

An overview of the wide array of benefits provided by Gibraltar Construction



Introduction

Gibraltar Construction, offers benefit options to provide for the well-being of our employees and their families. We recognize that the benefits package comprises not only a major part of your total compensation, but also an important personal benefit. It is the goal of Gibraltar Construction to provide a comprehensive yet cost-effective benefits package. This package includes medical, dental, vision and life insurance, as well as disability income benefits, flexible spending accounts and retirement benefits.

This enrollment booklet is a summary description of your Gibraltar Construction benefit plans. Please note, if there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment.

If you have any questions about the benefits made available to you by Gibraltar Construction, please contact:

Shirley Garris, Assistant Office Manager
(410) 573-1001
Shirley@gibconst.com

Eligibility

You are eligible to enroll in the benefits described in this guide if you are a permanent, full-time employee working at least 30 hours per week. Coverage is effective 60 days from date of hire. In addition to covering yourself, you may also elect coverage for your eligible spouse and/or dependent children up to age 26.

Qualifying Events

Benefit elections will remain in effect and cannot be changed until the next annual open enrollment period, unless you experience a "Qualifying Event", including, but not limited to:

- Changes in employment status
- Change in legal marital status
- Change in number of dependents
- Loss of other insurance coverage
- Dependent satisfies or ceases to satisfy eligibility requirement
- Entitlement to Medicare or Medicaid
- Taking an unpaid leave of absence
- Family Medical Leave Act (FMLA) leave
- A COBRA-qualifying event
- A change in the place of residence of the employee, resulting in the current carrier not being available

Election changes must be reported within 30 days of a qualifying event.

Open Enrollment

Annual open enrollment ends on Thursday, January 11th. Current elections will continue for 2024 unless you submit an enrollment form with changes. Employees waiving coverage must complete a waiver form. See page 9 for the enrollment/waiver form.

Medical – CareFirst *Summary of Benefits*

Plan Features	BlueChoice Advantage Integrated CDH Option 14
In-Network	
Deductible (Ind / Fam)	\$2,000 / \$4,000
Out-of- Pocket Maximum (Ind / Fam)	\$4,000 / \$8,000
Employer HRA Contribution	\$1,000
Preventive Care	\$0
Primary Care Visit	\$0 after deductible
Specialist Visit	\$0 after deductible
Diagnostic Lab	\$0 after deductible
X-Rays	\$0 after deductible
Complex Images	\$0 after deductible
Outpatient Procedure	\$0 after deductible
Inpatient Visit	\$0 after deductible
Urgent Care	\$0 after deductible
Emergency Room	\$0 after deductible
Pharmacy Deductible	Integrated with medical deductible
Generic Rx	\$0 after deductible
Preferred Brand Rx	\$25 after deductible
Non-Preferred Brand Rx	\$45 after deductible
Preferred Specialty Rx	50% up to \$100 max after deductible
Non-Preferred Specialty Rx	50% up to \$150 max after deductible
Rx 90 Day Supply	2x 30-day copay
Out-of-Network*	
Deductibles (Ind/ Fam)	\$4,000 / \$8,000
Out-of-Pocket Maximum	\$6,000 / \$12,000
Preventive Care	\$0 after deductible
Primary Care Visit	20% after deductible
Specialist Visit	20% after deductible
Diagnostic Exam / X-Rays	20% after deductible
Complex Images	20% after deductible
Outpatient Procedure	20% after deductible
Inpatient Visit	20% after deductible
Urgent Care (paid as in-network)	\$0 after deductible
Emergency Room (paid as in-network)	\$0 after deductible
Per Pay Deductions (weekly)	
Employee	\$36.45
Employee + Spouse	\$83.84
Employee + Child(ren)	\$67.43
Family	\$110.81
The above summary is for comparison purposes only. Actual benefit payments will be made in accordance with the summary plan description.	
*Balance billing may apply for out-of-network services	

Medical – CareFirst *Member Resources*

FirstHelp—Free 24-Hour Nurse Advice Line

Call 800-535-9700 anytime to speak with a registered nurse. Nurses can provide you with medical advice and recommend the most appropriate care.

Convenience Care Centers (Retail Health Clinics)

These are typically located inside a pharmacy or retail store (like CVS MinuteClinic or Walgreens Healthcare Clinic) and offer accessible care with extended hours. Visit a convenience care center for help with minor concerns like cold symptoms and ear infections.

Virtual Care/Telehealth (CloseKnit)

CloseKnit is a virtual-first practice offering 24/7 primary care, urgent care or mental health services through your computer or CloseKnit's convenient mobile app. CloseKnit also provides psychiatry, lactation and nutrition services. As a CloseKnit primary care patient, you'll get a dedicated Care Team to help you manage your health, navigate billing and benefits, and coordinate in-person and specialty care. Chats with your Care Team are free—and so is joining. You do not need to be a CloseKnit primary care patient to access urgent care services. Visit closeknithealth.com to learn more.

Labs & X-rays

Did you know that where you choose to get lab work, x-rays and surgical procedures can have a big impact on your wallet? Typically, services performed in a hospital cost more than non-hospital settings like LabCorp, Advanced Radiology or ambulatory surgery centers. Services performed in a hospital setting may require pre-authorization.

Away from Home Care

Members of the CareFirst HSA and HMO plans have access to the Away from Home Care Program when you're away from home for 90 consecutive days or more. Whether you're out-of-town on extended business, traveling, or going to school out-of-state, you may have access to routine and urgent care with the Away from Home Care program. If there are no participating affiliated HMOs in the area, the program will not be available to you. To enroll call the Member Service phone number on your ID card and ask for the Away from Home Care Coordinator. If available, the coordinator will let you know the name of the Host HMO. Your copays may be different then when you're in the CareFirst BlueChoice service area. You'll be responsible for any copays under that plan. Once you are enrolled in the program and receive care, you don't have to complete claim forms, so there is no paperwork.

Blue Rewards

Blue Rewards offers you incentives for taking steps to get and stay healthy. Both you and your spouse can earn rewards for completing one, or all, of the following activities:



Earn \$50

Consent to receive wellness emails and take the RealAge test
Must complete within 180 days from your effective date



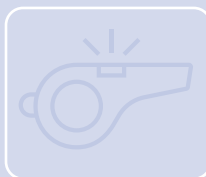
Earn \$100

Select a primary care provider and complete a health screening
Must complete within 180 days from your effective date



Earn \$25

Retake the RealAge test 90 days after initial completion
Must complete by the end of the plan year



Earn \$200

Participate in Health Coaching
Session 1 = \$30
Session 2 = \$70
Session 3 = \$100
Must be 2 – 60 days apart

After you complete one or more of the activities, you'll receive your incentive card in about 10-14 days. The incentive card can be used toward your eligible expenses under your CareFirst plan. Make sure to always save your receipts as proof of your expense.

Keep the card as long as you are a CareFirst member as any future incentives you earn will be automatically added to the same card. You have until the end of the year to use the reward, plus 90 days to file expenses.

Medical – CareFirst *Wellbeing Resources*

Brought to you in partnership with the CareFirst Wellbeing program*

The program delivers a wealth of easy-to-understand tools, resources and personalized recommendations to help you live your healthiest life. You can also take advantage of extra support to achieve specific goals with these special-focus programs—all included at no extra cost:

Scale Back Weight Management Program— feel better and improve your health

Obesity and prediabetes are serious health conditions that can increase your risk of developing other health problems. Without intervention, many people with prediabetes could develop type 2 diabetes. The Scale Back program can help you lose 5-10% of your body weight and cut your risk of developing diabetes in half.

Craving to Quit—improve your chances of quitting tobacco

Using proven methods including the Craving to Quit app, telephone support and online education, this program has helped thousands of people quit tobacco for good.

Financial Wellness Program—take small steps to big improvements

Financial wellness is an important part of your overall well-being. This self-guided program features practical advice, online videos, financial forms, budgeting tools and much more.

To get started, log in to your wellness program at carefirst.com/wellbeing and navigate to Achieve, then Programs and select Financial Well-Being, Tobacco Cessation or Scale Back.



LIVING HEALTHY JUST GOT EASIER.

Join Blue365 and start saving today!

With Blue365, great deals are yours for every aspect of your life—take advantage of discounts from top national and local retailers on fitness gear, gym memberships, family activities, healthy eating options and much more!

Register now at www.carefirst.com/wellnessdiscounts to take advantage of Blue365. It's an online destination featuring healthy deals and discounts exclusively for our members.

Just have your CareFirst member ID card handy. In a couple of minutes, you will be registered and ready to shop. Every week, we will send a special deal straight to your email inbox.

*This well-being program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.

Dental – CareFirst *summary of Benefits*

Plan Features	BlueDental Plus DPPO Plan 5
In-Network	
Deductible (Individual / Family)	\$25 / \$75
Annual Maximum Benefit	\$2,000 per insured
Preventive Care (cleanings, x-rays, etc.)	100% deductible does not apply
Basic Procedures (Extractions, fillings, etc.)	80% after deductible
Major Procedures (Crowns, dentures, etc.)	50% after deductible
Child Orthodontia	Not covered
Out-of-Network*	
Deductible (Individual / Family)	\$50 / \$150
Preventive Care (cleanings, x-rays, etc.)	100% deductible does not apply
Basic Procedures (Extractions, fillings, etc.)	80% after deductible
Major Procedures (Crowns, dentures, etc.)	50% after deductible
Child Orthodontia	Not covered
Per Pay Deductions (weekly)	
Employee	\$1.86
Employee + Spouse	\$4.27
Employee + Child(ren)	\$3.43
Family	\$5.64
The above summary is for comparison purposes only. Actual benefit payments will be made in accordance with the summary plan description.	
*Balance billing may apply for out-of-network services	

You have access to one of the nation's largest dental networks, with participating dentists throughout the United States. BlueDental Plus gives you coverage for the dental services you need, whenever and wherever you need them.

Three options for care

Option 1—By choosing a dentist in the Preferred Provider Network, you incur the lowest out-of-pocket costs. These dentists accept CareFirst's allowed benefit as payment in full, which means no balance billing for you. You are responsible for deductibles and coinsurance, and also have the convenience of your provider being reimbursed directly.

Option 2—By choosing a dentist who participates with CareFirst, but not through the Preferred Provider Network, you incur slightly higher out-of-pocket costs. Similar to Option 1, there is no balance billing. You are responsible for deductibles and coinsurance, and also have the convenience of your provider being reimbursed directly.

Option 3—You can receive out-of-network coverage from a dentist who has no relationship with CareFirst. With this option, you may experience higher out-of-pocket costs since you pay your provider directly. You can be balance billed and must pay your deductible and coinsurance as well.

How do I find a preferred dentist?

Visit www.carefirst.com/doctor to access our online directory 24 hours a day. Click on Dental and then select BlueDental Plus.



Vision – CareFirst *summary of Benefits*

Plan Features	In-Network Davis Vision Network	Out-of-Network
Vision Exam	\$10	Reimbursed up to \$45
Lenses		
• Single	\$20	Reimbursed up to \$52
• Bifocal	\$20	Reimbursed up to \$82
• Trifocal	\$20	Reimbursed up to \$101
• Lenticular	\$20	Reimbursed up to \$181
Davis Vision Frame Collection	\$0	Not applicable
Frames	\$130 allowance, plus 20% off balance	Reimbursed up to \$60
Elective Contact Lenses	\$130 allowance, plus 15% off balance	Reimbursed up to \$112
Medically Necessary Contact Lenses	Paid at 100%	Reimbursed up to \$285
Frequency (Months)		
• Exam	Every 12 Months	
• Lenses	Every 12 Months	
• Frames	Every 24 Months	
Per Pay Deductions (weekly)		
Employee	\$0.29	
Employee + Spouse	\$0.67	
Employee + Child(ren)	\$0.54	
Family	\$0.89	
The above summary is for comparison purposes only. Actual benefit payments will be made in accordance with the summary plan description.		

How do I find a provider?

To find a provider, go to carefirst.com and utilize the *Find a Provider* feature or call Davis Vision at 800-783-5602 for a list of network providers closest to you. Be sure to ask your provider if he or she participates with the Davis Vision network before you receive care.

How do I receive care from a network provider?

Simply call your provider and schedule an appointment. Identify yourself as a CareFirst BlueCross BlueShield or CareFirst BlueChoice member and provide the doctor with your identification number, as well as your date of birth. Then go to the provider to receive your service. There are no claim forms to file.

What if I go out-of-network?

Staying in-network gives you the best benefit, but BlueVision Plus does offer an out-of-network allowance schedule as well. In this case, you may see any provider you wish, but you will be responsible for all payments up-front. You will also be responsible for filing the claim with Davis Vision for reimbursement and paying any balances over the allowed benefit to the non-participating provider. You can find the claim form by going to carefirst.com, locate *For Members*, then click on *Forms, Vision, Davis Vision*.

Can I get contacts and eyeglasses in the same benefit period?

With BlueVision Plus, the benefit covers one pair of eyeglasses or a supply of contact lenses per benefit period.

Mail order replacement contact lenses

DavisVisionContacts.com offers members the flexibility to shop for replacement contact lenses online after benefits are spent. This website offers a wide array of contact lenses, easy, convenient purchasing online and quick shipping direct to your door.

Health Reimbursement Arrangement

HRA - *Summary of Benefits*

Maximum Reimbursement Amount Allowed for the Plan Year by Employee	
Coverage Level	Maximum Amount Allowed
Individual	\$1,000
Parent & Child	\$1,000
Parent & Children	\$1,000
Individual & Spouse	\$1,000
Family	\$1,000
Benefits Covered **	
Medical	All Eligible Medical Expenses
Prescription Drug	All Eligible Medical Expenses

*NOTE: Out-of-Pocket expenses on covered benefits may be submitted to the HRA Administrator for Reimbursement.

****NOTE: All reimbursement amounts are inclusive and when combined by service cannot exceed the Maximum Amount Allowed documented above.**

Reimbursement will be made for eligible medical expense covered under the medical benefit plan for Deductibles, Co-payments and/or Coinsurance.

All submissions must include a copy of the carrier's Explanation of Benefits (EOB) or receipt of payment from the provider. In order for a paid receipt from the provider to be acceptable for claims submission it MUST contain the following information: Member's name, Provider's name, itemized service detail, date of service and paid amount. The information provided is neither an offer of coverage nor medical advice. It is only a partial, general description of plan or program benefit and does not constitute a contract. In case of a conflict between your plan documents and this information, the plan documents will govern

E-D
CORPORATION/
GIBRALTAR
AA: Preston, Lisa

EMPLOYEE ELECTION FORM

AMWINS
6 North Park Drive, Suite 310
Hunt Valley, MD 21030
(410) 832-1300 Fax: (410) 832-1316
Toll Free: (800) 638-6085

Every Item Must be completed This is not an application for insurance

1. EMPLOYEE INFORMATION					Employer Section	
Last Name		First Name		M.I.	Social Securty Number	
Street Address					Date of Hire	
City		State		Zip	Hours Worked Per Week	
Gender		Date of Birth		Home Phone #	Business Phone # Extension	
Marital Status		Date of Marriage		Name of Employer		Benefit Class/Occupation
				E-D CORPORATION		
					Effective Date(s) Medical: Dental: Vision: Life/STD: LTD: GBS Account Number 003-001-0554 Annual Salary 0 Eff. Date	

2. GENERAL INFORMATION				Gender Ft Student Disabled Tobacco										Existing Patient	
	Last Name	First Name	M	Social Security #	Birth Date	M F	Y N	Y N	Y N	POS or HMO only :PCP Info			Y N	DHMO Plan Dentist #	
Self							//								
Spouse							//								
Child															
Child															
Child															
Child															
Child															
Child															

3. OTHER HEALTH/DENTAL INSURANCE INFORMATION

Do you or your dependents described on this form have "health" or "dental" coverage with another insurer? () Yes () No - Effective Date Term Date:

Who is covered? () Self () Spouse () All () Other - Carrier Name: () Policy # () Employer ()

Will you or your dependents continue coverage with other insurer? () Yes () No - Other coverage is through () Individual Policy () Spouse's Employer

Are you covered by Medicare: () Yes () No - Effective Date (Part A) (Part B) Medicare #

Are any of your dependents covered by Medicare? () Yes () No - Effective Date (Part A) (Part B) Medicare #

4. BENEFIT ELECTION - Check those that Apply		
<input type="checkbox"/> MEDICAL CAREFIRST Plan: HB HMOOA C-S Level: <input type="checkbox"/> Individual <input type="checkbox"/> Ind & Child <input type="checkbox"/> None <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Ind & Children/Fam	<input type="checkbox"/> DENTAL CAREFIRST Plan: BLUEDENTAL PLUS Level: <input type="checkbox"/> Individual <input type="checkbox"/> Ind & Child <input type="checkbox"/> None <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Ind & Children/Fam	<input type="checkbox"/> VISION CAREFIRST Plan: BLUEVISION PLUS Level: <input type="checkbox"/> Individual <input type="checkbox"/> Ind & Child <input type="checkbox"/> None <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Ind & Children/Fam
<input type="checkbox"/> MEDICAL CAREFIRST Plan: HB ADVANTAGE HSA E-S Level: <input type="checkbox"/> Individual <input type="checkbox"/> Ind & Child <input type="checkbox"/> None <input type="checkbox"/> Husband/Wife <input type="checkbox"/> Ind & Children/Fam		

5. LIFE INSURANCE BENEFICIARY:

Beneficiary Name	Relationship	Percentage %	Effective Date	Plan Name

GBS Advantage HRA: I understand that my elections are binding for the entire Plan Year and cannot be revoked, modified or amended unless due to a limited family status change. Under penalty of perjury I agree to use the debit card solely for the purchase of eligible expenses not covered by any other plan. I am responsible for providing proof to support reimbursed expenses and agree that any reimbursed expenses later discovered to be ineligible may be deducted from my paycheck by my employer. I authorize the release of claims information to my employer and Group Benefit Services, Inc.

WAIVER: I hereby certify that the benefits provided by my Employer have been explained to me, that I have been given an opportunity to elect coverage and that I voluntarily decline to participate in the benefits checked "NONE" at this time. I understand that I may be required to wait until the next open enrollment period (if applicable) or until a Special Enrollment event for medical or dental coverage, or be required to provide evidence of insurability for life or disability benefits.

EMPLOYEE SIGNATURE (Waiver Only): _____ Date: _____

Reason for Waiver: () Coverage Elsewhere Carrier Name _____ () Not Interested

CERTIFICATION: I hereby enroll, on behalf of myself and each dependent listed above, for the coverage indicated. If this Form is accepted, coverage will be provided according to terms and conditions of the contract between the carrier and my employer. I agree to pay current and future charges for the coverage provided in excess of any employer contribution. Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. I have carefully read this Form and agree to its terms. The recorded answers on this Form are, to the best of my knowledge and belief, full, complete and true as of this date. I certify that I am the spouse, parent, legal guardian (or the dependent has been placed in my home for adoption) of the dependents listed above and they are dependent upon me for primary support as defined by the IRS. If you have any questions concerning the benefits and services that are provided by or excluded under this agreement, please contact a membership services representative before signing this election form.

EMPLOYEE SIGNATURE: _____ Date: _____

EMPLOYER SIGNATURE/VERIFICATION: _____ Date: _____

Legal Notices

Women's Health and Cancer Rights Act (WHCRA)

Newborns' and Mothers' Health Protection Act
Disclosure

HIPAA Special Enrollment Notice

Patient Protection Notice

Creditable Coverage Notice

CHIP Notice

Marketplace Exchange Notice

Summary of Benefits and Coverage

Important Notices Regarding Your Health Insurance Coverage

This document contains important notices regarding your rights and coverage under E-D Corporation/Gibraltar Construction group health plan.

The following notices are included in this package:

- Women's Health and Cancer Rights Act (WHCRA)
- Newborns' and Mothers' Health Protection Act Disclosure
- HIPAA Special Enrollment Notice
- Patient Protection Notice
- Creditable Coverage Notice
- CHIP Notice

If you have any questions regarding the notices in this packet or your coverage, please contact Shirley Garriss at 410-573-1000.

Women's Health and Cancer Rights Act (WHCRA)

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at 410-573-1000 for more information.

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, cover-age 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. Please refer to a copy of your Summary of Benefits and Coverage (SBC) for detailed information regarding your deductible and co-insurance.

If you would like more information on WHCRA benefits or need a copy of your SBC, call your plan administrator at 410-573-1000.

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

HIPAA Special Enrollment Notice

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.

To request special enrollment or obtain more information, contact Shirley Garris at 410-573-1000.

Patient Protection Notice

CareFirst generally requires 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. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the CareFirst at www.carefirst.com.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from CareFirst or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the CareFirst at www.carefirst.com.

**Creditable Notice For CareFirst BlueChoice Advantage Integrated
CDH Option 14 and BlueChoice Open Access
Option 3 – S**

**Important Notice from E-D Corporation/Gibraltar Construction 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 E-D Corporation/Gibraltar Construction 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. E-D Corporation/Gibraltar Construction has determined that the prescription drug coverage offered by the CareFirst BlueChoice Advantage Integrated CDH Option 14 and BlueChoice Open Access Option 3 – S 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 to December 7.

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 E-D Corporation/Gibraltar Construction coverage may be affected. Medicare and your employer sponsored coverage will coordinate benefits so that you will not receive duplicate benefits.

The Medicare, Who Pays First handbook available from your Medicare representative or on line <https://www.medicare.gov/Pubs/pdf/02179-Medicare-Coordination-Benefits-Payer.pdf>, has detail on how Medicare coordinates benefits.

If you do decide to join a Medicare drug plan and drop your current E-D Corporation/Gibraltar Construction coverage, be aware that you and your dependents may be able to get this coverage back; you and your dependents will have to wait for the next Open Enrollment period, if any are offered by your Employer, or HIPAA Special Enrollment Right 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 E-D Corporation/Gibraltar Construction and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through E-D Corporation/Gibraltar Construction changes. You also may request a copy of this notice at any time.

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

More detailed information about Medicare plans that offer prescription drug coverage is in the “Medicare & You” handbook. You’ll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug

- coverage: Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the “Medicare & You” handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	2/1/2024
Name of Entity/Sender:	E-D Corporation/Gibraltar Construction
Contact--Position/Office:	Shirley Garris
Address:	42 Hudson St, #107, Annapolis, MD 21401
Phone Number:	410-573-1000

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

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

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

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

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

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

<p align="center">GEORGIA – Medicaid</p> <p>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</p>	<p align="center">INDIANA – Medicaid</p> <p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>
<p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p align="center">MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPProgram@mt.gov</p>	<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	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. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	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
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	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)

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

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

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

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

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 11-30-2023)

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.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Shirley Garris

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

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name E-D Corporation/Gibraltar		4. Employer Identification Number (EIN) 52-0939077	
5. Employer address 42 Hudson St, #107		6. Employer phone number (410) 573-1000	
7. City Annapolis	8. State MD	9. ZIP code 21401	
10. Who can we contact about employee health coverage at this job? Shirley Garris			
11. Phone number (if different from above)		12. Email address Shirley@gibconst.com	

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

- As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

Full-time employees working 30 hours or more

- With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Spouses and dependent children up to the age 26

☐ 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.



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.

This is only a summary. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can see the Glossary at www.carefirst.com/sbcg or call 1-855-258-6518 to request a copy. For more information about your coverage, or to get a copy of the complete terms of coverage, please visit <http://content.carefirst.com/sbc/contracts/BAHMM013RXCMM450.pdf>.

Important Questions	Answers	Why this Matters:
What is the overall deductible ?	In-Network: \$2,000 individual/ \$4,000 family; Out-of-Network: \$4,000 individual/ \$8,000 family.	Generally, you must pay all the costs from provider up to the deductible amount before this plan begins to pay. If you have other family member(s) on the plan , each family member may need to meet their own individual deductible , OR all family members may combine to meet the overall family deductible before the plan begins to pay, depending upon plan coverage. Please refer to your contract for further details.
Are there services covered before you meet your deductible ?	Yes, all In-Network preventive care services.	This plan covers some items and services even if you haven't yet met the deductible amount. But, a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. Prescription Drug deductible is combined with Medical.	You must pay all of the costs for these services up to the specific deductible amount before this plan begins to pay for these services.
What is the out-of-pocket limit for this plan ?	Medical and Prescription Drug combined: In-Network: \$4,000 individual/ \$8,000 family; Out-of-Network: \$6,000 individual/ \$12,000 family.	The out-of-pocket limit is the most you could pay in a plan year for covered services. If you have other family member(s) on the plan , each family member may need to meet their own out-of-pocket limits , OR all family members may combine to meet the overall family out-of-pocket limit , depending upon plan coverage. Please refer to your contract for further details.
What is not included in the out-of-pocket limit ?	Premiums, balance-billed charges, and health care this plan does not cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .

Will you pay less if you use a network provider ?	Yes. See www.carefirst.com or call 1-855-258-6518 for a list of provider network .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do I need a referral to see a specialist ?	No.	You can see the specialist you choose without a referral .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Deductible, then No Charge	Deductible, then 20% of Allowed Benefit	Virtual Connect through CloseKnit available at \$0 cost share to members 18 and over; HSA qualified plans are subject to the required deductible. (closeknithealth.com) <hr/> If a service is rendered at a Hospital Facility, the additional Facility charge may apply
	Specialist visit	Deductible, then No Charge	Deductible, then 20% of Allowed Benefit	If a service is rendered at a Hospital Facility, the additional Facility charge may apply
	Retail Health Clinic	Deductible, then No Charge	Deductible, then 20% of Allowed Benefit	None
	Preventive care/screening /immunization	No Charge	Deductible, then No Charge	Some services may have limitations or exclusions based on your contract

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have a test	Diagnostic test (x-ray, blood work)	LabTest: Non-Hospital: Deductible, then No Charge Hospital: Deductible, then No Charge XRay: Non-Hospital: Deductible, then No Charge Hospital: Deductible, then No Charge	LabTest: Non-Hospital: Deductible, then 20% of Allowed Benefit Hospital: Deductible, then 20% of Allowed Benefit XRay: Non-Hospital: Deductible, then 20% of Allowed Benefit Hospital: Deductible, then 20% of Allowed Benefit	Within the CareFirst service area, In-Network Lab Test benefits apply only to tests performed at LabCorp. If a service is rendered at a Hospital Facility, the additional Facility charge may apply. Please see your contract.
	Imaging (CT/PET scans, MRIs)	Non-Hospital: Deductible, then No Charge Hospital: Deductible, then No Charge	Non-Hospital: Deductible, then 20% of Allowed Benefit Hospital: Deductible, then 20% of Allowed Benefit	If a service is rendered at a Hospital Facility, the additional Facility charge may apply. Please see your contract.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.carefirst.com/rx	Generic drugs	Deductible, then No Charge	Paid As In-Network	For all prescription drugs: Prior authorization may be required for certain drugs; No Charge for preventive drugs or contraceptives; Copay applies to up to 34-day supply; Up to 90-day supply of maintenance drugs is 2 copays;
	Preferred brand drugs	Deductible, then \$25 copay	Paid As In-Network	
	Non-preferred brand drugs	Deductible, then \$45 copay	Paid As In-Network	
	Preferred Specialty drugs	Deductible, then 50% of Allowed Benefit up to a maximum payment of \$100	Not Covered	Specialty Drugs: Participating Providers: covered when purchased through the
	Non-preferred Specialty drugs	Deductible, then 50% of Allowed Benefit up to a maximum payment of \$150	Not Covered	Exclusive Specialty Pharmacy Network Non-Participating Providers: Not Covered

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Non-Hospital & Hospital: Deductible, then No Charge	Non-Hospital & Hospital: Deductible, then 20% of Allowed Benefit	None
	Physician/surgeon fees	Deductible, then No Charge	Deductible, then 20% of Allowed Benefit	None
If you need immediate medical attention	Emergency room care	Deductible, then No Charge	Paid As In-Network	Limited to Emergency Services or unexpected, urgently required services; Additional professional charges may apply
	Emergency medical transportation	Deductible, then No Charge	Paid As In-Network	Prior authorization is required for air ambulance services, except when Medically Necessary in an emergency
	Urgent care	Deductible, then No Charge	Paid As In-Network	Limited to unexpected, urgently required services
If you have a hospital stay	Facility fee (e.g., hospital room)	Deductible, then No Charge	Deductible, then 20% of Allowed Benefit	Prior authorization is required
	Physician/surgeon fee	Deductible, then No Charge	Deductible, then 20% of Allowed Benefit	None
If you have mental health, behavioral health, or substance abuse services	Outpatient services	Office Visit: Deductible, then No Charge	Office Visit: Deductible, then 20% of Allowed Benefit	Virtual Connect through CloseKnit available at \$0 cost share to members 18 and over; HSA qualified plans are subject to the required deductible. (closeknithealth.com) <hr/> For treatment at an Outpatient Hospital Facility, additional charges may apply
	Inpatient services	Deductible, then No Charge	Deductible, then 20% of Allowed Benefit	Prior authorization is required; Additional professional charges may apply

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you are pregnant	Office visits	No Charge	Deductible, then 20% of Allowed Benefit	For routine pre/postnatal office visits only. For non-routine obstetrical care or complications of pregnancy, cost sharing may apply.
	Childbirth/delivery professional services	Deductible, then No Charge	Deductible, then 20% of Allowed Benefit	None
	Childbirth/delivery facility services	Deductible, then No Charge	Deductible, then 20% of Allowed Benefit	None
If you need help recovering or have other special health needs	Home health care	Deductible, then No Charge	Deductible, then 20% of Allowed Benefit	Prior authorization is required
	Rehabilitation services	Deductible, then No Charge	Deductible, then 20% of Allowed Benefit	If a service is rendered at a Hospital Facility, the additional Facility charge may apply; Limited to 30 visits/therapy type/condition/benefit period
	Habilitation services	Deductible, then No Charge	Deductible, then 20% of Allowed Benefit	Prior authorization is required; If a service is rendered at a Hospital Facility, the additional Facility charge may apply; Limited to Members until the end of the month in which the Member turns 19
	Skilled nursing care	Deductible, then No Charge	Deductible, then 20% of Allowed Benefit	Prior authorization is required; Limited to 60 days/benefit period
	Durable medical equipment	Deductible, then 25% of Allowed Benefit	Deductible, then 25% of Allowed Benefit	Prior authorization is required for specified services. Please see your contract.
	Hospice services	Inpatient Care: Deductible, then No Charge Outpatient Care: Deductible, then No Charge	Inpatient Care: Deductible, then 20% of Allowed Benefit Outpatient Care: Deductible, then 20% of Allowed Benefit	Prior authorization is required; Limited to a maximum 180 day Hospice Eligibility Period; Inpatient Care: Limited to 30 days/Member

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If your child needs dental or eye care	Children's eye exam	\$10 copay per visit	Member pays expenses in excess of \$33 Allowed Benefit	Limited to 1 visit/benefit period
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services .)			
• Cosmetic surgery	• Long-term care	• Routine foot care	
• Dental care (Adult)	• Private-duty nursing	• Weight loss programs	

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)			
• Abortion, except in limited circumstances	• Chiropractic care	• Infertility treatment	
• Acupuncture	• Coverage provided outside the United States. See www.carefirst.com	• Non-emergency care when traveling outside the U.S.	
• Bariatric surgery	• Hearing aids	• Routine eye care (Adult)	

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor Employee Benefits Security Administration, <http://www.dol.gov/ebsa/healthreform>, or call 1-866-444-EBSA (3272); or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, <http://www.cciio.cms.gov>, or call 1-877-267-2323 x61565. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Department of Labor Employee Benefits Security Administration, <http://www.dol.gov/ebsa/healthreform>, or call 1-866-444-EBSA (3272); or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, <http://www.cciio.cms.gov>, or call 1-877-267-2323 x61565.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-855-258-6518.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-855-258-6518.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-855-258-6518.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-855-258-6518.

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* —————

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$2,000
■ Specialist Copayment	\$0
■ Hospital (facility) Copayment	\$0
■ Other Copayment	\$0

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
In this example, Peg would pay:	
<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$10
The total Peg would pay is	\$2,010

Managing Joe's type 2 Diabetes
(a year of a routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$2,000
■ Specialist Copayment	\$0
■ Hospital (facility) Copayment	\$0
■ Other Coinsurance	25%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
In this example, Joe would pay:	
<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$250
Coinsurance	\$145
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$2,395

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$2,000
■ Specialist Copayment	\$0
■ Hospital (facility) Copayment	\$0
■ Other Copayment	\$0

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
In this example, Mia would pay:	
<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$10
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$2,010

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:

- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

To file a grievance regarding a violation of federal civil rights, please contact the Civil Rights Coordinator as indicated below. Please do not send payments, claims issues, or other documentation to this office.

Civil Rights Coordinator, Corporate Office of Civil Rights

Mailing Address P.O. Box 8894
 Baltimore, Maryland 21224

Email Address civilrightscordinator@carefirst.com

Telephone Number 410-528-7820

Fax Number 410-505-2011

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

አማርኛ (Amharic) ማሳሰቢያ፡- ይህ ማስታወቂያ ስለ መድን ሽፋንዎ መረጃ ይዟል። ከተወሰኑ ቀን-ገደቦች በፊት ሊፈጽሟቸው የሚገቡ ነገሮች ሊኖሩ ስለሚችሉ እነዚህን ወሳኝ ቀናት ሊይዝ ይችላሉ። ይኸን መረጃ የማግኘት እና ያለምንም ከፍተኛ በቋንቋዎ አገዛ የማግኘት መብት አለዎት። አባል ከሆኑ ከመታወቂያ ካርድዎ በስተጀርባ ላይ ወደተጠቀሰው የስልክ ቁጥር መደወል ይችላሉ። አባል ካልሆኑ ደግሞ ወደ ስልክ ቁጥር 855-258-6518 ደውለው 0ን እንዲጫኑ እስኪነገርዎ ድረስ ንግግሩን መጠበቅ አለብዎ። አንድ ወኪል መልስ ሲሰጥዎ፣ የሚፈልጉትን ቋንቋ ያሳውቁ፣ ከዚያም ከተርጓሚ ጋር ይገናኛሉ።

Èdè Yorùbá (Yoruba) Ìtètíléko: Àkíyèsí yìí ní iwífún nípa isẹ adójú tòfò rẹ. Ó le ní àwọn déèti pátó o sì le ní láti gbé igbésẹ ní àwọn ojò gbèdèké kan. O ni ètò láti gba iwífún yìí àti irànlówó ní èdè rẹ lófèfè. Àwọn omọ-egbé gbòdò pe nóm̀bà fòònù tò wà lẹ̀yìn káàdì idánimò wọn. Àwọn míràn le pe 855-258-6518 kí o sì dúró nípasẹ̀ ijiròrò títí a ó fí sọ fún ọ láti tẹ 0. Nígbatí aṣojú kan bá dáhùn, sọ èdè tí o fẹ a ó sì sọ ọ pọ̀ mọ̀ ògbufò kan.

Tiếng Việt (Vietnamese) Chú ý: Thông báo này chứa thông tin về phạm vi bảo hiểm của quý vị. Thông báo có thể chứa những ngày quan trọng và quý vị cần hành động trước một số thời hạn nhất định. Quý vị có quyền nhận được thông tin này và hỗ trợ bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Các thành viên nên gọi số điện thoại ở mặt sau của thẻ nhận dạng. Tất cả những người khác có thể gọi số 855-258-6518 và chờ hết cuộc đối thoại cho đến khi được nhắc nhấn phím 0. Khi một tổng đài viên trả lời, hãy nêu rõ ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.

Tagalog (Tagalog) Atensyon: Ang abisong ito ay naglalaman ng impormasyon tungkol sa nasasaklawang ng iyong insurance. Maaari itong maglaman ng mga pinakamahalagang petsa at maaaring kailangan mong gumawa ng aksyon ayon sa ilang deadline. May karapatan ka na makuha ang impormasyong ito at tulong sa iyong sariling wika nang walang gastos. Dapat tawagan ng mga Miyembro ang numero ng telepono na nasa likuran ng kanilang identification card. Ang lahat ng iba ay maaaring tumawag sa 855-258-6518 at maghintay hanggang sa dulo ng diyalogo hanggang sa diktahan na pindutin ang 0. Kapag sumagot ang ahente, sabihin ang wika na kailangan mo at ikonekta ka sa isang interpreter.

Español (Spanish) Atención: Este aviso contiene información sobre su cobertura de seguro. Es posible que incluya fechas clave y que usted tenga que realizar alguna acción antes de ciertas fechas límite. Usted tiene derecho a obtener esta información y asistencia en su idioma sin ningún costo. Los asegurados deben llamar al número de teléfono que se encuentra al reverso de su tarjeta de identificación. Todos los demás pueden llamar al 855-258-6518 y esperar la grabación hasta que se les indique que deben presionar 0. Cuando un agente de seguros responda, indique el idioma que necesita y se le comunicará con un intérprete.

Русский (Russian) Внимание! Настоящее уведомление содержит информацию о вашем страховом обеспечении. В нем могут указываться важные даты, и от вас может потребоваться выполнить некоторые действия до определенного срока. Вы имеете право бесплатно получить настоящие сведения и сопутствующую помощь на удобном вам языке. Участникам следует обращаться по номеру телефона, указанному на тыльной стороне идентификационной карты. Все прочие абоненты могут звонить по номеру 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

हिन्दी (Hindi) ध्यान दें: इस सूचना में आपकी बीमा कवरेज के बारे में जानकारी दी गई है। हो सकता है कि इसमें मुख्य तिथियों का उल्लेख हो और आपके लिए किसी नियत समय-सीमा के भीतर काम करना ज़रूरी हो। आपको यह जानकारी और संबंधित सहायता अपनी भाषा में निःशुल्क पाने का अधिकार है। सदस्यों को अपने पहचान पत्र के पीछे दिए गए फ़ोन नंबर पर कॉल करना चाहिए। अन्य सभी लोग 855-258-6518 पर कॉल कर सकते हैं और जब तक 0 दबाने के लिए न कहा जाए, तब तक संवाद की प्रतीक्षा करें। जब कोई एजेंट उत्तर दे तो उसे अपनी भाषा बताएँ और आपको व्याख्याकार से कनेक्ट कर दिया जाएगा।

Bǎssò-wùdù (Bassa) Tò Ɖuù Cáo! Bǎ nǎ kɛ bá nyo bɛ ké m̃ gbo kpá bó nì fùà-fúá-tìnn nyɛɛ jè dyí. Bǎ nǎ kɛ bédé wé jéé bɛ bɛ m̃ ké dɛ wa ḿ m̃ ké nyuɛɛ nyu hwè bɛ wé bɛa ké zi. ɔ m̀ò nì kpé bɛ m̃ ké bǎ nǎ kɛ kè gbo-kpá-kpá m̃ móɛ dyé dé nì bídí-wùdù mú bɛ m̃ ké se wídí d̀ò péè. Kpoò nyo bɛ mɛ d́á fúùn-nòbà nǎ dé waa I.D. káàò dɛín nyɛ. Nyo tòò séín mɛ d́á nòbà nǎ kɛ: 855-258-6518, ké m̃ mɛ f̀ò tee bɛ wa kɛɛ m̃ gbo cɛ bɛ m̃ ké nòbà màà 0 kɛɛ dyi pàdàìnn hwè. ɔ jǔ ké nyo d̀ò dyi m̃ gǎ jǔǐn, po wudu m̃ mó poɛ dyiɛ, ké nyo d̀ò mu bó nìnn bɛ ɔ ké nì wuduò mú zà.

বাংলা (Bengali) লক্ষ্য করুন: এই নোটিশে আপনার বিমা কভারেজ সম্পর্কে তথ্য রয়েছে। এর মধ্যে গুরুত্বপূর্ণ তারিখ থাকতে পারে এবং নির্দিষ্ট তারিখের মধ্যে আপনাকে পদক্ষেপ নিতে হতে পারে। বিনা খরচে নিজের ভাষায় এই তথ্য পাওয়ার এবং সহায়তা পাওয়ার অধিকার আপনার আছে। সদস্যদেরকে তাদের পরিচয়পত্রের পিছনে থাকা নম্বরে কল করতে হবে। অন্যেরা ৪৫৫-২৫৪-৬৫১৪ নম্বরে কল করে ০ টিপতে না বলা পর্যন্ত অপেক্ষা করতে পারেন। যখন কোনো এজেন্ট উত্তর দেবেন তখন আপনার নিজের ভাষার নাম বলুন এবং আপনাকে দোভাষীর সঙ্গে সংযুক্ত করা হবে।

اردو) Urdu (توجہ: نٹس ہلپ کے ریشینس کوئی ج سے نپھل قم غل و ماتپہر مٹھل ہے۔ اس کی کئی دفتری میں و سرکتی میں اور مکن ہے کہ آپکو مخصوص آخر ویتا ای خویتک کارروائی کرنیکی ضرورت پڑے آپ کیپاسیہ عمل و مات پھل کرنے اور نغیر خرچہ کیے پلنی زبان میں مدد پھل کفے کا حق ہے۔ مہران کو پلنی شن ایضی کارنگی شتپہر موج و فون و پیر کال کرنی چلے۔ سبھی فگر لوگ 6518-258-555 ہر کال کر سکتے ہیں اور 0 نپھل کو کہے پھل سکتک فظو کی ای جٹکے جواب میں پیر پلنی طلوہ زبان پٹھن اور نھن ج سے مربوط ہو چلے گے۔

[illegible][illegible]

中文繁体 (Traditional Chinese) 注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這份資訊，以及透過您的母語提供的協助服務。會員請撥打印在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到對話提示按下按鍵 0。當接線生回答時，請說出您需要使用的語言，這樣您就能與口譯人員連線。

Igbo (Igbo) Nrụbama: Ọkwa a nwere ozi gbasara mkpuchi nchekwa onwe gi. Ọ nwere ike inwe ụbọchị ndị dị mkpa, i nwere ike ime ihe tupu ụfọdụ ụbọchị njedebe. I nwere ikike inweta ozi na enyemaka a n'asụsụ gi na akwughị ugwo ọ bụla. Ndị otu kwesiri ikpo akara ekwentị di n'azụ nke kaadi njirimara ha. Ndị ozo niile nwere ike ikpo 855-258-6518 wee chere ụbụbọ ahụ ruo mgbe amanyere ipi 0. Mgbe onye nnọchite anya zara, kwuo asụsụ i choro, a ga-ejiko gi na onye okowa okwu.

Deutsch (German) Achtung: Diese Mitteilung enthält Informationen über Ihren Versicherungsschutz. Sie kann wichtige Termine beinhalten, und Sie müssen gegebenenfalls innerhalb bestimmter Fristen reagieren. Sie haben das Recht, diese Informationen und weitere Unterstützung kostenlos in Ihrer Sprache zu erhalten. Als Mitglied verwenden Sie bitte die auf der Rückseite Ihrer Karte angegebene Telefonnummer. Alle anderen Personen rufen bitte die Nummer 855-258-6518 an und warten auf die Aufforderung, die Taste 0 zu drücken. Geben Sie dem Mitarbeiter die gewünschte Sprache an, damit er Sie mit einem Dolmetscher verbinden kann.

Français (French) Attention: cet avis contient des informations sur votre couverture d'assurance. Des dates importantes peuvent y figurer et il se peut que vous deviez entreprendre des démarches avant certaines échéances. Vous avez le droit d'obtenir gratuitement ces informations et de l'aide dans votre langue. Les membres doivent appeler le numéro de téléphone figurant à l'arrière de leur carte d'identification. Tous les autres peuvent appeler le 855-258-6518 et, après avoir écouté le message, appuyer sur le 0 lorsqu'ils seront invités à le faire. Lorsqu'un(e) employé(e) répondra, indiquez la langue que vous souhaitez et vous serez mis(e) en relation avec un interprète.

한국어(Korean) 주의: 이 통지서에는 보험 커버리지에 대한 정보가 포함되어 있습니다. 주요 날짜 및 조치를 취해야 하는 특정 기한이 포함될 수 있습니다. 귀하에게는 사용 언어로 해당 정보와 지원을 받을 권리가 있습니다. 회원이신 경우 ID 카드의 뒷면에 있는 전화번호로 연락해 주십시오. 회원이 아닌 경우 855-258-6518 번으로 전화하여 0을 누르라는 메시지가 들릴 때까지 기다리십시오. 연결된 상담원에게 필요한 언어를 말씀하시면 통역 서비스에 연결해 드립니다.

Diné Bizaad (Navajo) Ge': Díí bee íł hane'ígíí bii' dahólǫ́ bee éédahózin béeso ách'ááh naanil ník'ist'i'ígíí bá. Bii' dahólǫ́ doo íiyisíí yoolkáálígíí dóó t'áádoo le'é ádadoolyííligíí da yókeedgo t'áá doo bee e'e'aahí ájiil'ííh. Bee ná ahóót'i' díí bee íł hane' dóó níká'ádoowól t'áá nínizaad bee t'áá jiik'é. Atah danilínígíí béesh bee hane'é bee wólta'ígíí nitł'izgo bee nee hódolzinígíí bikéédéé' bikáá' bich'í' hodoonihjí'. Aadóó náánáta' éí kojí' dahódoolnih 855-258-6518 dóó yii diiłts'ííł yałtí'ígíí t'áá níléjį́ áádóó éí bikéé'dóó naasbąąs bił adidiilchíł. Áká'anidaalwó'ígíí neidiitą́ągo, saad bee yáníłt'i'ígíí yii diikił dóó ata' halne'é lá níká'ádoowól.