

2024



Employee  
Benefits Guide



**WHIRLWINDSTEEL**  
BUILDINGS & COMPONENTS

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## Notice

This brochure provides only a summary of the benefits available to all full-time employees of Whirlwind Steel Buildings. Official plan documents, policies, and certificates of coverage contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program so if there are any discrepancies, the official documents prevail and are available upon request to Human Resources. The company reserves the right to modify or eliminate these or any other benefits at any time for any reason. For questions regarding your benefits or enrollment options, please contact your HR Department.

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**WHIRLWINDSTEEL**  
BUILDINGS & COMPONENTS





# WELCOME

## Quality Benefits for You and Your Family

Whirlwind Steel Buildings is pleased to offer you comprehensive, high-quality Health and Welfare Plans. We strive to maximize the value you receive from each of our benefit plans while minimizing the impact of healthcare cost increases. The healthcare coverage and income protection available to you under these plans is extensive and adds significant value to your total compensation package with the company.

Open Enrollment provides an important opportunity for our employees and their families to assess and make changes to their health and welfare coverage. Reviewing your health care coverage to ensure it meets your needs both in terms of upfront cost (premiums) and coverage levels for care (which determine how much out of pocket expense you will share) is as important as seeing the right doctor for the right medical condition.

Take the necessary time to evaluate your needs and the needs of your family to make the best decisions possible for the **January 1, 2024 through December 31, 2024** plan year. To save you time while still providing you with comprehensive information on your Whirlwind Steel Buildings benefits, we've provided this **Employee Benefits Guide**.

The **Employee Benefits Guide** is designed to provide you with an overview of each of your benefits, so you can take full advantage of this important part of your total compensation package.

### Employee Benefits

- ◆ Medical
- ◆ Dental
- ◆ Vision
- ◆ Basic Life and Accidental Death & Dismemberment
- ◆ Voluntary Life
- ◆ Short Term Disability
- ◆ Long Term Disability

# ELIGIBILITY AND ENROLLMENT

## Eligibility

Full-time employees working at least 40 hours per week and their eligible dependents may participate in the Whirlwind Steel Buildings benefits program on the 90<sup>th</sup> day of employment.

Generally, for the purpose of the Whirlwind benefits program, dependents are defined as:

- Your legal spouse
- Dependent "child" up to age 26 (age 25 for life). Child means the employee's natural child or adopted child and any other child as defined in the contract
- Your disabled children of any age (see contract for further information)

## What Is Open Enrollment?

Open enrollment is your once-a-year opportunity to make changes to your benefit elections and to identify which dependents will be covered under your plan. An enrollment form will be provided to you as part of Open Enrollment.

This form is required to be completed by all employees even if you are waiving coverage.

**If you wish to make changes to your current elections, you will need to complete your enrollment form and submit to HR by December 15<sup>th</sup>.**

## What Happens if I Don't Enroll?

If your enrollment is not completed during the Open Enrollment period, or within 31 days of your eligibility date, you will have to wait until the next Open Enrollment to apply for coverage unless you have a Life Change Status Event.

## Life Status Change Events

In most cases, your benefit elections remain in effect until the next annual open enrollment period. You will not be able to make any plan changes unless you experience a change in life status. In most cases, your benefit elections remain in effect until the next annual open enrollment period. You will not be able to make any plan changes unless you experience a change in life status.

Events described in IRS regulations allow you to make a change to your benefits coverage if you experience any of the following:

- Marriage or divorce
- Death
- Birth or adoption of a dependent
- Change in employment status
- Dependent satisfying or ceasing to satisfy the plan's eligibility requirements
- Loss of or significant change to your current coverage
- Judgment, decree or court order
- Enrollment / ceasing to be enrolled in Medicare or Medicaid
- Ceasing to be enrolled in Children's Health Insurance Program (CHIP)

**You have 31 days from the date of the event to report and update your benefits with the Human Resources department.**

**ANNUAL OPEN ENROLLMENT  
December 1st – December 15<sup>th</sup>, 2023**

# Benefit Resource Center (BRC)



The image features the USI logo in the top left corner. Below it, a group of nine diverse people stands with their backs to the camera. Above them are several overlapping speech bubbles in various colors (blue, purple, pink, yellow, orange, green) containing common insurance-related questions:

- Why won't they pay my claim?
- Services denied?!
- How can my claim still be "in process"? It's been two months!
- I called my insurance carrier, but now I'm just more confused.
- Do I have mail-order prescription benefits?

At the bottom of the image, a black banner contains the text: **Call the Benefit Resource Center (BRC)**

## We speak insurance

Our Benefits Specialists can help you choose the right plan for you and your family, translate confusing jargon, answer questions about which benefits are on your plan and which aren't, work directly with insurance carriers to resolve tricky issues regarding claims and denials of service— and more!

## Benefit Resource Center

[BRCSouthwest@usi.com](mailto:BRCSouthwest@usi.com) | Toll Free: 855-874-0110



# MEDICAL BENEFITS | BCBSTX

Benefit Coverage	In-Network Benefits	Out-of-Network Benefits
<b>Annual Deductible</b>		
Individual	\$1,000	\$1,000
Family	\$3,000	\$3,000
Coinsurance	80%	60%
<b>Maximum Out-of-Pocket*</b>		
Individual	\$3,500	\$7,000
Family	\$10,500	\$21,000
<b>Physician Office Visit</b>		
Primary Care	\$30 Copay	60% after deductible
Specialty Care	\$50 Copay	60% after deductible
<b>Preventive Care</b>		
Adult Periodic Exams	100%	60% after deductible
Well-Child Care	100%	60% after deductible
<b>Diagnostic Services</b>		
X-ray and Lab Tests	100% of allowable amount	60% after deductible
Complex Radiology	80% after deductible	60% after deductible
Urgent Care Facility	\$50 copayment	60% after deductible
Emergency Room Facility Charges*	\$250 copay then 80% after deductible	\$250 copay then 80% after deductible
Inpatient Facility Charges	80% after deductible	60% after deductible
Outpatient Facility & Surgical Charges	80% after deductible	60% after deductible
<b>Pharmacy</b>		
Retail Pharmacy 90-day supply with 1 copayment amount Per 30-day supply at a Participating Pharmacy	\$10 copayment amount-Generic Drug \$25 copayment amount-Preferred Brand Name Drug \$40 copayment amount-on Preferred Brand Name Drug	80% of allowable amount minus copayment amount
Specialty Pharmacy Program Specialty Drugs-limited to a 30-day supply at a Specialty Pharmacy Provider	\$10 copayment amount-Generic Drug \$25 copayment amount-Preferred Brand Name Drug \$40 copayment amount- On Preferred Brand Name Drug	
Mail-Order Program 1 copayment amount per 90-day supply, up to A 90-day supply only	\$20 copayment amount-Generic Drug \$50 copayment amount-Preferred Brand Name Drug \$80 copayment amount-on Preferred Brand Name Drug	

Employee Contributions (Monthly)	
Medical	
Employee	\$95.28
Employee & Spouse	\$238.22
Employee & Child(ren)	\$190.58
Employee & Spouse & Child(ren) (Family)	\$285.86



## Blue Access for Members Health Care at Your Fingertips

### With BAM, you can:

- Use our Provider Finder tool to search for a health care provider, hospital or pharmacy
- Request or print your ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Use our Cost Estimator tool to find the price of hundreds of tests, treatments and procedures
- Download our app
- Sign up for text or email alerts

### It's Easy to Get Started!

- 1 Go to [bcbstx.com/member](https://bcbstx.com/member)
- 2 Click Log Into My Account
- 3 Use the information on your BCBSTX ID card to sign up

Or text\* [BCBSTXAPP](https://bcbstx.com/member) to [33633](https://bcbstx.com/member) to get the BCBSTX App that lets you use BAM while you're on the go.

\*Message and data rates may apply.

# DENTAL BENEFITS | Guardian Dental

The dental plan options allow you the flexibility to choose which plan best fits you and your family's needs. Whichever plan you choose, keep in mind that there are greater discounts when using a Guardian in-network provider. Use of an in-network provider usually leaves you with less out of pocket expense. Non-network providers may balance-bill you for any expenses over the allowable amount on your plan.

Dental Summary of Benefits	Indemnity (Texas Only)	Guard Preferred All States Except Texas & Georgia		Value Plan (Georgia Only)		Prepaid (Texas Only)
	Percentage Paid	In-Network	Out-of-Network	In-Network	Out-of-Network	Prepaid
Calendar Year Deductible (3 per Family Unit)	\$50	\$50	\$50	\$50	\$50	<ul style="list-style-type: none"> <li>Service cost subject to schedule of benefits</li> <li>No claims forms</li> <li>No deductibles</li> <li>No annual maximums</li> <li>No pre-existing condition exclusion</li> <li>Orthodontia covered for children &amp; adults</li> <li>Specialty referral covered at schedule co-payments</li> </ul>
Preventative Services	100%	100%	100%	100%	100%	
Basic Services	80%	90%	80%	80%	80%	
Major Services	50%	60%	50%	50%	50%	
Orthodontic Services	50%	50%	50%	50%	50%	
Maximum per Calendar Year, per Covered Person	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	
Major & Orthodontic services referred for 12 Months	Apply	Does Not Apply		Apply		

## Benefits Eligibility (Indemnity & Value Plan)

	New Enrollee		Late Entrant		
Preventative Care	Immediately	Immediately	After	Immediately	After
Basic Care	12 Months			6 Months	After 24
Major Care – Orthodontic Services	N/A			1 Month	

**Children Covered up to Age 26**

For a list of providers visit <https://www.guardiananytime.com/fpapp/FPWeb/dentalSearch.process>  
 You can access helpful, secure information about your Guardian benefits instantly at [www.GuardianAnytime.com](http://www.GuardianAnytime.com).  
 Check the status of a claim, review your benefits, print forms and materials and so much more! Log on or register at [www.GuardianAnytime.com](http://www.GuardianAnytime.com)

Employee Monthly Contributions	Indemnity (Texas Only)	Guardian Preferred All States (Except TX & GA)	Value Plan (GA Only)	Prepaid (TX Only)
Employee Only	\$20.55	\$19.17	\$23.17	\$7.46
Employee + Spouse	\$40.87	\$45.50	\$48.50	\$9.29
Employee + Child(ren)	\$53.29	\$54.71	\$57.71	\$17.18
Employee + Family	\$79.36	\$90.05	\$93.05	\$22.64



# VISION BENEFITS | United Healthcare

The vision plan covers eye exams, eyeglasses and contact lenses for you and your family members. You'll utilize the United Healthcare network, which includes ophthalmologists, optometrists and other eye care professionals. When you seek services, you can choose to visit a network provider or an out-of-network provider. However, you will pay less when you seek care from a UHC provider.

Vision Benefit	In-Network	Out-of-Network
<b>Eye Exam</b> (Every 12 Months)	\$10 copay	Up to \$40
<b>Lenses</b> (Every 12 Months)	\$10 copay	
Single	Covered in full after copay	Up to \$40
Bifocal	Covered in full after copay	Up to \$60
Trifocal	Covered in full after copay	Up to \$80
Lenticular	Covered in full after copay	Up to \$80
<b>Contact Lenses</b> (Every 12 Months)		
Elective	Up to \$105	Up to \$105
Medically Necessary	Covered in full	Up to \$210
<b>Frame Allowance</b> (Every 24 Months)	\$130 allowance (30% discount on amount above allowance)	Up to \$45
<b>Lasik Surgery</b>	Discounts Available	Not covered

Employee Contributions	Monthly
Employee Only	\$8.55
Employee + Spouse	\$16.05
Employee + Child(ren)	\$16.82
Employee + Family	\$25.27

# Life and Accidental Death & Dismemberment



## Basic Life & Accidental Death & Dismemberment | Mutual of Omaha

Whirlwind provides full-time employees with a life and accidental death and dismemberment (AD&D) insurance policy at no cost to you through Mutual of Omaha. **Employees must enroll in the medical insurance plan to be eligible for the employer paid basic life insurance. The benefit is 1 times the annual earnings to a maximum of \$50,000.** The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan.

## Voluntary Life | Mutual of Omaha

If you decide you require more life insurance coverage than what is paid for by Whirlwind you may purchase additional coverage for yourself, your legal spouse, and dependent children through payroll deductions. You as the employee must elect supplemental life insurance on yourself to enroll your spouse or children in supplemental life insurance. The coverage limits are briefly explained in the table below.

<b>Employee Voluntary Life</b> Maximum Benefit Guaranteed Issue*	Increments of \$10,000 Up to 5x annual salary \$150,000
<b>Spouse Voluntary Life</b> Maximum Benefit Guaranteed Issue*	Increments of \$5,000 \$150,000, not to exceed 50% of employee amount \$50,000
<b>Child(ren) Voluntary Life</b> Maximum Benefit Guaranteed Issue*	Increments of \$1,000 From \$2,000 to \$10,000

\*Evidence of Insurability (EOI) required if electing an amount over the Guaranteed Issue for the first time. If your current election is already over the Guaranteed Issue amount no EOI is required unless you would like to increase your election.

### Calculate Your Cost

Age	Rate Per \$1,000	Age	Rate Per \$1,000	Age	Rate Per \$1,000
>24	\$0.07	45-49	\$0.30	70-74	\$4.09
25-29	\$0.08	50-54	\$0.51	75-79	\$6.16
30-34	\$0.09	55-59	\$0.86	80-84	\$15.694
35-39	\$0.12	60-64	\$1.25	85-89	\$15.694
40-44	\$0.18	65-69	\$2.08	90-100	\$15.694

Voluntary employee and spouse life insurance rates are based on the individual's age as of January 1st. To calculate your per paycheck cost for voluntary life insurance for yourself or your spouse, use the chart below:

The amount of insurance you want \$ \_\_\_\_\_  
**Divided by** 1,000 = \$ \_\_\_\_\_  
**Times (x)** rate from chart = \$ \_\_\_\_\_  
**Divided by** 2 = Your Per Paycheck Cost \$ \_\_\_\_\_

Child Rate \$0.192/ \$1,000

# LONG - TERM DISABILITY | Guardian

Whirlwind provides Long Term Disability benefit to eligible employees. The Long-Term Disability will be paid to you monthly if you become disabled once you have satisfied the elimination period.

Long Term Disability (LTD)	
Elimination Period	90 Days
Percentage of Earnings Payable	60% of Average Monthly Earnings
Maximum Benefit per Month	\$6,000
Benefit Duration	To age 65
Pre-Existing Condition Exclusion	3 Months Look Back; 12 Months after Exclusion

# EMPLOYEE ASSISTANCE PROGRAM | Mutual of Omaha

Mutual of Omaha's EAP assists employees and their eligible dependents with personal or job-related concerns, including:

- Emotional well-being
- Family and relationships Legal and financial Healthy lifestyles
- Work and life transitions

## EAP Benefits:

- Access to EAP professionals 24 hours a day, seven days a week
- Provides information and referral resources
- Service for employees and eligible dependents
- Robust network of licensed mental health professionals
- Three face-to-face sessions with a counselor per issue

## Legal resources

- Online will preparation
- Legal library & online forms
- Legal consultations

## Resources for:

- Financial tools and resources
- Work/Life balance
- Substance use and other addictions
- Dependent and elder care resources
- Access to a library of educational articles, handouts and resources via [mutualofomaha.com/eap](https://mutualofomaha.com/eap)

You can trust your EAP professional to assess your needs and handle your concerns in a confidential, respectful manner.

Your EAP benefits are provided through your employer. There is **no cost to you** for utilizing EAP services. If additional services are needed, your EAP will help locate appropriate resources in your area. This resource is available to you and all members of your household at no additional cost.

Don't delay if you need help

Visit [mutualofomaha.com/eap](https://mutualofomaha.com/eap) or call **800-316-2796** for confidential consultation and resource services.





# 401K PLAN | John Hancock Retirement Plan Services

<b>Eligibility Requirements</b>	You must be at least 18 years old to be eligible to participate in the salary deferral portion of the Plan. You must be at least 18 years old and have completed one year of service to be eligible for any discretionary matching or profit-sharing contribution.
<b>Entry Date</b>	First of the month following your hire date and after you have fulfilled the age requirement.
<b>Change Dates</b>	You may increase or decrease the amount you contribute daily. You may stop contributions at any time.
<b>Employee Contribution</b>	You may contribute up to the IRS limit of \$23,000 for 2024. If you are age 50 or older, you may make an additional catch-up contribution of \$7,500. Catch-up contributions are eligible for matching contributions.
<b>Employer Contribution</b>	Currently we offers a discretionary match to the 401(K) based on annual profitability.
<b>Automatic Deferrals</b>	The plan includes an automatic enrollment feature known as Eligible Automatic Contribution ("EACA"). The employer will automatically withhold 3% of your compensation from your pay each payroll period and contribute that amount to the plan as a salary deferral.
<b>Escalation of Deferral Amounts</b>	Your pre-tax contribution will be increased as the first day of the plan year by One Percent (1%) to a maximum of Ten Percent (10%) of your compensation. The increase will apply whether made an affirmative or automatic election unless you previously elected not to have the increase apply.
<b>Limited Right to Withdraw Deferrals</b>	For a limited time, you may elect to have the plan distribute to you all your prior automatic deferrals (adjusted for any earning or losses). You may make this election online. You must make this election no later than 90 days after the first automatic deferral is taken from your compensation. If you elect to withdraw any of your prior automatic deferrals, you will pay income tax on the distributed amount, but you will not be subject to the 10% premature distribution penalty tax, even if you receive the distribution prior to age 59 ½. If you take out automatic contributions, then the employer will treat you as having chosen to make no further contributions until you subsequently complete a salary deferral agreement.
<b>Contribution Investments</b>	The plan intends to be an ERISA Section 404 (C) plan. This simply means that you "exercise control" over some or all investments in your plan account. The fiduciaries of the plan may be relieved of liability, or responsibility for any losses that you may experience as a direct result of your investment decisions. As a plan participant, you may request certain information from your plan administrator at 8234 Hansen Road, Houston, TX 77075, or by phone at (713) 946 7140. This information includes annual operating expenses of the plan investments; copies of prospectuses, financial statements, reports, or other materials relating to plan investments provided to the plan; a list of assets contained in each plan investment portfolio; the value of those assets and fund units or shares; and the past and current performance of each plan investment. Your contribution can be split among all investment options for your plan. Transfers between investment options and changes to future allocation instructions can be made through the website <a href="http://www.mylife.jhrps.com">www.mylife.jhrps.com</a>

# 401K PLAN | John Hancock Retirement Plan Services

<b>(QDIA) Qualified Default Investment Alternative</b>	If the plan Administrator doesn't receive your affirmative investment election, your account will be invested in the American Funds Target Date. Retirement fund based on your date of birth. Even if the plan trustee invests some or all of your elective deferrals in the default investment, you have the continuing right to direct the investment of your elective deferrals in one or more of the other investment choices available to you under the plan.											
<b>Vesting</b>	Your contributions are always 100% vested. Any other employer contributions are vested according to the following schedules:											
	<table border="1"> <thead> <tr> <th data-bbox="586 569 1105 604">Years of Service</th> <th data-bbox="1105 569 1570 604">Vested Percentage</th> </tr> </thead> <tbody> <tr> <td data-bbox="678 604 1105 636">1</td> <td data-bbox="1230 604 1570 636">0%</td> </tr> <tr> <td data-bbox="678 636 1105 667">2</td> <td data-bbox="1230 636 1570 667">25%</td> </tr> <tr> <td data-bbox="678 667 1105 699">3</td> <td data-bbox="1230 667 1570 699">50%</td> </tr> <tr> <td data-bbox="678 699 1105 730">4</td> <td data-bbox="1230 699 1570 730">75%</td> </tr> <tr> <td data-bbox="678 730 1105 762">5</td> <td data-bbox="1230 730 1570 762">100%</td> </tr> </tbody> </table>	Years of Service	Vested Percentage	1	0%	2	25%	3	50%	4	75%	5
Years of Service	Vested Percentage											
1	0%											
2	25%											
3	50%											
4	75%											
5	100%											
<b>Normal Retirement Age</b>	The Normal Retirement Age for your Plan is age 65											
<b>Withdrawals</b>	You may withdraw funds from your account in the event of termination of employment, age 59 ½ withdrawal, retirement, disability, or financial hardship. Hardship withdrawals are governed by IRS regulations and are permitted for immediate and heavy financial need and only for certain events. Contact your plan administrator for details. A 10% IRS penalty may apply, along with regular income taxes for withdrawals at termination or for hardship withdrawals.											
<b>Loans</b>	Loans are available in the plan, with the following limitations; the minimum loan is \$1,000. The maximum loan is \$50,000 or 50% of your vested account balance. You may have not more than two outstanding loans at any one time. All loans must be repaid within 5 (five) years, unless the loan is used to purchase a primary residence.											
<b>Rollovers</b>	Rollovers or transfers from prior qualified plans are accepted. Contact your Plan Administrator for details.											
<b>Expenses for Your Plan</b>	You will be charged \$75 for all types of withdrawals except retirement. You will be charged \$75.00 for establishing a new loan as well as a \$48 per year loan maintenance fee. Contact your Plan Administrator for information on any additional fees.											
<b>Summary Plan Description</b>	The above highlights are only a brief overview of the Plan's features and are not a legally binding document. A more detailed Summary Plan Description will be mailed to you. Please read it carefully and contact your Plan Administrator if you have any further questions.											
<b>Contacts</b>	John Hancock Retirement Plan Services Website: <a href="http://www.mylife.jhrps.com">www.mylife.jhrps.com</a> Phone Number: 800-294-3575											

# FSA - WageWorks

Available after 90 days of employment at no cost to the employee.

Whirlwind has a Section 125 plan available to its employees through WageWorks. The **Premium Only Plan (POP)** and the **Flexible Spending Accounts** are made possible by Internal Revenue Code Section 125. These plans permit each employee, if he so elects, to have the following items treated as "pre-tax" payroll deductions (i.e., these items are deducted from your pay before your income taxes are calculated and are not included in your taxable earnings for the year):

Section 125 Plan	Items treated as "pre-tax deductions"	How the POP Plan Works		
Premium Only Plan (POP)	Group Insurance Premiums	You pay the premiums with pretax dollars. These pretax dollars are subtracted from your gross earnings before taxes are taken out. Thus, when you pay qualified insurance premiums before taxes, you lower your taxable income.		
			<b>Without POP</b>	<b>With POP</b>
		Gross Pay	\$500.00	\$500.00
		Pretax Reduction (medical ins)	-0-	-50.00
		Taxable Gross	500.00	450.00
		FICA	-68.98	-57.46
		Net Pay	431.02	392.54
	Payroll Deduction (medical ins)	-50.00	-0-	
	<b>Spendable Income</b>	<b>\$381.02</b>	<b>\$392.54</b>	
		How the FSA Works		
Flexible Spending Accounts (FSA)	Unreimbursed Health Care Expenses  Dependent Care Costs	You determine your expenses for the current plan year (annual election) and enroll in one or both accounts. By enrolling in this plan, you cut your out-of-pocket Health Care and Dependent Care expenses by 30% or more.		
		The annual amount you elect is deducted from each paycheck in equal amounts number of pay period throughout the year and is treated as "pre-tax" payroll deduction. You submit a claim for reimbursement from your account.		
		Eligible claims must be incurred during the plan year. You have 90 days after the last day of the plan year to submit your claims for reimbursement. Any money that you do not use for eligible expenses incurred during the plan year will be forfeited.		
FSA Annual Amount you may contribute		Minimum	Maximum	
Health Care Flexible Spending Account		\$0.00	\$3,200.00	
Dependent Care Flexible Spending Account (married filing jointly)		\$0.00	\$5,000.00	
Dependent Care Flexible Spending Account (married filing individually)		\$0.00	\$2,500.00	



# PERSONAL ACCIDENT INSURANCE - Cigna

## Start With Basic Coverage and

### Add What You Need

Basic Accident Insurance Coverage (Outlined in your Certificate) - Employer-Paid

- Provided automatically to all eligible employees.
- Accident Insurance equal to \$10,000

## Who Is Eligible?

**You** — You are eligible for coverage if you are an active, full-time employee.

**Your Family**— You may elect to cover your lawful spouse under age 70, and your unmarried dependent children who are under age 19 (or under age 25 if they are full-time student(s)). Children must be dependent upon you for support and maintenance and must reside with you.

No one may be covered more than once under this plan. If covered as an employee, you cannot also be covered as a dependent.

## Selecting Your Coverage

**You** — You may select from \$10,000 to \$240,000 of coverage in units of \$10,000, at an affordable price.

**Your Family**— Your spouse's benefit amount will be 40% of yours, or 50% if you have no dependent children. Each of your covered children's benefit amount will be 10% of yours, or 15% if you are a single parent.

Each family member's coverage is a percentage of the benefit amount you select. It will depend on who your insured family members are at the time of a covered accident loss.

Your weekly cost will depend on the benefit amount and coverage option you select from the following chart.

## Your Weekly Cost

Benefit Amount	Employee Only	Family Plan
\$240,000	\$3.88	\$4.82
\$230,000	\$3.72	\$4.62
\$220,000	\$3.55	\$4.41
\$210,000	\$3.39	\$4.20
\$200,000	\$3.23	\$3.99
\$190,000	\$3.07	\$3.79
\$180,000	\$2.91	\$3.58
\$170,000	\$2.75	\$3.37
\$160,000	\$2.59	\$3.16
\$150,000	\$2.42	\$2.95
\$140,000	\$2.26	\$2.75
\$130,000	\$2.10	\$2.54
\$120,000	\$1.94	\$2.33
\$110,000	\$1.78	\$2.12
\$100,000	\$1.62	\$1.92
\$90,000	\$1.45	\$1.71
\$80,000	\$1.29	\$1.50
\$70,000	\$1.13	\$1.29
\$60,000	\$0.97	\$1.09
\$50,000	\$0.81	\$0.88
\$40,000	\$0.65	\$0.67
\$30,000	\$0.49	\$0.46
\$20,000	\$0.31	\$0.25
\$10,000	\$0.16	\$0.05

Coverages are a percentage of your benefit amount and cannot exceed \$120,000 for your spouse and \$25,000 for each child.

Costs are subject to change. Benefit amounts over \$150,000 cannot be greater than 10 times your annual earnings

## Benefit Reductions

When you reach age 70, your benefits will be reduced to 70% of the benefit amount selected; at age 75, 45%; at age 80, 30% and at age 85, 15%. If you elect the Family Plan, Accidental Death and Dismemberment benefits for your insured dependents will be based on your selected benefit amount. Other Plan benefits based on your selected

# SUPPLEMENTAL INSURANCE - Colonial

## Disability Insurance

Replaces a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness. 23.2 million disabling injuries were reported in 2004.

## Accident Insurance

Helps offset the unexpected medical expenses, such as emergency room fees, deductibles and copayments, that can result from a fracture, dislocation or other covered accidental injury. There were about 27 million visits to hospital emergency departments for injuries in 2003.

## Cancer Insurance

Helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests. In the U.S., men have a one-in-two lifetime risk of developing cancer, and for women the risk is one in three.

## Critical Illness Insurance

Complements your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy. On average, every 45 seconds, someone in the United States has a stroke.

## Hospital Confinement Insurance

Provides a lump-sum benefit for a covered hospital confinement and a covered outpatient surgery to help offset the gaps caused by copayments and deductibles that are not covered by most major medical plans. Hospital spending, nearly one-third of total national health expenditures, increased 8.6 percent in 2004.

## Life Insurance

Enables you to tailor coverage for your individual needs and helps provide financial security for your family members. A helpful rule of thumb to determine the amount of life insurance you may need is to multiply your current salary by five to eight years.

### Colonial Life's Coverages Share Important features:

- ◇ Coverage is available for your spouse and children with most products.
- ◇ Benefits are paid directly to you, unless you specify otherwise.
- ◇ With most plans, you can continue coverage when you retire or change jobs, with no increase in premiums.
- ◇ With most plans you receive benefits regardless of any other insurance you may have with other insurance companies

## Important Legal Notices Affecting Your Health Plan

### 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:

BCBSTX PPO: \$750 Individual, \$2,250 Family (Deductible); 80% (Coinsurance)

### 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 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 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 review 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 \$149 per day (up to a \$1,496 cap per request), 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. 20220

### CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Norma Hernandez  
8234 Hansen Road  
Houston, TX 77075  
832.553.4667

[Norma.hernandez@whirlwindsteel.com](mailto:Norma.hernandez@whirlwindsteel.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

## 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 on 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 or office 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.

### 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 you have given someone 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/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).

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. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

[hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/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](http://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

Effective 1/1/21

Norma Hernandez

8234 Hansen Road

Houston, TX 77075

832.553.4667



## Important Notice from Whirlwind Steel Buildings 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 Whirlwind Steel Buildings and about your options under Medicare's prescription drug coverage. This information can help you decide if you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

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

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

### When Can You Join A Medicare Drug Plan?

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

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

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Whirlwind Steel Buildings coverage will be affected. If you joined a Medicare drug plan after a COBRA qualified event, your COBRA coverage may end.

If you do decide to join a Medicare drug plan and drop your current Whirlwind Steel Buildings coverage, be aware that you and your dependents will not be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with Whirlwind Steel Buildings 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 1.9% 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 or call Norma Hernandez at 832-553-4667. 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 Whirlwind Steel Buildings 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](http://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](http://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 you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: 1/1/2024  
Name of Entity/Sender: Norma Hernandez  
Contact--Position/Office: Human Resources  
Address: 8234 Hansen Road Houston, TX  
Phone Number: 77075

## 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](http://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](http://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](http://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, 2024. Contact your State for more information on eligibility –

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

<p align="center"><b>GEORGIA-Medicaid</b></p> <p>Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a></p> <p>Phone: 678-564-1162 ext 2131</p>	<p align="center"><b>MASSACHUSETTS-Medicaid and CHIP</b></p> <p>Website: <a href="https://www.mass.gov/info-details/mashealth-premium-assistance-pa">https://www.mass.gov/info-details/mashealth-premium-assistance-pa</a></p> <p>Phone: 1-800-862-4840</p>
<p align="center"><b>INDIANA-Medicaid</b></p> <p>Healthy Indiana Plan for low-income adults 19-64</p> <p>Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a></p> <p>Phone: 1-877-438-4479</p> <p>All other Medicaid</p> <p>Website: <a href="http://www.in.gov/medicaid/">http://www.in.gov/medicaid/</a></p> <p>Phone: 1-800-457-4584</p>	<p align="center"><b>MINNESOTA-Medicaid</b></p> <p>Website: <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a></p> <p>Phone: 1-800-657-3739</p>
<p align="center"><b>IOWA-Medicaid and CHIP (Hawki)</b></p> <p>Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a></p> <p>Medicaid Phone: 1-800-338-8366</p> <p>Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a></p> <p>Hawki Phone: 1-800-257-8563</p> <p>HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a></p> <p>HIPP Phone: 1-888-346-9562</p>	<p align="center"><b>MISSOURI-Medicaid</b></p> <p>Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a></p> <p>Phone: 573-751-2005</p>
<p align="center"><b>KANSAS-Medicaid</b></p> <p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a></p> <p>Phone: 1-800-792-4884</p>	<p align="center"><b>MONTANA-Medicaid</b></p> <p>Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a></p> <p>Phone: 1-800-694-3084</p>
<p align="center"><b>KENTUCKY-Medicaid</b></p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a></p> <p>Phone: 1-855-459-6328</p> <p>Email: <a href="mailto:KIHIP.PROGRAM@ky.gov">KIHIP.PROGRAM@ky.gov</a></p> <p>KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a></p> <p>Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>	<p align="center"><b>NEBRASKA-Medicaid</b></p> <p>Website: <a href="http://www.ACCESSNEBRASKA.gov">http://www.ACCESSNEBRASKA.gov</a></p> <p>Phone: 1-855-632-7633</p> <p>Lincoln: 402-473-7000</p> <p>Omaha: 402-595-1178</p>
<p align="center"><b>LOUISIANA-Medicaid</b></p> <p>Website: <a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a></p> <p>Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p align="center"><b>NEVADA-Medicaid</b></p> <p>Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a></p> <p>Medicaid Phone: 1-800-992-0900</p>
<p align="center"><b>MAINE-Medicaid</b></p> <p>Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a></p> <p>Phone: 1-800-442-6003</p> <p>TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> Phone: 1-800-977-6740</p> <p>TTY: Maine relay 711</p>	<p align="center"><b>NEW HAMPSHIRE-Medicaid</b></p> <p>Website: <a href="https://www.dhhs.nh.gov/oi/hipp.htm">https://www.dhhs.nh.gov/oi/hipp.htm</a></p> <p>Phone: 603-271-5218</p> <p>Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>

<p align="center"><b>NEW JERSEY-Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients /medicaid/">http://www.state.nj.us/humanservices/dmahs/clients /medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710</p>	<p align="center"><b>SOUTH DAKOTA-Medicaid</b></p> <p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059</p>
<p align="center"><b>NEW YORK -Medicaid</b></p> <p>Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831</p>	<p align="center"><b>TEXAS-Medicaid</b></p> <p>Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493</p>
<p align="center"><b>NORTH CAROLINA-Medicaid</b></p> <p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100</p>	<p align="center"><b>UTAH-Medicaid and CHIP</b></p> <p>Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669</p>
<p align="center"><b>NORTH DAKOTA-Medicaid</b></p> <p>Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825</p>	<p align="center"><b>VERMONT-Medicaid</b></p> <p>Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427</p>
<p align="center"><b>OKLAHOMA-Medicaid and CHIP</b></p> <p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742</p>	<p align="center"><b>VIRGINIA-Medicaid and CHIP</b></p> <p>Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282</p>
<p align="center"><b>OREGON-Medicaid</b></p> <p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075</p>	<p align="center"><b>WASHINGTON-Medicaid</b></p> <p>Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022</p>
<p align="center"><b>PENNSYLVANIA-Medicaid</b></p> <p>Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462</p>	<p align="center"><b>WEST VIRGINIA-Medicaid</b></p> <p>Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)</p>
<p align="center"><b>RHODE ISLAND-Medicaid and CHIP</b></p> <p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 401-462-0311 (Direct RIt Share Line)</p>	<p align="center"><b>WISCONSIN-Medicaid and CHIP</b></p> <p>Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus-p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus-p-10095.htm</a> Phone: 1-800-362-3002</p>
<p align="center"><b>SOUTH CAROLINA-Medicaid</b></p> <p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820</p>	<p align="center"><b>WYOMING-Medicaid</b></p> <p>Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269</p>



# LEGAL NOTICES

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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](http://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 20220 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

## New Health Insurance Marketplace Coverage Options and Your Health Coverage

### 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 your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 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.<sup>1</sup>

**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:

Norma Hernandez  
Whirlwind Steel Buildings  
8234 Hansen Road  
Houston, TX 77075  
832.553.4667  
[Norma.hernandez@whirlwindsteel.com](mailto:Norma.hernandez@whirlwindsteel.com)

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

<sup>1</sup> 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.

**PARTB: 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 Whirlwind Steel Buildings		4. Employer Identification Number (EIN) 76-0366138	
5. Employer address 8234 Hansen Road		6. Employer phone number 832-553-4667	
7. City Houston	8. State Texas	9. ZIP code 77075	
10. Who can we contact about employee health coverage at this job? Norma Hernandez			
11. Phone number (if different from above)		12. Email address <a href="mailto:Norma.hernandez@whirlwindsteel.com">Norma.hernandez@whirlwindsteel.com</a>	

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:**

- Full-time employees working at least 30 hours per week

**Some employees. Eligible employees are:**

■

With respect to dependents:

**We do offer coverage. Eligible dependents are:**

- Legal Spouse
- Dependent children up to 26 years old, including legally adopted children or any other child as defined in the certificate of coverage. No age limit on disabled dependents

**We do not offer coverage.**

**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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

- 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 (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

## Contact Information

Company	Benefit	Contact Information
<b>BCBS</b>	Medical	<a href="http://www.bcbs.com">www.bcbs.com</a> 800-521-2227
<b>Cigna</b>	Personal Accident Insurance	<a href="http://www.Cigna.com">www.Cigna.com</a> 800-997-1654
<b>Colonial Life</b>	Supplemental Insurance	ColonialLife.com 800-325-4368
<b>Guardian</b>	Dental, Long-Term Disability	Guardianlife.com 888-600-1600
<b>John Hancock Retirement Plan Services</b>	401k	<a href="http://www.mylife.jhrps.com">www.mylife.jhrps.com</a> 800-294-3575
<b>Mutual of Omaha</b>	Life, AD&D, Voluntary Life,	Mutualofomaha.com 1-800-775-8805
<b>Mutual of Omaha</b>	EAP	Mutualofomaha.com/eap 1-800-316-2796
<b>United Health Care</b>	Vision	myuhcvision.com 800-638-3120
<b>USI</b>	Benefits Resource Center (BRC)	<a href="mailto:BRCSouthwest@usi.com">BRCSouthwest@usi.com</a> 855-874-0110
<b>WageWorks</b>	FSA	myspendingaccount.wageworks.com 888-557-3156
<b>Whirlwind Steel Buildings</b>	Human Resources	Norma Hernandez 832-553-4667 <a href="mailto:Norma.hernandez@whirlwindsteel.com">Norma.hernandez@whirlwindsteel.com</a>