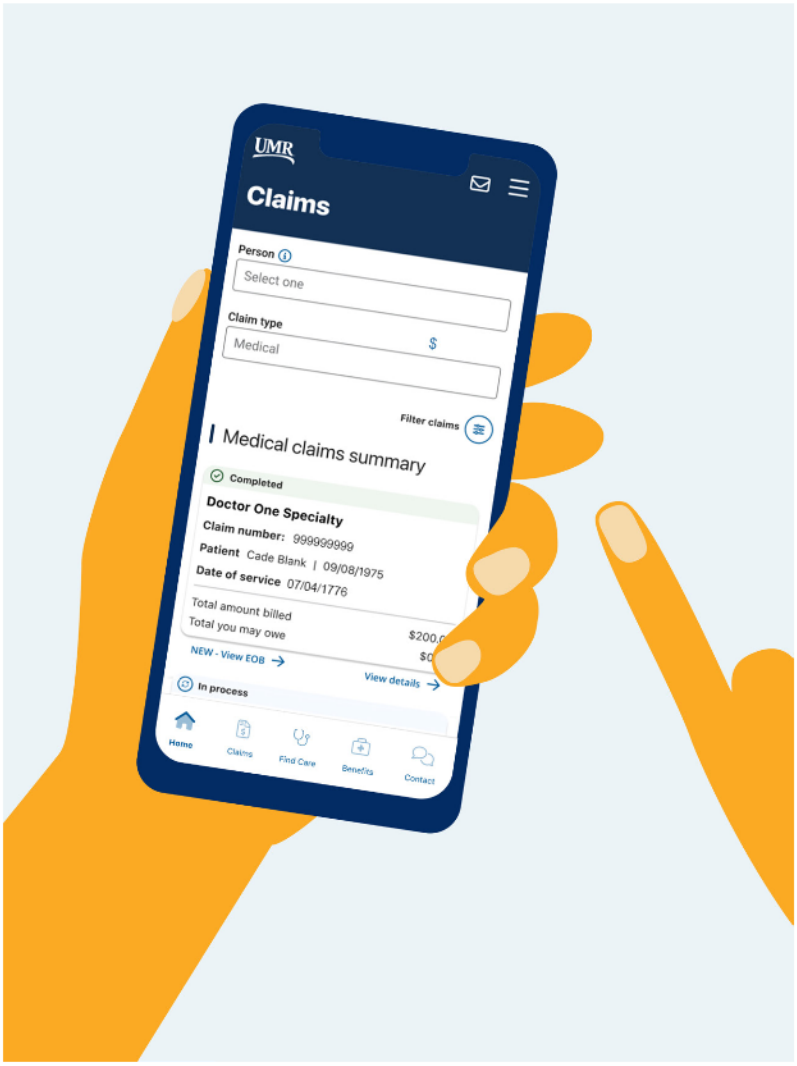
3

For medical providers, choose **View providers.** For behavioral health providers (including counseling and substance abuse), select **Behavioral health directory**



UMR Mobile App

UMR on the go, right from the palm of your hand.



The UMR app has a smart fresh look, simple navigation, and faster access to your health care benefits information. View your plan details on demand — anytime, anywhere.

With a single tap, you can:

- Access your digital ID card
- See a personalized list of **Things to do** to stay on top of your health and keep your benefits up to date
- Look up in-network health care providers
- Find out if there's a copay for your upcoming appointment
- View your recent claims and explanation of benefits
- Chat, call or message the UMR member support team
- Add your health plan details to your Apple Wallet or Google Wallet
- View additional benefits information including proof of health coverage

Download the UMR app today

Simply scan the QR code or visit your app store to get started.

Prescription Drug Information

The Company is excited to partner with Oread Rx to administer your pharmacy benefits. Oread Rx strives to make a positive change in the pharmacy benefits marketplace. Their goal is to help facilitate efficient delivery of benefits and improve patient outcomes while saving the members and plan money.

Oread Rx Offers:

- **Open Pharmacy Network** with 60,000+ Pharmacies - Our members are always allowed to use the pharmacy of their choice
- **Patient Assistance Program** - Our goal is to maximize savings and manage assistance programs for members
- **Local Service** - Our goal is to work with your local health care providers to provide you with quality healthcare and pharmacy services.
- **Clinical Pharmacy Services** - We will work with local partners who utilize clinical pharmacy services to provide members with the best pharmaceutical care.
- **Transparency** - The mission of our company is to provide transparent pharmacy services and benefits.
- **Mobile App**- Oread partners with My RxPlan. Download the 'My RxPlan' app and register using the **Oread Member Registration** instructions below. Once logged in, you'll see the Oread Rx mobile app log in screen.

Oread Rx Member Registration

1. Go to your member portal at: *http://oreadrx.myrxplan.com* and click on "Register Now"
2. Enter in Cardholder ID, Group Number, First and Last Name, and Date of Birth, then click "Continue"
3. Once credentials are confirmed, you'll provide a mobile number, email address that will serve as your user ID, and password. After that, click "Finish".

Prescription Formulary – Oread Rx Select Managed Formulary

Formularies are updated at least annually. Please be sure to check out Oread's formulary list to ensure your prescriptions are covered. If you have a script that isn't listed, it's likely that there is an alternative option and Oread Rx can help you to identify it so you can confirm its usage with your doctor. To find the most updated formulary list, you can visit the Oread Rx Member portal or the Oread Rx Mobile App.

CALL OREAD RX CUSTOMER SERVICE AT 833-673-2379 TO DETERMINE IF YOUR MEDICATION(S) ARE SUBJECT TO PRIOR AUTHORIZATION, STEP THERAPY, AND/OR QUANTITY LIMIT REQUIREMENTS.

Specialty Medications & the Patient Assistance Program

Specialty Drugs will **NOT** be covered under The Company's Medical plan. They will be run through Oread Rx's Patient Assistance Program, which is designed to shift drug costs from members and plans to manufacturers. Oread Rx utilizes a multi-tiered system that is managed in-house and provides maximum saving opportunities.

OREAD Rx

Medical/Rx Plan Highlights

The Company offers medical and prescription drug coverage through UMR and Oread Rx. The chart below is a summary of the In-Network benefits offered.

	UMR $500 Deductible	UMR $1,500 Deductible	UMR $3,500 Deductible (HSA Eligible)
	In-Network Benefits	*In-Network Benefits*	*In-Network Benefits*
CALENDAR YEAR DEDUCTIBLE			
Individual / Family	Embedded $500 / $1,000	Embedded $1,500 / $3,000	Embedded $3,500 / $7,000
Coinsurance (Plan / Member)	80% / 20%	80% / 20%	100% / 0%
MAXIMUM OUT-OF-POCKET (Includes deductibles, copays, & coinsurance)			
Individual	$3,000	$4,000	$6,350
Family	$6,000	$8,000	$12,700
PHYSICIAN OFFICE VISIT			
Primary Care	$25 Copay	$25 Copay	100% after deductible
Specialty Care	$25 Copay	$25 Copay	100% after deductible
PREVENTIVE CARE			
Adult Periodic Exams	Covered at 100%	Covered at 100%	Covered at 100%
Well Child Care	Covered at 100%	Covered at 100%	Covered at 100%
Routine Eye Exam	Covered at 100%	Covered at 100%	100% after deductible
Urgent Care Facility	$25 Copay	$25 Copay	100% after deductible
100% AFTER DEDUCTIBLE			
Urgent Care Facility	$25 Copay	$25 Copay	100% after deductible
Emergency Room Facility Charges	$100 copay then ded/coins	$100 copay then ded/coins	100% after deductible
Inpatient Hospital Facility	20% after deductible	20% after deductible	100% after deductible
Outpatient Facility & Surgical Charges	20% after deductible	20% after deductible	100% after deductible
MENTAL HEALTH AND SUBSTANCE ABUSE			
Inpatient	20% after deductible	20% after deductible	100% after deductible
Outpatient	$25 copay	$25 copay	100% after deductible

	UMR $500 Deductible	UMR $1,500 Deductible	UMR $3,500 Deductible (HSA Eligible)
	In-Network Benefits	*In-Network Benefits*	*In-Network Benefits*
RETAIL PHARMACY (30 DAY SUPPLY)			
Generic	$15 copay	$15 copay	$15 copay after deductible
Preferred Brand	$30 copay	$30 copay	$30 copay after deductible
Non-Preferred Brand	$45 copay	$45 copay	$45 copay after deductible
Preferred Specialty	Contact Oread Rx Patient Assistance at (833) 673-2317	Contact Oread Rx Patient Assistance at (833) 673-2317	Contact Oread Rx Patient Assistance at (833) 673-2317
MAIL ORDER PHARMACY (90 DAY SUPPLY)			
Generic	$37.50 copay	$37.50 copay	$37.50 copay after deductible
Preferred Brand	$75 copay	$75 copay	$75 copay after deductible
Non-Preferred Brand	$112.50 copay	$112.50 copay	$112.50 copay after deductible
Preferred Specialty	Contact Oread Rx Patient Assistance at (833) 673-2317	Contact Oread Rx Patient Assistance at (833) 673-2317	Contact Oread Rx Patient Assistance at (833) 673-2317

EMPLOYEE WEEKLY MEDICAL CONTRIBUTIONS (52)	
$500 Deductible	
Employee	$46.97
Employee & Spouse	$139.53
Employee & Child(ren)	$131.83
Employee & Family	$203.25
$1,500 Deductible	
Employee	$30.96
Employee & Spouse	$105.60
Employee & Child(ren)	$99.83
Employee & Family	$153.34
$3,500 Deductible (HSA Eligible)	
Employee	$15.18
Employee & Spouse	$71.90
Employee & Child(ren)	$68.06
Employee & Family	$103.64

Wellness Program

All eligible employees and spouses enrolled in the Company's medical plan who have completed the required steps of the wellness program receive a discount on their health insurance premiums ($30 per month for employees and $20 per month for spouse participation).

Telehealth through Teladoc

Your anytime, anywhere healthcare benefit

Access your healthcare by phone, video or app.



24/7 Care

Need care for non-urgent and common conditions? Get same-day appointments with a certified provider from wherever you are. Teladoc Health providers diagnose, treat and even prescribe medicine if needed.

- Allergies
- Bronchitis
- Flu
- COVID-19
- Pink eye
- Rashes
- Sinus infections
- Sore throats
- And more

Dermatology

Dealing with a skin issue? Start an online skin review with a dermatologist by uploading images and details of your concern. Get a treatment plan and prescription if needed in 24 hours or less.

- Acne
- Eczema
- Psoriasis
- Skin infections
- Rashes
- Rosacea

Mental Health

Have real conversations and see progress with a therapist of your choice. Available 7 days a week from the privacy of your own home.

- Anxiety and depression
- Sleep issues
- Relationship conflicts
- Trauma and PTSD
- Medication management

Activate your benefit and schedule your visit today

Visit TeladocHealth.com/get-care
Call 1-800-835-2362

Teladoc Health is not available internationally.

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Where To Go For Care

Care Center	What is it?	What can they treat?
Telemedicine / Virtual Visits 	• Convenient, low-cost option for treating common, non-urgent health concerns • A doctor will diagnose the issue over the phone and write a prescription, if necessary. • **Available 24/7/365 days a year, by web, phone or mobile app**	• Minor illnesses • Minor infections • Cold and flu symptoms • Bronchitis • Allergies • Mental health • Headaches/migraines • And more…
Doctor's Office 	• Routine care or treatment for a current health issue • Your primary doctor knows you and your health history • To manage your medications • To refer you to a specialist • **Normally available Monday-Friday. Check with your provider for actual office hours.**	• Routine checkups and preventive services • Immunizations • Minor injuries, such as sprains • Illnesses • Manage your general health and chronic conditions
Urgent Care Clinic 	• Treatment of non-life-threatening injuries or illnesses • Staffed by qualified physicians • **Generally open night and weekends; some open 24/7**	• Cold and flu symptoms • Minor accidents or falls • Minor sprains or fractures • Minor cuts and burns • Vomiting, diarrhea
Emergency Room 	• Immediate treatment for serious, life-threating conditions. • Ready to treat any critical situation • Can be hospital-based or freestanding • **Available 24/7/365 days a year**	• Chest pain • Difficulty breathing • Severe abdominal pain • Broken bones • Head injuries • Uncontrolled bleeding • Seizures • Coughing or vomiting blood

TRIA HEALTH®:

Personalized Medication Support

Tria Health®, a Stellus Rx company, is a **free and confidential benefit** available to those on The Monarch Cement Company's health insurance. Tria Health offers one-on-one phone consultations with a pharmacist to help ensure your medications are working, answer health questions, coordinate with your doctor, and save you money!

Is Tria Health the Right Fit for You?

Tria Health may be a great fit if you're managing one or more of the following chronic conditions or take multiple medications:

- Asthma/COPD
- Diabetes
- Heart Disease
- High Blood Pressure
- High Cholesterol
- Mental Health
- Migraines
- Osteoporosis



Your Tria Health Benefit Includes:



Lower Medication Costs

Active participants will receive **free generics and reduced costs on select brand medications** used to treat targeted chronic conditions.



Free Monitoring Devices

Participants with diabetes and/or high blood pressure will also have access to a **FREE blood pressure cuff, blood glucose meter and testing supplies.**



Access to Tria's Help Desk

Pharmacists are available on-call to help ensure your medications are **safe**, **effective**, and **affordable**.

Monday - Thursday | 8am - 9pm CST
Friday | 8am - 7pm CST
Saturday | 9am - 5pm CST

Get Connected!

Call 913.322.8456 or
Visit www.triahealth.com/enroll

tria HEALTH®
a Stellus Rx company

COMMIT TO A HEALTHIER YOU

WITH TRIA HEALTH®



Ready to feel your best? Make a commitment to your health, energy, and well-being with **Tria Health's weight management program — a free benefit available to you through your health plan.**

You'll have the opportunity to speak with a health coach over the phone, where they can provide expert advice and assistance to help you manage your health and achieve your weight-loss goals.

PERSONALIZED AND ATTAINABLE
Care plans designed to fit your lifestyle and help you reach your weight loss goals.

GUIDED BY EXPERTS
Our health coaches have experience in nutrition and exercise coaching and are certified by the National Board of Health and Wellness Coaches.

CONSISTENTLY MOTIVATING
Ongoing support, regular check-ins, and resources to keep you motivated and focused.

OWN YOUR JOURNEY!

Active participants will receive a welcome kit including a digital scale, measuring tape, portion plate, and water bottle. This kit provides everything you need to track progress and stay motivated on your health journey!

tria HEALTH®
a Stellus Rx company

913.322.8456
www.triahealth.com/enroll

Ready to Take Your First Step?

Health Savings Account (HSA)

When you are enrolled in a Qualified High-Deductible Health Plan (QHDHP) and meet the eligibility requirements, the IRS allows you to open and contribute to an HSA Account.

What is a Health Savings Account (HSA)?

An HSA is a tax-advantaged bank account to pay for eligible health care expenses for you and/or your eligible dependents. The HSA is yours to keep, even if you change jobs or medical plans. There is no "use it or lose it" rule; your balance carries over year to year. You also get extra tax advantages with an HSA.

HSA Eligibility

To open and contribute to an HSA, you must meet these requirements:

- You must be enrolled in a Qualified High-Deductible Health Plan (QHDHP)
- You cannot be covered by other non-QHDHP health plan coverage, such as a spouse's PPO plan
- You and/or your spouse cannot be enrolled in a medical Flexible Spending Account (FSA). Enrollment in a Limited Purpose Healthcare FSA is allowed
- You cannot be enrolled in Medicare, Medicaid or TRICARE,
- You are not eligible to be claimed as a dependent on another person's tax return



Federal Tax Advantages

- Reduce income taxes with pre-tax contributions via payroll deductions
- Grow your account – long term savings: interest and investment earnings are tax-free
- Withdraw funds tax-free for qualified healthcare expenses

2027 HSA Contributions

You can contribute to your Health Savings Account on a pre-tax basis through payroll deductions up to the IRS statutory maximums listed below.

- **$4,500** Employee
- **$9,000** Family
- Age 55 and over may contribute an extra $1,000 catch-up contribution

The Monarch Cement Company will contribute the following amounts to your HSA on an ***annual*** basis:

- **$550 Employee**
- **$825 Employee + 1**
- **$1,100 Family**

Ready to enroll?

Enrolling in an HSA is quick and easy because it's built into your employer's benefit options. Review your materials today so you don't miss your chance to sign up.

Scan the QR code, or go to **optum.com/HSAIntro** to see how you can save.

Optum

Dental Insurance

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. The Company will offer a dental program through Delta Dental of Kansas. To find a dentist by name or location, go to www.deltadentalks.com. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

	Delta Dental of KS Dental Plan
BENEFIT COVERAGE	In-Network Benefits
ANNUAL DEDUCTIBLE	
Individual	$25
Family	$50
Waived for Preventive Care?	Yes
ANNUAL MAXIMUM	
Per Member	$1,000
Diagnostic & Preventive Services	Covered at 100%
Basic Services • Endodontics • Oral Surgery • Regular Restorative	Covered at 50%
Major Services • Bridges & Dentures • Crowns • Implants	Covered at 50%
ORTHODONTIA	
Benefit	Not covered

EMPLOYEE WEEKLY CONTRIBUTIONS (52)	
Dental Plan	
Employee	$0.93
Employee & Spouse	$2.90
Employee & Child(ren)	$2.68
Employee & Family	$4.23

DELTA DENTAL®

Vision Insurance

Eye doctors detect problems in vision, overall eye health, and detect signs of other health conditions like diabetic eye disease, high blood pressure and high cholesterol. The Company will continue to offer vision insurance through EyeMed utilizing their Insight Network. To search for an in-network provider, go to www.eyemed.com. The chart below is a brief outline of the plan. Please refer to the summary plan description for complete plan details.

	EyeMed Vision Plan
BENEFIT COVERAGE	In-Network Benefits
ANNUAL EYE EXAM	
Routine Exam	$0 copay at PLUS Providers; $10 copay at other in-network providers
LENSES	
Single Vision	$25 copay
Bifocal	$25 copay
Trifocal	$25 copay
Lenticular	$25 copay
FRAMES	
Retail	– $150 allowance, 20% off balance over allowance – *Enhanced PLUS Provider frame benefit: $200 allowance, 20% off balance over allowance*
CONTACT LENSES	
Elective	$150 allowance
FREQUENCY	
Routine Exam	Once every plan year
Lenses	Once every plan year
Frames	Once every other plan year
Contact Lenses	Once every plan year

**Plan allows members to receive either contact lenses or eyeglass lenses and frames during the applicable benefit period, not both.

EMPLOYEE WEEKLY CONTRIBUTIONS (52)	
Vision Plan	
Employee	$1.13
Employee & Spouse	$2.14
Employee & Child(ren)	$2.25
Employee & Family	$3.31

Life and Accidental Death & Dismemberment (AD&D) Insurance

The Company provides Basic Life and AD&D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

Mutual of Omaha Basic Life/AD&D	
Employee	
Guaranteed Issue	$20,000

The above benefits will begin to decrease by 50% at age 75.

Important Reminder!

Be sure to assign a beneficiary or living trust to ensure your assets are distributed according to your wishes.

Voluntary Life and Accidental Death & Dismemberment (AD&D)

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

Mutual of Omaha Voluntary Life/AD&D Insurance	
EMPLOYEE	
Benefit Increments	$10,000
Benefit Maximum	$500,000
Guarantee Issue	$200,000
SPOUSE	
Benefit Increments	$5,000
Benefit Maximum	100% of employee amount, up to $150,000
Guarantee Issue	100% of employee amount, up to $60,000
CHILDREN	
Benefit	*Birth to 14 days:* $0 *14 days to 6 mo:* $1,000 *6 mo+:* $10,000

The above benefits will reduce to 65% at age 70 and 50% at age 75. Spouse coverage terminates at age 70.

Voluntary Life/AD&D Monthly Rates

EMPLOYEE PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)										
Age	**$10,000**	**$20,000**	**$30,000**	**$40,000**	**$50,000**	**$60,000**	**$70,000**	**$80,000**	**$90,000**	**$100,000**
0 - 34	$1.00	$2.00	$3.00	$4.00	$5.00	$6.00	$7.00	$8.00	$9.00	$10.00
35 - 39	$1.40	$2.80	$4.20	$5.60	$7.00	$8.40	$9.80	$11.20	$12.60	$14.00
40 - 44	$2.00	$4.00	$6.00	$8.00	$10.00	$12.00	$14.00	$16.00	$18.00	$20.00
45 - 49	$3.10	$6.20	$9.30	$12.40	$15.50	$18.60	$21.70	$24.80	$27.90	$31.00
50 - 54	$5.00	$10.00	$15.00	$20.00	$25.00	$30.00	$35.00	$40.00	$45.00	$50.00
55 - 59	$8.40	$16.80	$25.20	$33.60	$42.00	$50.40	$58.80	$67.20	$75.60	$84.00
60 - 64	$12.10	$24.20	$36.30	$48.40	$60.50	$72.60	$84.70	$96.80	$108.90	$121.00
65 - 69	$20.10	$40.20	$60.30	$80.40	$100.50	$120.60	$140.70	$160.80	$180.90	$201.00
70 - 74	$35.30	$70.60	$105.90	$141.20	$176.50	$211.80	$247.10	$282.40	$317.70	$353.00
75 - 79	$58.00	$116.00	$174.00	$232.00	$290.00	$348.00	$406.00	$464.00	$522.00	$580.00
80 - 84	$90.30	$180.60	$270.90	$361.20	$451.50	$541.80	$632.10	$722.40	$812.70	$903.00
85 - 89	$133.80	$267.60	$401.40	$535.20	$669.00	$802.80	$936.60	$1,070.40	$1,204.20	$1,338.00
90+	$189.80	$379.60	$569.40	$759.20	$949.00	$1,138.80	$1,328.60	$1,518.40	$1,708.20	$1,898.00

Follow the method described above to select a benefit amount and calculate premiums for optional dependent spouse and/or child(ren) coverage. **Your spouse's rate is based on your spouse's age,** so find your spouse's age bracket in the far left column of the Spouse Premium Table. Your spouse's premium amount is found in the box where the row (the age) and the column (benefit amount) intersect. Your spouse's benefit amount must be in an increment of $5,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

SPOUSE PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)										
Age	**$5,000**	**$10,000**	**$15,000**	**$20,000**	**$25,000**	**$30,000**	**$35,000**	**$40,000**	**$45,000**	**$50,000**
0 - 34	$0.50	$1.00	$1.50	$2.00	$2.50	$3.00	$3.50	$4.00	$4.50	$5.00
35 - 39	$0.70	$1.40	$2.10	$2.80	$3.50	$4.20	$4.90	$5.60	$6.30	$7.00
40 - 44	$1.00	$2.00	$3.00	$4.00	$5.00	$6.00	$7.00	$8.00	$9.00	$10.00
45 - 49	$1.55	$3.10	$4.65	$6.20	$7.75	$9.30	$10.85	$12.40	$13.95	$15.50
50 - 54	$2.50	$5.00	$7.50	$10.00	$12.50	$15.00	$17.50	$20.00	$22.50	$25.00
55 - 59	$4.20	$8.40	$12.60	$16.80	$21.00	$25.20	$29.40	$33.60	$37.80	$42.00
60 - 64	$6.05	$12.10	$18.15	$24.20	$30.25	$36.30	$42.35	$48.40	$54.45	$60.50
65 - 69	$10.05	$20.10	$30.15	$40.20	$50.25	$60.30	$70.35	$80.40	$90.45	$100.50

ALL CHILDREN PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)*
$10,000
$1.70

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

Mutual of Omaha

Employee Assistance Program (EAP)



Benefit Resources

USI Benefit Resource Center

Have Questions? Need Help?

Monarch Cement Company is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals, and their primary responsibility is to assist you.



BRCCentral@usi.com
Monday - Friday
Monday through Friday
8:00am to 5:00pm
Central Standard Time

855-874-0742
24 hours a day, 7 days a week

Carrier Contacts

Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

	CARRIER	PHONE NUMBER	WEBSITE
Medical	UMR	(800) 826-9781	www.umr.com
Pharmacy	Oread Rx	(833) 673-2379	www.oreadrx.com
Pharmacy Advocate	Tria Health	(888) 799-8742	www.triahealth.com
Onsite Medical Clinic	The Monarch Cement Company	(620) 299-6008	
Dental	Delta Dental of KS	(800) 234-3375	www.deltadentalks.com
Vision	EyeMed	(866) 939-3633	www.eyemed.com
Health Savings Account (HSA)	Optum Financial		
Life and AD&D	Mutual of Omaha	(800) 655-5142	www.mutualofomaha.com
Voluntary Life and AD&D	Mutual of Omaha	(800) 655-5142	www.mutualofomaha.com

This brochure summarizes the benefit plans that are available to Monarch Cement Company eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.

Required Notifications

Important Legal Notices Affecting Your Health Plan Coverage

THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

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 medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: $500/10%, $1,500/10%, & $3,500/0%.

NEWBORNS ACT DISCLOSURE – FEDERAL

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 insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, 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 dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.

- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.
No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan reviewed and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Director of Human Resource Operations
449 1200 Street
Humboldt, KS 66748-0900
jamie.chism@monarchcement.com

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

Your Information. Your Rights. Our Responsibilities.

Recipients of the notice are encouraged to read the entire notice.
Contact information for questions or complaints is available at the end of the notice.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

To the extent that we have your substance use disorder patient records, subject to 42 CFR part 2, we will not share that information for investigations or legal proceedings against you without (1) your written consent or (2) a court order and a subpoena.

Your Rights

When it comes to your health information, you have certain rights.

This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home, office, or mobile phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say "yes" if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say "no," for example, if it could affect your care. If we agree to your request, we may still share this information in the event that you need emergency treatment.

Get a list of those with whom we've shared information

- You can ask for a list (accounting) of the times we've shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If someone has authority to act as your personal representative, such as if someone has your medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/hipaa/filing-a-complaint/index.html.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

Example: We use health information about you to develop better services for you.

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. And in all cases, if we have substance use disorder patient records about you, subject to 42 CFR part 2, we cannot use or share information in those records in civil, criminal, administrative, or legislative investigations or proceedings against you without (1) your consent or (2) a court order and a subpoena. For more information see: www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html.

Help with public health and safety issues
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research
We can use or share your information for health research.

Comply with the law
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests
We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

Other Instructions for Notice

- January 01, 2027
- Director of Human Resource Operations, jamie.chism@monarchcement.com

MODEL INDIVIDUAL **CREDITABLE COVERAGE** DISCLOSURE NOTICE LANGUAGE FOR USE ON OR AFTER APRIL 1, 2011

Important Notice from The Monarch Cement Company 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 The Monarch Cement Company 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. The Monarch Cement Company has determined that the prescription drug coverage offered by The Monarch Cement Company Medical Plan for the plan year January 01, 2027 – December 31, 2027, 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, the following options may apply:

- You may stay in The Monarch Cement Company Medical Plan and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
    - During the Medicare prescription drug annual enrollment period, or
    - If you lose The Monarch Cement Company Medical Plan creditable coverage.
- You may stay in The Monarch Cement Company Medical Plan and also enroll in a Medicare prescription drug plan. The Monarch Cement Company Medical Plan will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in The Monarch Cement Company Medical Plan and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in The Monarch Cement Company Medical Plan, you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with The Monarch Cement Company and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium

(a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…

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 The Monarch Cement Company 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 (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).

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:	January 01, 2027
Name/Entity of Sender:	The Monarch Cement Company
Contact Position/Office:	Director of Human Resource Operations
Address:	449 1200 St., Humboldt, KS 66748
Phone Number:	(620) 473-2222

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2026. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: https://www.dhcs.ca.gov/services/health-insurance-premium-payment-program-cost-avoidance/ Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**ILLINOIS - Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Illinois Medicaid Premium Assistance Information Medicaid application website: https://abe.illinois.gov HIPP Hotline Number: 217-524-8268 HIPP Email: hfs.boc.hipp@illinois.gov
INDIANA – Medicaid	**IOWA – Medicaid and CHIP (Hawki)**
Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584	Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562
KANSAS – Medicaid	**KENTUCKY – Medicaid**
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid	MAINE – Medicaid
Louisiana Medicaid Website: https://www.ldh.la.gov/healthy-louisiana Medicaid Customer Service Line: 1-888-342-6207 Louisiana Medicaid email: healthy@la.gov Louisiana Health Insurance Premium Program (LaHIPP) Website: https://www.ldh.la.gov/lahipp LaHIPP phone: 1-877-697-6703 LaHIPP email: La.HIPP@la.gov LaHIPP fax: 1-888-716-9787 LaHIPP mailing address: 100 Crescent Centre Parkway, Suite 1000 Tucker, GA 30084	Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711
MASSACHUSETTS – Medicaid and CHIP	**MINNESOTA – Medicaid**
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672
MISSOURI – Medicaid	**MONTANA – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov
NEBRASKA – Medicaid	**NEVADA – Medicaid**
Website: http://accessnebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov	Medicaid Website: https://www.nj.gov/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)
NEW YORK – Medicaid	**NORTH CAROLINA – Medicaid**
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100

NORTH DAKOTA – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON – Medicaid	**PENNSYLVANIA – Medicaid and CHIP**
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)
RHODE ISLAND – Medicaid and CHIP	**SOUTH CAROLINA – Medicaid**
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	**TEXAS – Medicaid**
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493
UTAH – Medicaid and CHIP	**VERMONT– Medicaid**
Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/	Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427
VIRGINIA – Medicaid and CHIP	**WASHINGTON – Medicaid**
Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
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)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
WYOMING – Medicaid	
Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

To see if any other states have added a premium assistance program since July 31, 2026, or for more information on special enrollment rights, contact either:

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

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

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, and displays 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 person shall 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.

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

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 10.22% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 10.22% of the employee's household income.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution – as well as your employee contribution to employment-based coverage – is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special

Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

What about Alternatives to Marketplace Health Insurance Coverage?

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact:

Name of Entity/Sender:	The Monarch Cement Company
Contact--Position/Office:	Director of Human Resource Operations
Address:	449 1200th St, Humboldt, KS 66748
Phone Number:	(620) 473-2222

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.

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 The Monarch Cement Company		4. Employer Identification Number (EIN)
5. Employer address 449 1200th St.		6. Employer phone number (620) 473-2222
7. City Humboldt	8. State KS	9. ZIP code 66748
10. Who can we contact about employee health coverage at this job? Director of Human Resource Operations		
11. Phone number (if different from above)	12. Email address Jamie.chism@monarchcement.com	

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

- As your employer, we offer a health plan to:
  - ☒ All employees. Eligible employees are:

    All full-time employees work 30 or more hours per week.

- With respect to dependents:
  - ☒ We do offer coverage. Eligible dependents are:

    Legally married spouse & dependent child(ren) to age 26

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

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

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