

**BE WELL.**  
**SAVE WELL.**  
**LIVE WELL.**



**TECHO  
—BLOC**

**7/1/2025 - 6/30/2026**  
**OPEN ENROLLMENT GUIDE**

Note: 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 page 16 for more information.





## BE READY FOR ENROLLMENT

Techo-Bloc provides a full range of benefits that address your needs now and in the future.

### To Your Health

- Medical & Prescription Drug Insurance
- Dental Insurance
- Vision Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- Accident Insurance

### To Your Wealth

- Basic Life and AD&D
- Short-Term Disability Insurance
- Long-Term Disability Insurance
- Retirement 401(k) Savings Plan
- Health Savings Account (HSA)

### To Your Lifestyle

- Employee Assistance Program (EAP)
- Health Advocate

## ENROLLMENT INFORMATION

### DO I NEED TO ENROLL?

Before deciding whether you want to enroll in Techo-Bloc's health and group benefits, keep in mind that there are many good reasons to take a close look at all the benefits and options Techo-Bloc offers you.

It's a good idea to make sure your benefits still fit you — and that you're not paying for more coverage than you need.

### TO ENROLL:

1. You can access your UKG portal and there will be an option for open enrollment at <https://t12.ultipro.ca/Login.aspx?ReturnUrl=%2f>.
2. Select "Manage My Benefits" under the Benefits tab on the left hand side of page.

### WHEN CAN I ENROLL?

During Open Enrollment, as a benefits-eligible employee, you have the opportunity to enroll in or make changes to your benefits plan during our annual benefits enrollment period. Open Enrollment is June 13, 2025 through June 25, 2025 with your benefit choices being effective July 1, 2025. Our benefits plan year is July 1, 2025 - June 30, 2026.

If you are enrolling as a new employee, you become eligible for benefits the first of the month following 60 days of employment and must enroll within 30 days to have coverage for the rest of the plan year.

### DEPENDENT ELIGIBILITY

You can enroll your dependents in plans that offer dependent coverage. Eligible dependents are defined as your legal spouse or domestic partner and eligible children who reside in your household and depend primarily on you for support. This includes: your own children, legally adopted children, stepchildren, a child for whom you have been appointed legal guardian, and/or a child for whom the court has issued a Qualified Medical Child Support Order (QMCSO) requiring you or your spouse or domestic partner to provide coverage.

### DOMESTIC PARTNER COVERAGE

Domestic partners are eligible to enroll as dependents in the benefit plans. You and your partner must meet specific criteria to qualify for domestic partner coverage. A domestic partnership is different than a marriage with an individual of the same-sex. A same-sex spouse is a federal tax dependent for group health plan purposes; whereas, a domestic partner often is not. If you cover a domestic partner, a domestic partner's child or another person who is not considered an IRS tax dependent for group health plan purposes, Techo-Bloc is required to report income for you that reflects the value of coverage for tax-reporting purposes. This is known as imputed income. You will receive a W-2 annually for the value of coverage for any dependent who is not an IRS tax dependent.

## TAKE ACTION

All employees are strongly encouraged to complete enrollment online to review, elect, or waive coverages. If you do not make elections by your eligibility date, you will be auto declined in the system.

# CAPITAL BLUE CROSS MEDICAL AND PRESCRIPTION DRUG BENEFITS

Each person's health care needs are different. That's why our medical plan offers multiple options so that you can choose the coverage level best-suited to your personal situation.

## COST OF COVERAGE

BENEFIT	HDHP	
	IN-NETWORK	OUT-OF-NETWORK
<b>HSA Seeding Amounts (Individual/Family)</b>	\$500/\$1,000	
<b>Benefit Year Deductible (Individual/Family)</b>	\$3,000/\$6,000	
<b>Out-of-Pocket Maximum (Individual/Family)</b>	\$5,000/\$10,000	\$4,500/\$9,000
<b>Lifetime Maximum</b>	Unlimited	
<b>Coinsurance</b>	10%	20%
<b>Physician Services</b>		
Doctor's Office Visit	10% after ded	20% after ded
Specialist Office Visit	10% after ded	20% after ded
Virtual Visit	10% after ded	20% after ded
Preventive Care	Covered in full	20% after ded
<b>Lab &amp; X-ray Services</b>	10% after ded	20% after ded
<b>Hospital Services</b>		
Inpatient	10% after ded	20% after ded
Outpatient	10% after ded	20% after ded
<b>Emergency Care</b>	10% after ded	
<b>Urgent Care</b>	10% after ded	20% after ded
<b>PRESCRIPTION DRUGS</b>		
<b>Retail (30-day Supply)</b>		
Generic	No charge after ded	Not covered
Preferred Brand	No charge after ded	Not covered
Non-preferred Brand	No charge after ded	Not covered
<b>Mail Order (90-day Supply)</b>		
Generic	No charge after ded	Not covered
Preferred Brand	No charge after ded	Not covered
Non-preferred Brand	No charge after ded	Not covered
<b>PRE-TAX WEEKLY PAYCHECK DEDUCTIONS</b>		
<b>Employee Only</b>	\$53.18	
<b>Employee + Spouse/Domestic Partner</b>	\$114.66	
<b>Employee + Child(ren)</b>	\$107.08	
<b>Family</b>	\$170.90	

**NOTE:** Deductibles, copays, and coinsurance accumulate toward the out-of-pocket maximums. Usual, Customary, and Reasonable charges apply for all out-of-network benefits.

**NOTE:** Your medical plan options must offer certain preventive care benefits to you in-network without cost sharing and these preventive care benefits generally are updated annually. Under the Affordable Care Act, the medical plans generally may use reasonable medical management techniques to determine frequency, method, treatment or setting for a recommended preventive care service. You may obtain a list of preventive care services at [www.capbluecross.com](http://www.capbluecross.com).

# OPTUM HEALTH SAVINGS ACCOUNT (HSA)

If you enroll in the HDHP plan, you'll have access to an HSA. You can think of your HSA as a personal savings account for your health care expenses, with some impressive tax advantages. The account even includes a contribution from Techo-Bloc that can be a big help throughout the year.



HOW MUCH CAN YOU CONTRIBUTE?	2025 IRS CONTRIBUTION LIMIT	TECHO-BLOC CONTRIBUTION	YOUR MAXIMUM CONTRIBUTION AMOUNT
Employee Only Coverage	\$4,300*	\$500	\$3,800
Family Coverage	\$8,550*	\$1,000	\$7,550

\* If an individual reaches age 55 by the end of the calendar year, he or she can contribute an additional \$1,000.

NOTE: Amounts change yearly per IRS guidelines.

## LET'S BREAK IT DOWN

- You and Techo-Bloc can add funds into the HSA that are not subject to federal income taxes\*\* up to the IRS limits.
- The HSA allows you to pay for qualified medical expenses with these tax-free funds.
- The account can earn interest on a tax-free basis, and you are allowed to roll funds over year after year.
- If you leave Techo-Bloc, or retire, you can take your HSA with you.

\*\* Any reference to taxes is at the federal level. State tax rules may vary.

# CONTROLLING HEALTH CARE COSTS

The rising cost of health insurance is a concern for all of us. Keeping costs to a minimum contributes to lower premiums in future years. Here are tips on how you can help lower the cost of health insurance:

- Use network providers. You will receive a higher level of benefits if you use providers who participate in the network.
- Request generic rather than brand name prescription drugs. Generic medications, while just as effective, are considerably less expensive.
- Consider seeing your family physician rather than a specialist. Family physicians can often provide the same level of care for a variety of illnesses and conditions.
- Exercise and maintain a proper diet. The healthier you are the less vulnerable you are to disease, reducing doctor's visits and prescription medicines.

## CAPITAL BLUE CROSS DENTAL BENEFITS

DENTAL PPO PLAN	DPPO PLAN
Plan Design	In-network
Benefit Year Maximum	\$1,000
Benefit Year Deductible (Individual/Family)	\$50/\$150
Preventive Services	100% (deductible waived)
Basic Services	80%
Major Services	50%
Orthodontia Lifetime Maximum	Not covered
Out-of-Network	Reimbursement is 90th percentile
PRE-TAX WEEKLY PAYCHECK DEDUCTIONS	
Employee Only	\$1.49
Employee + Spouse/Domestic Partner	\$3.44
Employee + Child(ren)	\$3.85
Family	\$5.81

## CAPITAL BLUE CROSS VISION BENEFITS

BENEFIT	VISION PLAN
Frequency	12/12/12 (every 12 months)
Exam	\$10 copay
Lenses	\$0 copay
Frames	\$120 allowance
Contact Lenses (In Lieu of Frames)	
Conventional/Disposable	\$115 allowance
Out-of-Network	See reimbursement schedule
PRE-TAX WEEKLY PAYCHECK DEDUCTIONS	
Employee Only	\$0.22
Employee + Spouse/Domestic Partner	\$0.68
Employee + Child(ren)	\$0.68
Family	\$0.68

NOTE: ID Card not required for vision services.

# LINCOLN FINANCIAL GROUP LIFE INSURANCE OPTIONS

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams – such as a college education – a reality. Like anyone, you don’t like to think of the scenario where you’re no longer there for your family. However, you do need to ensure their lives and dreams can continue if the worst does happen.

## BASIC TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Techo-Bloc provides eligible employees with Basic Term Life and Accidental Death and Dismemberment coverage at no cost to you and enrollment is automatic.

- **BASIC TERM LIFE:** The benefit is equal to 1 times your base annual earnings up to a maximum of \$50,000.
- **AD&D:** The benefit is equal to 1 times your base annual earnings to a maximum of \$50,000.

## SUPPLEMENTAL LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

You may also choose to purchase Supplemental Life Insurance coverage in addition to the company-paid benefit. You pay the total cost of this benefit through convenient payroll deduction.

- **EMPLOYEE:** \$10,000 increments to a maximum of \$500,000.
- **SPOUSE:** \$10,000 increments not to exceed \$250,000 or 50% of the employee.
- **CHILDREN:** \$2,500 increments to a maximum of \$10,000.

AGE	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
Employee & Spouse Rate	\$0.090	\$0.098	\$0.117	\$0.152	\$0.218	\$0.338	\$0.502	\$0.761	\$1.286	\$2.359	\$2.378
Voluntary AD&D Rate	\$0.029										
Dependent Children Rate	\$0.50 per \$2,500 of covered benefit										

### Plan Features

- You have the ability to purchase insurance for yourself, your spouse/domestic partner, your children, and/or your grandchildren.
  - The optional insurance is voluntary, which means you purchase the precise amount of coverage that is right for your needs.
  - No physical exams are required to apply for coverage (although health questions may be asked).
  - Coverage is portable — you can take your policy with you if you leave the company and carry your life insurance coverage into your retirement.
- The cost of the benefit will vary depending upon your age, the amount of coverage you elect, or dependent coverage you choose, and other such factors.

# LINCOLN FINANCIAL GROUP DISABILITY INSURANCE

If you are out of work for an extended period of time due to a disabling injury or illness, Disability Insurance is designed to replace a portion of your income, and help you maintain your lifestyle. Unfortunately, avoiding disability is becoming more and more unlikely. According to the Social Security Administration, just over one in every four of today's 20 year-olds will become disabled before they reach retirement age. At this rate, making sure that you have disability coverage in place is a smart move.

## SHORT-TERM DISABILITY (STD)

STD Insurance replaces a portion of your income if an injury or illness forces you out of work for an extended period of time. Techo-Bloc provides basic STD coverage at no cost to you and enrollment is automatic. After you are out of work for 15 days and declared disabled, you will receive 60% of your base earnings for up to a maximum of \$1,000 per week.

## VOLUNTARY LONG-TERM DISABILITY (LTD)

Techo-Bloc also allows you to purchase Voluntary Long-Term Disability to protect your finances when your disability continues beyond the period covered by the STD plan. After you are out of work for 180 days, you will receive 60% of your monthly salary to a maximum of \$6,000 per month. Please consult the following table to determine your monthly cost for every \$100 of LTD coverage.

AGE	0-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.082	\$0.077	\$0.143	\$0.229	\$0.300	\$0.483	\$0.798	\$1.060	\$0.928	\$0.925



# PRUDENTIAL VOLUNTARY BENEFITS

## CRITICAL ILLNESS INSURANCE

Critical Illness Insurance is designed to protect your income and personal assets when your out-of-pocket expenses increase as a result of an illness. Health insurance is not always enough to cover all of the unforeseen expenses associated with a serious medical condition like a heart attack or cancer. Critical Illness Insurance pays a lump sum benefit that can be used any way you choose, and benefits are paid in addition to any other insurance coverage you may have.

### Plan Features

- You do not have to be terminally ill to receive benefits.
- Coverage options are available for your spouse/domestic partner and children as riders to your coverage.
- Coverage is portable — you can take your policy with you if you change jobs or retire.

The cost of the benefit will vary depending upon factors such as your age, whether you use tobacco, and the dependent coverage you choose.

**NOTE:** The coverage pays 25% of the face amount of the policy once per lifetime for coronary bypass surgery and carcinoma in situ.

**NOTE:** The policy/certificate of coverage has exclusions and limitations which may affect any benefits payable.

## ACCIDENT INSURANCE

You don't have to be especially clumsy to experience accidents. These events are all too common, and so are the high medical expenses that come with them.

Accidents are unplanned and unpredictable, but the financial impact that they have on you doesn't have to be either of those things. Voluntary Accident Insurance pays direct benefits for a range of injuries and accident-related expenses such as:

- Fractures
- Dislocations
- Concussion
- Emergency Room Treatment
- Hospitalization
- Accidental Death

Benefit amounts are based on the type of injury and treatment needed. No matter how great your medical plan is, you will have to share the costs of medical care and rehabilitation that follow an accident. Accident insurance is designed to help you pay for out-of-pocket expenses that insurance doesn't cover, like copays and deductibles, but the benefit payout can be used however you'd like.

**NOTE:** The policy/certificate of coverage or its provisions may vary or be unavailable in some states. The policy/certificate of coverage has exclusions and limitations which may affect any benefits payable.





# ADDITIONAL BENEFITS

## HOSPITAL INDEMNITY INSURANCE

If you've ever been in the hospital, you know that it may be difficult to focus on your recovery. You'd rather be in your own bed, eating your own food, and your family might be spending a ton of money to stay at a hotel near you.

The last thing you want to think about is the bill you will receive after your insurance company covers their portion of your hospital stay. Since out-of-pocket costs including deductibles and coinsurance can build quickly, the bills that result from a hospital stay can be overwhelming for anyone – with or without medical insurance.

Hospital Indemnity Insurance can help to ease the sticker-shock by paying a benefit directly to you (not to the hospital, or to an insurance company) if you or a covered family member has to stay in the hospital.

**NOTE:** The policy/certificate of coverage or its provisions may vary or be unavailable in some states. The policy/certificate of coverage has exclusions and limitations, which may affect any benefits payable. The benefits explained in the example above are for illustrative purposes only. Please see your Summary Plan Description (SPD) for complete details.

## EMPOWER RETIREMENT 401(k) SAVINGS PLAN

All employees who are at least 18 years old are eligible the first day of the month, following 90 days of employment, to participate in our 401(k) Retirement Plan. The 401(k) allows you to invest your regular earnings on a pre-tax basis, up to the IRS annual maximum, through automatic regular payroll deductions.

For additional information regarding any of the plan provisions, please consult the 401(k) guidebook located on the employee portal. You can find this information at [www.participant.empower-retirement.com](http://www.participant.empower-retirement.com) (under the My Retirement tab), or by calling **855-756-4738**.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

What is the EAP?

The EAP is a free, confidential service available to provide useful information, practical support and counseling on a wide range of work, family and personal issues. You can contact the services 24/7/365, you only need the Techo-Bloc name to use the service, and you can interact with the EAP by toll-free number.

### Lincoln Financial Details

Toll-Free: **888-628-4824**

Member Site URL: [www.guidanceresources.com](http://www.guidanceresources.com)

Username: LFGSupport

Password: LGFSupport1

Mobile App: GuidanceNow

## HEALTH ADVOCATE

Get the information and support you and your family need. The Health Advocate program connects you with a personal advocate who will help you navigate the health care system. Your advocate consults with a team of experts who specialize in such areas as clinical medicine, behavioral health, wellness, pharmaceuticals, and cost management.

Advocates help make things simpler for you by:

- Explaining your benefits and claims,
- Helping you find a doctor, and
- Estimating treatment costs.

Advocates are also able to support families of children with special health care needs. A dedicated advisor is assigned to the family to offer personalized information and assistance. For more information please reach out to [www.HealthAdvocate.com/members](http://www.HealthAdvocate.com/members) or call **866-695-8622**.

# Help to quit smoking

It's never  
too late  
to quit



**Capital** 



## Preventive coverage

Capital Blue Cross covers the following benefits at no cost to you during each benefit period:<sup>\*</sup>

- Tobacco-cessation counseling sessions (visit limits may apply).
- A 180-day or two 90-day treatment regimen of these tobacco-cessation products (all, including over-the-counter drugs, require a valid prescription for coverage).
- Bupropion hcl SR 150 mg.<sup>†</sup>
- Chantix<sup>®</sup>.
- Nicotine gum, patch, or lozenge.<sup>†</sup>
- Nicotrol nasal spray and inhaler.

## Healthy Blue Rewards

With self-guided programs, individuals get tips, techniques, and resources to help support their tobacco cessation goals. The programs are easy to access through the Healthy Blue Rewards portal and through the mobile app AlwaysOn. Content focuses on behavioral changes to reinforce healthier habits and allow individuals to gain information on their own time. Log on to your secure account to learn more!



Get the help you need when you need it.

Use VirtualCare to see a counselor or psychiatrist  
in as soon as just a few days.

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**Fast, easy, and private.**

If you're stressed, worried, or having trouble coping with life's challenges, help is only a click away. With Capital Blue Cross VirtualCare, you can talk face-to-face with a licensed therapist or board-certified psychiatrist from home or on the go — even at night, on weekends, or on holidays.

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**Schedule an appointment**  
by downloading the Capital Blue Cross  
app and clicking on *VirtualCare*.



**Schedule an appointment online**  
Go to [CapitalBlueCross.com](https://www.CapitalBlueCross.com) and click  
on *VirtualCare*.

### **What are some common conditions that can be addressed online by VirtualCare psychiatrists and counselors?**

- Stress.
- Depression (major depressive disorder, postpartum depression).
- Anxiety.
- Grief.
- Panic attacks.
- Relationship or family issues.
- Bipolar disorder.
- Obsessive compulsive disorder (OCD).
- Post-traumatic stress disorder (PTSD).
- Attention deficit hyperactivity disorder (ADHD).

### **How long does a visit usually last?**

A typical visit with a psychiatrist or counselor using VirtualCare is about 45 minutes.

### **How can VirtualCare save me time and money?**

- Visits are available 24/7/365.
- A visit may cost the same or less than an office visit.
- See and pay your cost share at the time of your visit.
- Pay with a Health Savings Account credit card or any major credit card.

### **How do I know if a provider is in-network?**

When you log into VirtualCare using the website or app, the providers you see are part of the Capital Blue Cross network. Be sure to select the state where you're located at the time of the visit to see the most up-to-date list of providers.

### **How do I set up a follow-up appointment?**

After your first visit, your provider will work with you to schedule future visits with them, or you may schedule them yourself. You'll always be able to choose the provider you'd like to see. If the psychiatrist believes you can benefit from additional behavioral talk therapy, they can refer you to a psychologist or counselor in the Capital Blue Cross network.

### **Can my child use VirtualCare to meet with a counselor or psychologist?**

Yes. Just include your child when you set up your VirtualCare account and select *Counseling* to schedule an appointment with a counselor or psychologist. Psychiatrist appointments are only available for patients 18 and older.

### **Can medications be prescribed on VirtualCare?**

Psychiatrists can prescribe non-controlled medications on VirtualCare. If you need a controlled substance (such as a benzodiazepine), the psychiatrist may be able to work with your primary care physician to have them prescribe your medication. Counselors and psychologists are unable to prescribe medications.

### **It's time for my appointment. How do I get started?**

You'll receive a text with a link to join your appointment at the scheduled time. Simply tap the link, confirm your details, and, if you choose, complete a pre-appointment questionnaire. This helps your provider better understand your overall well-being and address any concerns. When finished, you'll be connected to your provider to begin your visit.

**CapitalBlueCross.com**



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PSI-403 (03/21/25)





# More than just health insurance

Thank you for choosing Capital Blue Cross.

We're committed to going the extra mile to help you live your healthiest life. As part of this commitment, we offer many programs and services beyond just health insurance. Call us to learn more about these programs, ask questions about your coverage, or for help to coordinate your care.

## Care management (888.545.4512)

Experienced registered nurses and licensed social workers provide support, education, and coordination of services for complex medical needs, including:

**Maternity care management** — We support expecting and new mothers with resources and advice for a healthy pregnancy. Care managers are also available for moms and babies with special needs.

**Condition management** — We work with members, their families, caregivers, and providers to coordinate care throughout treatment for, and recovery from, complex medical conditions.

**Cancer care management** — We help members diagnosed with cancer to understand their benefits, coordinate and manage services and treatment, and support their well-being.

**Transplant care management** — A case manager works closely with the member and the transplant facility to plan pre- and post-procedure care.

We also offer free educational resources and phone support to members with chronic conditions such as:

- Asthma.
- Depression.
- Diabetes.
- Heart disease.
- Lung disease.

## Behavioral health support

**Behavioral health services** — We help members experiencing depression, anxiety, mood swings, or other emotional issues affecting their quality of life to connect with a behavioral health specialist.

**Substance use** — We help refer members experiencing drug or alcohol problems to a certified addiction counselor.



## Care guides at Capital Blue Cross Connect health and wellness centers

Meet with a health professional at no cost for:

- Health screenings and risk assessments.
- Help finding a doctor.
- Nutrition and fitness guidance.
- Personal wellness plan development.
- Planning for medical procedures and surgery.

Find a Capital Blue Cross Connect health and wellness center near you at [CapitalBlueCrossConnect.com](https://CapitalBlueCrossConnect.com).

## Social services

Our experienced clinical staff provide assistance, education, and resources to help members:

- Deal with loss of health insurance coverage.
- Deal with loss of income or housing.
- Find transportation to health care appointments.
- Pay for some prescription drugs.

## Continuing care

Call us at **888.545.4512** to ensure a current care plan continues if you, or a covered dependent, are scheduled for surgery, follow-up treatment, diagnostic study, or are currently receiving services such as:

- Chemotherapy.
- Drug infusions.
- Durable medical equipment.
- Oxygen.
- Radiation treatments.
- Therapy services.

### How do I get started?

To learn more about any of these programs and services, please call us at **888.545.4512** or visit [CapBlueCross.com/HealthPrograms](https://CapBlueCross.com/HealthPrograms).

**All programs are voluntary and confidential,  
and are available at no extra cost to you!**

[CapitalBlueCross.com](https://CapitalBlueCross.com)



Members can take advantage of these programs at no cost. Participation is completely voluntary and is based on your current enrollment and benefits. Your benefits will not be affected if you decide not to participate or if you withdraw from a program after you have enrolled.

The programs discussed in this document are not a substitute for services performed by your health care providers who are the only ones that can diagnose and treat your individual medical conditions. Capital Blue Cross believes these programs provide useful information but does not assume any liability associated with their use.

Capital Blue Cross Connect is brought to you by Capital Blue Cross, an Independent Licensee of the Blue Cross Blue Shield Association, serving 21 counties in Central Pennsylvania and the Lehigh Valley.

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HEW-433 (03/27/23)

## Your health plan can pay you back!

### Earn up to \$100 when you shop for healthcare

Whether it's groceries or cars, it makes good sense to shop around for the best price. Did you know that things like colonoscopies and X-rays can be less expensive at a clinic or office than at the hospital?

With MyCare Rewards, we'll pay you to shop around. When you use MyCare Finder at **CapitalBlueCross.com** to search for the type of care you need, look for the green trophy next to certain providers to earn rewards.



Sign up for MyCare Rewards and opt-in to the reward for your upcoming medical service. Once your insurance claim is processed for that provider, you'll receive a notification to claim your reward.

You can earn between **\$25 and \$100** on nearly 200 rewardable services like:

- Bariatric surgery.
- Carpal tunnel surgery.
- Colonoscopy/endoscopy.
- Echocardiogram.
- High-tech imaging (MRI, CT, PET).
- Hip or knee replacement.
- Mammogram.
- Maternity.

Visit **CapBlueCross.com/My-Care-Rewards** for more information on how you can be rewarded for shopping.

**Important notice for fully insured individual and employer group plans in Pennsylvania: Advertised health insurance policies or programs may not cover all your healthcare expenses. Read your contract or benefit booklet (certificate of coverage) carefully to determine which healthcare services are covered. Questions? Please call 800.962.2242 or the number on the back of your ID card (TTY: 711).**

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# BENEFITS ADMINISTRATOR INFORMATION

If you have any questions regarding eligibility, benefit plans or enrollment periods or would like additional information, contact your Human Resources Department.

## GET MORE INFORMATION

BENEFIT	WHO TO CALL	WEBSITE	PHONE NUMBER
Medical & Prescription Drug	Capital Blue Cross	<a href="http://www.capbluecross.com">www.capbluecross.com</a>	800-962-2242
Dental	Capital Blue Cross	<a href="http://www.capbluecross.com">www.capbluecross.com</a>	800-962-2242
Vision	Capital Blue Cross	<a href="http://www.capbluecross.com">www.capbluecross.com</a>	800-962-2242
Life & Disability	Lincoln Financial	<a href="http://www.lfg.com">www.lfg.com</a>	800-423-2765
Employee Assistance Program (EAP)	GuidanceResources	<a href="http://www.guidanceresources.com">www.guidanceresources.com</a>	888-628-4824
Health Savings Account	Optum	<a href="http://www.optumbank.com">www.optumbank.com</a>	800-243-5543
Retirement 401(k) Savings Plan	Empower	<a href="http://www.participant.empower-retirement.com">www.participant.empower-retirement.com</a>	855-756-4738
Critical Illness, Accident, Hospital Indemnity	Prudential	<a href="http://www.prudential.com/mybenefits">www.prudential.com/mybenefits</a>	844-455-1002
Health Advocacy	Health Advocate	<a href="http://www.HealthAdvocate.com">www.HealthAdvocate.com</a>	866-695-8622
Human Resources			
Khrystine Emrick			484-632-7838
Kenzie Moncivais			260-388-1411
Julie Kim			484-280-6072
Nicole Brodt			484-223-7019
Phoebe Tiesman			309-781-0382



**ABOUT THIS GUIDE:** Actual plan provisions for Techo-Bloc ("the Company") benefits are contained in the appropriate plan documents, including the Summary Plan Description (SPD) and incorporated benefit/carrier booklets. The Benefit Enrollment Guide is a summary only and does not describe each benefit option. This Benefit Enrollment Guide provides updates to your existing SPD as of the first day of plan year, which describes your health and welfare benefits in greater detail. Until the Company provides you with an updated SPD, this guide is intended to be a Summary of Material Modification (SMM) and should be retained with your records along with your SPD. As always, the official plan documents determine what benefits are available to you. If any discrepancy exists between this guide and the official documents, the official documents will prevail. The Company reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.



## GLOSSARY

### AFFORDABLE CARE ACT (ACA)

Also called Health Care Reform, the ACA requires health plans to comply with certain requirements. The ACA became law in March 2010. Since then, the ACA has required some changes to medical coverage—like covering dependent children to age 26, no lifetime dollar limits on medical benefits, covering preventive care in-network without cost-sharing if the plan is grandfathered, etc., among other requirements.

### BRAND NAME DRUG

The original manufacturer's version of a particular drug. Because the research and development costs that went into developing these drugs are reflected in the price, brand name drugs cost more than generic drugs.

### COINSURANCE

A percentage of costs you pay "out-of-pocket" for covered expenses after you meet the deductible.

### COPAYMENT (COPAY)

A fee you have to pay "out-of-pocket" for certain services, such as a doctor's office visit or prescription drug.

### DEDUCTIBLE

The amount you pay "out-of-pocket" before the health plan will start to pay its share of covered expenses.

### EMPLOYER CONTRIBUTION

The company provides you with an amount of money that you can apply toward the cost of your health care premiums. The amount of the employer contribution depends on who you cover. You can see the amount you'll receive when you enroll. If you're enrolling as a new hire, the employer contribution amount will be prorated based on your date of hire.

### GENERIC DRUG

Lower-cost alternative to a brand name drug that has the same active ingredients and works the same way.

### HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

High-deductible health plans (HDHPs) are health insurance plans with lower premiums and higher deductibles than traditional health plans. Only those enrolled in an HDHP are eligible to open and contribute tax-free to a health savings account (HSA).

### HEALTH SAVINGS ACCOUNT (HSA)

A health savings account (HSA) is a portable savings account that allows you to set aside money for health care expenses on a tax-free basis. You must be enrolled in a high-deductible health plan in order to open an HSA. An HSA rolls over from year to year, pays interest, can be invested, and is owned by you—even if you leave the company.

### OUT-OF-POCKET MAXIMUM

The most you pay each year "out-of-pocket" for covered expenses. Once you've reached the out-of-pocket maximum, the health plan pays 100% for covered expenses.

### PLAN YEAR

The year for which the benefits you choose during enrollment remain in effect. If you're a new employee, your benefits remain in effect for the remainder of the plan year in which you enroll, and you enroll for the next plan year during the next enrollment period.

### PREVENTIVE CARE

Health care services you receive when you are not sick or injured—so that you will stay healthy. These include annual checkups, gender- and age-appropriate health screenings, well-baby care, and immunizations recommended by the Advisory Committee on Immunization Practices (ACIP).

## IMPORTANT NOTICES

### About This Guide

This guide highlights your benefits. Official plan and insurance documents govern your rights and benefits under each plan. For more details about your benefits, including covered expenses, exclusions, and limitations, please refer to the individual Summary Plan Descriptions (SPDs), plan document, and/or certificate of coverage for each plan.

If any discrepancy exists between this guide and the official documents, the official documents will prevail. Techo-Bloc reserves the right to amend or terminate any of its plans or policies, make changes to the benefits, costs, and other provisions relative to benefits at any time with or without notice, subject to applicable law.

### Reminder of Availability of Privacy Notice

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

Techo-Bloc, Human Resources  
852 W Pennsylvania Ave  
Pen Argyl, PA 18072

If you have any questions, please contact the Techo-Bloc Human Resources Office at **610-863-2300**.

### Patient Protection Notice

Techo-Bloc generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

### Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). 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 including coverage for nipple and areola reconstruction (including re-pigmentation) to restore physical appearance of the breast, and chest wall reconstruction with aesthetic flat closure;
- 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. If you would like more information on WHCRA benefits, call your plan administrator at **800-962-2242**.

### Newborns' and Mothers' Health Protection Act Disclosure

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted, and you will continue to pay the same amount as if you were not absent.

If the absence is for more than 31 days and not more than 24 months, you may continue to maintain your coverage under the Plan by paying up to 102% of the full amount of premiums. You and your dependents may also have the opportunity to elect COBRA coverage. Contact Khrystine Emrick for more information.

Also, if you elect not to continue your health plan coverage during your military service, you have the right to be reinstated in the Plan upon your return to work, generally without any waiting periods or pre-existing condition exclusions, except for service-connected illnesses or injuries, as applicable.

## IMPORTANT NOTICE FROM TECO-BLOC ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

### MEDICARE PART D NOTICE OF CREDITABLE COVERAGE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Techo-Bloc 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. Techo-Bloc has determined that the prescription drug coverage offered by the Techo-Bloc Medical Plan through Capital Blue Cross 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 through December 7th.

However, if you lose (or are losing) 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 Techo-Bloc coverage will not be affected.

Your Techo-Bloc coverage pays for other medical expenses in addition to prescription drugs. This coverage provides benefits before Medicare coverage does (i.e., the plan pays primary).

You and your covered family members who join a Medicare prescription drug plan will be eligible to continue receiving prescription drug coverage and these other medical benefits. Medicare prescription drug coverage will be secondary for you or the covered family members who join a Medicare prescription drug plan.

If you do decide to join a Medicare drug plan and voluntarily drop your current medical and prescription drug coverage from the plan, be aware that you and your dependents may not be able to get this coverage back until the next annual enrollment or you experience a qualifying life event.

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

You should also know that if you drop or lose your current coverage with Techo-Bloc 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 19 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 Techo-Bloc 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 for personalized help. See the inside back cover of your copy of the "Medicare & You" handbook for their telephone number.
- Call **800-MEDICARE (800-633-4227)**.  
TTY users should call **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.ssa.gov](http://www.ssa.gov), or
- Call **800-772-1213**.  
TTY users should call **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: June 2025

Name of Entity/Sender: Techo-Bloc

Contact: Khrystine Emrick

Address: 852 W Pennsylvania Ave  
Pen Argyl, PA 18072

Phone Number: **800-962-2242**

## YOUR ERISA RIGHTS

**As a participant in the Techo-Bloc benefit plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA), as amended. ERISA provides that all plan participants shall be entitled to receive information about their plan and benefits, continue group health plan coverage, and enforce their rights. ERISA also requires that plan fiduciaries act in a prudent manner.**

### Receive Information About Your Plan and Benefits

You are entitled to:

- Examine, without charge, at the plan administrator's office, all plan documents—including pertinent insurance contracts, trust agreements, and a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the plan's administrator, copies of documents governing the operation of the plan, including insurance contracts and copies of the latest annual report (Form 5500 Series), and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- Receive a summary report of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this Summary Annual Report.

### Continued Group Health Plan Coverage

You are entitled to:

- Continued 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 or your dependents may have to pay for such coverage. Review the Summary Plan Description governing the plan on the rules governing your COBRA continuation coverage rights.

### Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plans are called "fiduciaries," and they have a duty to act prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

### Enforce Your Rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to:

- Know why this was done;
- Obtain copies of documents relating to the decision without charge; and
- Appeal any denial.

All of these actions must occur within certain time schedules.

Under ERISA, there are steps you can take to enforce your rights. For instance, you may file suit in a federal court if:

- You request a copy of plan documents or the latest annual report from the plan and do not receive them within 30 days. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator;
- You have followed all the procedures for filing and appealing a claim (as outlined earlier in this summary) and your claim for benefits is denied or ignored, in whole or in part. You may also file suit in a state court;
- You disagree with the plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order; or

- The plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights. You may also seek assistance from the U.S. Department of Labor.

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, the court may order you to pay these costs and fees, for example, if the court finds your claim frivolous.

### Assistance With Your Questions

If you have questions about how your plan works, contact the Human Resources Department. If you have any questions about this statement or your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office listed on EBSA's website: <https://www.dol.gov/agencies/ebsa/about-ebsa/about-us/regional-offices>.

Or you may write to the:

Division of Technical Assistance and Inquiries  
Employee Benefits Security Administration  
U.S. Department of Labor  
200 Constitution Avenue, NW  
Washington, DC 20210

You may also obtain certain publications about your rights and responsibilities under ERISA by calling the Employee Benefits Security Administration at: **866-444-3272**. You may also visit the EBSA's website on the Internet at: <https://www.dol.gov/agencies/ebsa>.

## GENERAL NOTICE OF CONTINUATION COVERAGE RIGHTS UNDER COBRA

### Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

**You may have other options available to you when you lose group health coverage.** For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

### What Is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event.

Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

### When Is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment; or
- Death of the employee.

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to Techo-Bloc Human Resources or COBRA Administrator.**

### How Is COBRA Continuation Coverage Provided?

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

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

#### Disability Extension of 18-Month Period of COBRA Continuation Coverage

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

#### Second Qualifying Event Extension of 18-Month Period of Continuation Coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child.

This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

#### Are There Other Coverage Options Besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at [www.healthcare.gov](http://www.healthcare.gov).

#### Can I Enroll in Medicare Instead of COBRA Continuation Coverage After My Group Health Plan Coverage Ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of:

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit

<https://www.medicare.gov/medicare-and-you>.

NOTE: <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>.



## If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below.

For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.healthcare.gov](http://www.healthcare.gov).

## Keep Your Plan Informed of Address Changes

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

## Plan Contact Information

Techo-Bloc Human Resources  
852 W Pennsylvania Ave  
Pen Argyl, PA 18072  
**610-863-2300**

## SUMMARIES OF BENEFITS AND COVERAGE (SBCs)

### Availability Notice

As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options.

The SBC is available on the Techo-Bloc website at <https://t12.ultipro.ca/Login.aspx?ReturnUrl=%2f>. A paper copy is also available, free of charge, by calling Techo-Bloc benefits department at **610-863-2300**.

## HIPAA 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 the Techo-Bloc group health 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. To request special enrollment or obtain more information, contact Techo-Bloc Human Resources at **610-863-2300**.

# 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 **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 **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 March 17, 2025. Contact your State for more information on eligibility –**

1. ALABAMA – Medicaid  
Website: <http://myalhipp.com/>  
Phone: 1-855-692-5447
2. ALASKA – Medicaid  
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>
3. ARKANSAS – Medicaid  
Website: <http://myarhipp.com/>  
Phone: 1-855-MyARHIPP (855-692-7447)
4. CALIFORNIA – Medicaid  
Health Insurance Premium Payment (HIPP) Program  
Website: <http://dhcs.ca.gov/hipp>  
Phone: 916-445-8322  
Fax: 916-440-5676  
Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)
5. COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)  
Health First Colorado Website: <https://www.healthfirstcolorado.com/>  
Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711  
CHP+: <https://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.mycobibi.com/>  
HIBI Customer Service: 1-855-692-6442
6. FLORIDA – Medicaid  
Website: <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>  
Phone: 1-877-357-3268
7. GEORGIA – 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
8. INDIANA – Medicaid  
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
9. IOWA – Medicaid and CHIP (Hawki)  
Medicaid Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid>  
Medicaid Phone: 1-800-338-8366  
Hawki Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki>  
Hawki Phone: 1-800-257-8563  
HIPP Website: <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp>  
HIPP Phone: 1-888-346-9562
10. KANSAS – Medicaid  
Website: <https://www.kancare.ks.gov/>  
Phone: 1-800-792-4884  
HIPP Phone: 1-800-967-4660
11. KENTUCKY – Medicaid  
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
Phone: 1-855-459-6328  
Email: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP Website: <https://kynect.ky.gov>  
Phone: 1-877-524-4718  
Kentucky Medicaid Website: <https://chfs.ky.gov/agencies/dms>
12. LOUISIANA – Medicaid  
Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
13. MAINE – Medicaid  
Enrollment Website: [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](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
14. MASSACHUSETTS – Medicaid and CHIP  
Website: <https://www.mass.gov/masshealth/pa>  
Phone: 1-800-862-4840  
TTY: 711  
Email: [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)
15. MINNESOTA – Medicaid  
Website: <https://mn.gov/dhs/health-care-coverage/>  
Phone: 1-800-657-3672
16. MISSOURI – Medicaid  
Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
Phone: 573-751-2005
17. MONTANA – Medicaid  
Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
Phone: 1-800-694-3084  
Email: [HHSHIPPProgram@mt.gov](mailto:HHSHIPPProgram@mt.gov)
18. NEBRASKA – Medicaid  
Website: <http://www.ACCESSNebraska.ne.gov>  
Phone: 1-855-632-7633  
Lincoln: 402-473-7000  
Omaha: 402-595-1178
19. NEVADA – Medicaid  
Medicaid Website: <http://dhcfp.nv.gov>  
Medicaid Phone: 1-800-992-0900
20. NEW HAMPSHIRE – Medicaid  
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](mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov)
21. NEW JERSEY – Medicaid and CHIP  
Medicaid Website: <http://www.state.nj.us/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)
22. NEW YORK – Medicaid  
Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
Phone: 1-800-541-2831
23. NORTH CAROLINA – Medicaid  
Website: <https://medicaid.ncdhhs.gov/>  
Phone: 919-855-4100
24. NORTH DAKOTA – Medicaid  
Website: <https://www.hhs.nd.gov/healthcare>  
Phone: 1-844-854-4825
25. OKLAHOMA – Medicaid and CHIP  
Website: <http://www.insureoklahoma.org>  
Phone: 1-888-365-3742
26. OREGON – Medicaid  
Website: <http://healthcare.oregon.gov/Pages/index.aspx>  
Phone: 1-800-699-9075
27. PENNSYLVANIA – Medicaid and CHIP  
Website: <https://www.pa.gov/en/services/dhs/apply-formedicaid-health-insurance-premium-payment-program-hipp.html>  
Phone: 1-800-692-7462  
CHIP Website: <https://www.pa.gov/agencies/dhs/resources/chip.html>  
CHIP Phone: 1-800-986-KIDS (5437)
28. RHODE ISLAND – Medicaid and CHIP  
Website: <http://www.eohhs.ri.gov/>  
Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlts Share Line)
29. SOUTH CAROLINA – Medicaid  
Website: <https://www.scdhhs.gov>  
Phone: 1-888-549-0820
30. SOUTH DAKOTA – Medicaid  
Website: <http://dss.sd.gov>  
Phone: 1-888-828-0059
31. TEXAS – Medicaid  
Website: <https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
Phone: 1-800-440-0493
32. UTAH – Medicaid and CHIP  
Utah's Premium Partnership for Health Insurance (UPP)  
Website: <https://medicaid.utah.gov/upp/>  
Email: [upp@utah.gov](mailto: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/>
33. VERMONT – Medicaid  
Website: <https://dvha.vermont.gov/members/medicaid/hipp-program>  
Phone: 1-800-250-8427
34. VIRGINIA – Medicaid and CHIP  
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
35. WASHINGTON – Medicaid  
Website: <https://www.hca.wa.gov/>  
Phone: 1-800-562-3022
36. WEST VIRGINIA – 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)
37. WISCONSIN – Medicaid and CHIP  
Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
Phone: 1-800-362-3002
38. 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 March 17, 2025 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)  
**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)  
**877-267-2323, Menu Option 4, Ext. 61565**

