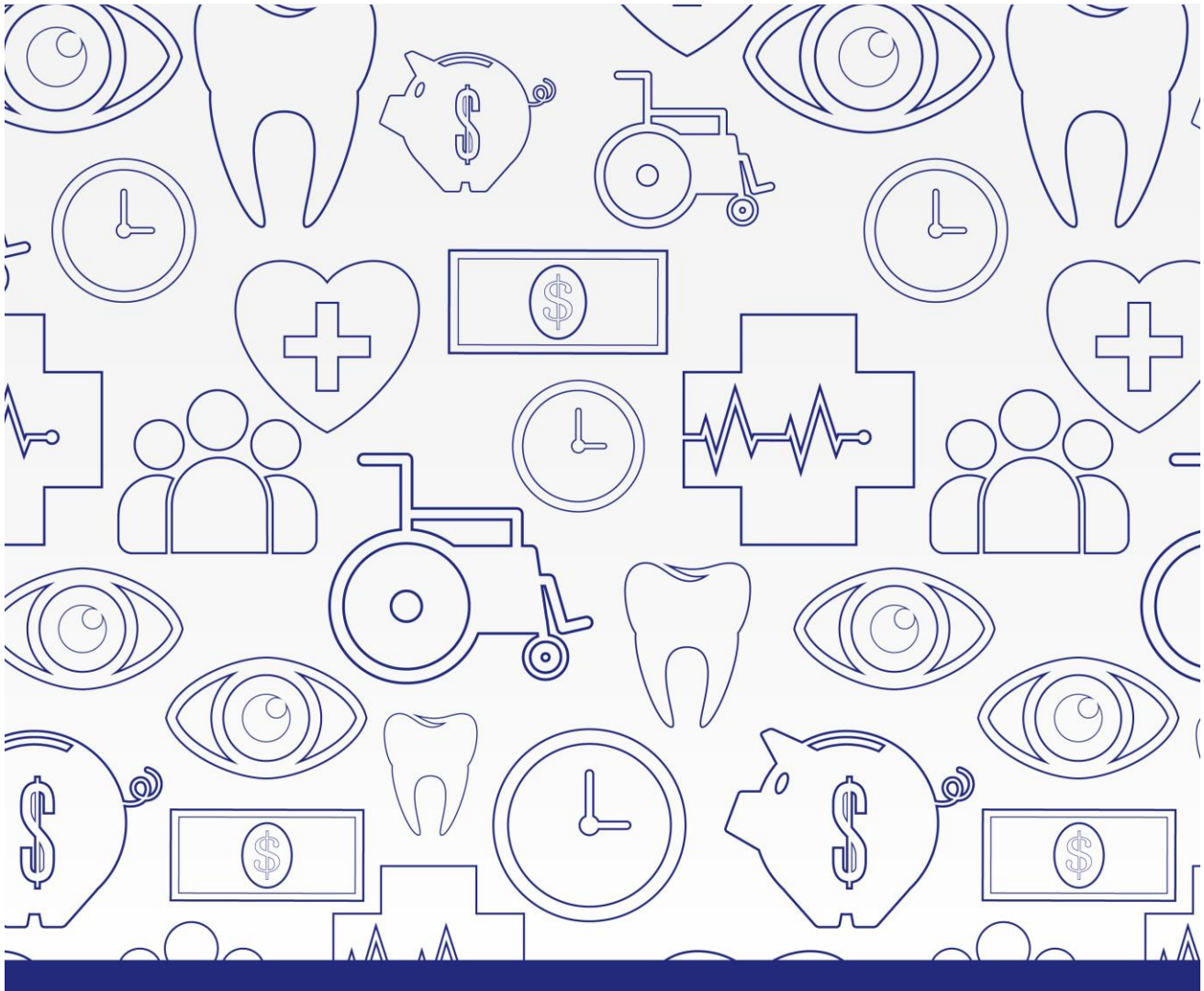




Concrete Reinforcements, Inc.

BENEFITS

2022 - 2023



Effective February 1, 2022 through January 31, 2023

PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY



Concrete Reinforcements offers all eligible employees and their eligible family members a comprehensive and robust benefits program. These benefits include Medical, Dental, and Vision coverage. We encourage you to take the time to educate yourself about your options and choose the best coverage for you and your family.

WHO IS ELIGIBLE?

All employees who are active full-time employees working a minimum of 30 hours per week are eligible.

WHEN DOES COVERAGE BEGIN & END?

ANNUAL OPEN ENROLLMENT

The elections you make during Annual Open Enrollment are effective on February 1, 2022 and will remain effective until January 31, 2023. Due to IRS regulations, once you have made your choices for the plan year you can't change your benefits until the next enrollment period unless you have a qualifying life event.

NEW HIRE

If you are a new hire you are eligible on the first day of the month following 30 calendar days or 60 calendar days of employment.

YOUR ELIGIBLE DEPENDENTS

- Your legal spouse
- Your dependent children up to age 26 (includes stepchildren and legally adopted children)
- Your dependent child, regardless of age, provided he or she is incapable of self-support due to a mental or physical disability, is fully dependent on you for the support as indicated on your federal tax return, and is approved by your medical plan to continue coverage past age 26.



COVERAGE TERMINATION

Plan coverage will terminate at the end of the month in which the Employee terminates employment or is no longer an eligible Employee under the Plan's provisions for Medical, Dental, and Vision.

HOW TO MAKE CHANGES (QUALIFYING LIFE EVENTS)

Unless you experience a life-changing qualifying event you cannot make changes to your benefits until the next open enrollment period. Qualifying events include things like:

- Marriage, divorce, or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child, or other qualified dependent
- Change in residence
- Change in employment status or a change in coverage under another employer-sponsored plan

You have 30 calendar days to notify Human Resources of your change in status if it impacts your benefits status. Your new coverage becomes effective on the date of change or the first of the following month. Make sure you provide Human Resources with verification of the qualifying event.

MEDICAL AND PRESCRIPTION DRUGS

Concrete Reinforcements offers medical coverage through Blue Cross Blue Shield of Arizona. Blue Cross Blue Shield of Arizona has a national network of doctors and facilities. The following chart outlines our health benefits effective February 1st, 2022.

Blue Cross Blue Shield of Arizona		
Plan Design	PPO \$1,000 80%/50% National Network	
Benefit Highlights	In-Network	Out-of-Network[^]
Deductible		
Individual	\$1,000	\$2,000
Family	\$2,000	\$4,000
Coinsurance		
Coinsurance	80%	50%
Maximum out-of-pocket (includes deductible)		
Individual	\$6,000	\$12,000
Family	\$12,000	\$24,000
Office Visits		
Preventive	100% deductible waived	50% after deductible
Telehealth through BlueCare Anywhere (MD)	\$0 copay	n/a
Primary Care	\$25 copay	50% after deductible
Specialists	\$45 copay	50% after deductible
Diagnostic Care		
Diagnostic Lab	Covered at 80% after deductible	50% after deductible
Diagnostic X-ray	Covered at 80% after deductible	50% after deductible
Emergency Services		
Urgent Care Services	\$75 copay	50% after deductible
Emergency Room	Covered at 80% after deductible	Covered at 80% after deductible
Hospitalization		
In-Patient	Covered at 80% after deductible	50% after deductible
Out-Patient	Covered at 80% after deductible	50% after deductible
Prescription Drugs		
Prescription Drugs	Covered at 25%	Covered at 25%
Specialty Drugs	Covered at 25%	Not Covered
[^] There may be balance billing on all out-of-network services		

YOUR MEDICAL COST 2022 - 2023, EFFECTIVE FEBRUARY 1, 2022

Bi-Weekly (26) payroll deductions will be as shown below. There is no change in payroll deductions. These deductions are made Pre-Tax.

Cost for Medical Benefits – Deducted per paycheck				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
PPO \$1,000	\$100.00	\$150.00	\$150.00	\$200.00

FINDING AN IN-NETWORK PROVIDER WITH BCBS OF ARIZONA

To find an in-network provider go to www.azblue.com and click on “Find a Doctor/Rx” then select “Find a Doctor”

- Choose “I am NOT yet a member...But might get a BCBSAZ health plan through my employer”
 - Choose Network: “National PPO”

DENTAL

Concrete Reinforcements offers dental coverage through MetLife. To find an in-network provider go to www.MetLife.com and click on “Find a Dentist”. Select the network “PDP Plus”. You can also call 800.275.4638. The following chart outlines our dental benefits effective February 1st, 2022.

Services	MetLife	In-Network Provider	Out-of-Network Provider^
Preventative Services	Exams, cleanings, x-rays	100%	100%
Deductible	Applies to Basic and Major Services only - Individual - Family	\$25 \$75	\$25 \$75
Basic Services	Fillings, simple extractions, root canals, periodontics	90%	90%
Major Services	Crowns, dentures, bridges, implants, inlays/onlays	60%	60%
Annual Maximum	The maximum amount the plan pays per year per covered person	\$2,250	\$2,250
Waiting Periods	None for timely entrants		

^There may be balance billing on all out-of-network services

Out-of-network services are reimbursed at the maximum allowable charge

YOUR DENTAL COST 2022 - 2023, EFFECTIVE FEBRUARY 1, 2022

Bi-Weekly (26) payroll deductions will be as shown below. There is no change in payroll deductions.

These deductions are made Pre-Tax.

Cost for Dental Benefits				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Dental	\$0.00	\$0.00	\$0.00	\$0.00

VISION

Concrete Reinforcements offers vision coverage through MetLife. To find an in-network provider go to www.metlife.com/vision and select “Find a Vision Provider” or call 855.638.3931.

Coverage	In-Network	Out-of-Network
Exams	\$10 copay	Plan pays up to \$45
Frames	\$150 allowance	Plan pays up to \$70
Single Lenses	\$10 copay	Plan pays up to \$30
Lined Bifocal Lenses	\$10 copay	Plan pays up to \$50
Lined Trifocal Lenses	\$10 copay	Plan pays up to \$65
Contacts: - Fitting and evaluation - Elective	Max copay of \$60 \$150 allowance	n/a Plan pays up to \$105
Frequency	Examinations: 1 per 12 months Standard Corrective Lenses: 1 per 12 months Frames: 1 per 12 months Contact Lenses (in lieu of eye glasses): 1 per 12 months	

YOUR VISION COST 2022 - 2023, EFFECTIVE FEBRUARY 1, 2022

Bi-Weekly (26) payroll deductions will be as shown below. These deductions are made Pre-Tax.

Cost for Dental Benefits				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Vision	\$0.00	\$0.00	\$0.00	\$0.00

Need help with your coverage and Plan?

START WITH THE CARRIER

- ✓ Get your ID card and information
- ✓ Find an in-network doctor, lab, urgent care, pharmacy, dentist, etc.
- ✓ Learn how your coverage works and get answers to all your health care and dental plan questions

Medical: Blue Cross Blue Shield of Arizona

- Group Number: 039034
- Customer Service: 602.864.4197 and say “I’m a member”
- Website: www.azblue.com
- In-network provider search: Network: “PPO”

Dental: MetLife

- Policy Number: 5976270
- Customer Service: 800.275.4638
- Website: www.MetLife.com/dentist
- In-network provider search: Network: “PDP Plus”

Vision: MetLife

- Policy Number: 5976270
- Customer Service: 855.638.3931
- Website: www.MetLife.com/vision

Still need help?

Contact our benefit consultants at FBC Insurance, Benefits & Consulting

- **Call Ricky Sillman:** 480.398.2909
- **Email:** Questions@fbcserve.com

- ✓ BCBS/MetLife gave me the run around
- ✓ I’m just not sure where to start...



Insurance, Benefits & Consulting

Need to talk to HR?

- **Contact:** Sherry Rodriguez
- **Call:** 623.975.2970

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by your employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between this Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

Under ERISA, the Plan Administrator of the group health plan may have fiduciary responsibilities regarding distribution of dividends, demutualization and use of the Medical Loss Ratio rebates from group health insurers. Some or all of any rebate may be an asset of the plan, which must be used for the benefit of the participants covered by the policy. Participants should contact the Plan Administrator directly for information on how the rebate will be used.

The Employer has the right to modify or amend the plan with a 60-day written notice. This document is also serving as your SPD. All our plans are 501 ERISA Plans.