



# YOUR **2019** COMMERCIAL METALS COMPANY BENEFITS





# Health, Wealth and Wellbeing in 2019

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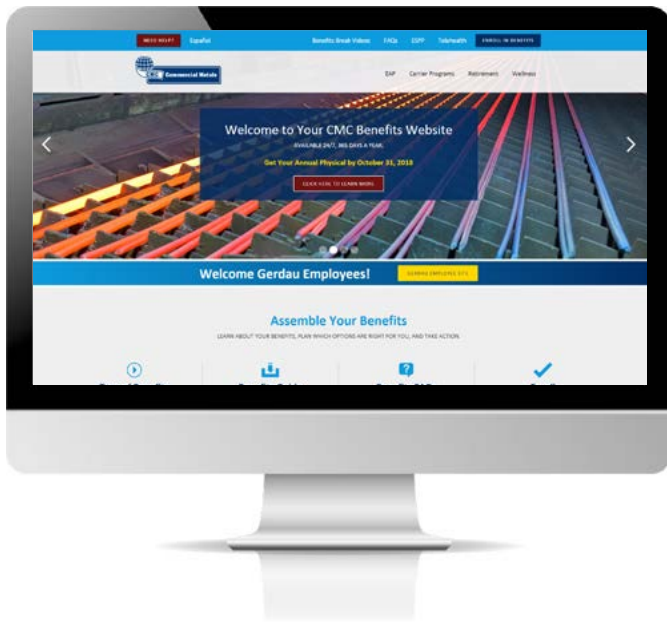






# Welcome!

*At CMC, we are committed to you! You are unique and so are your benefit needs. Safety is our number one priority and we believe that safety and health go hand in hand. That's why we offer a comprehensive benefits package that will help you get and stay healthy. This guide is an overview of the benefits available to you and will help you make the best benefit choices based on your individual needs.*



 **BENEFIT QUESTIONS OR  
NEED HELP ENROLLING?**

Contact Employee Services  
at **877-CMC-8050** or  
**[employeeservices@cmc.com](mailto:employeeservices@cmc.com)**

## TOOLS & RESOURCES

- [myCMCbenefits.com](http://myCMCbenefits.com)



No password required



Benefits Guide



FAQs



Videos

- *CMC Benefits Service Center*  
([cmcbenefits.bswift.com](http://cmcbenefits.bswift.com))



# Eligibility, Coverage and Enrollment

## ELIGIBILITY

All full-time employees of CMC working 30 hours or more per week are eligible to participate in the benefits described in this guide.

## ELIGIBLE DEPENDENTS

You can also cover the following dependents:

- Your legal spouse, including a same-gender spouse, or your common-law spouse if you live in a state that recognizes common-law marriage (CO, DC, IA, KS, MT, OK, RI, SC, TX and UT).\*
- Your children, who include:
  - » Natural children
  - » Stepchildren
  - » Legally adopted children
  - » Foster children
  - » Children of your common-law spouse
  - » Children for whom you have legal guardianship

You can cover your children:

- Up to age 26
- Up to any age for physically or mentally disabled children, as long as you provide proof of disability – contact Employee Services to learn more.

\* The following states only recognize common-law marriages if created before the date indicated below:

- AL (Jan. 1, 2017)
- GA (Jan. 1, 1997)
- ID (Jan. 1, 1996)
- OH (Oct. 10, 1991)
- PA (Jan. 1, 2005).



## DOCS

**When enrolling dependents in a CMC benefit for the first time (or re-enrolling), you must submit proof of eligibility. Preferred documents<sup>†</sup> are:**

- **Spouse:** Marriage certificate
- **Natural Children:** A copy of the child’s birth certificate listing the employee as parent
- **Stepchildren or Common-Law Stepchildren:** A copy of the child’s birth certificate with the name of the natural parent AND proof of marriage to the parent
- **Adopted or Custodial Children:** Legal documents stating adoption or custody

**TIME SENSITIVE: Required documents must be submitted during the enrollment period.**

<sup>†</sup> In the absence of a preferred document, a current federal tax return showing joint filing status (for a spouse) or dependent (for a child) will be accepted.

## WHEN COVERAGE BEGINS

### NEW HIRES AND REHIRES

If you wish to elect benefits you must enroll within 31 days of your date of hire. Benefits begin the first of the month following 30 days of employment.\*

**Note:** If you are enrolling dependents, you must submit the required documentation.

\* If your Life Insurance election requires evidence of insurability, the effective date of coverage will be the date the insurance company approves insurability. The effective date of coverage may be delayed if you are not actively at work, or you or your dependent is hospitalized.

### IF YOU ARE REINSTATED

If you leave the company and are rehired within 31 days, your benefits begin as of the date you are rehired. CMC will reinstate the benefits you had in place as of your date of termination.

## IF YOU DON'T ENROLL

If you do not enroll, you will be enrolled automatically ONLY in benefits paid 100% by CMC (basic life, basic accidental death and dismemberment, short term disability, long term disability, business travel accident and the employee assistance program). You will have to wait until the next Open Enrollment to elect optional coverage (medical, dental, vision, optional life and optional accidental death and dismemberment), unless you experience a qualified life event.

## CHANGING YOUR COVERAGE DURING THE YEAR

You can only make changes to your benefits during the year if you have a qualified life event (e.g., marriage, divorce, birth, adoption, death). If you have a qualified life event, go to the *CMC Benefits Service Center* and click on "Life Event" to make changes and provide the required documentation.



**31 DAYS**

**New Hires have  
31 days to enroll.**

### CURRENT EMPLOYEES

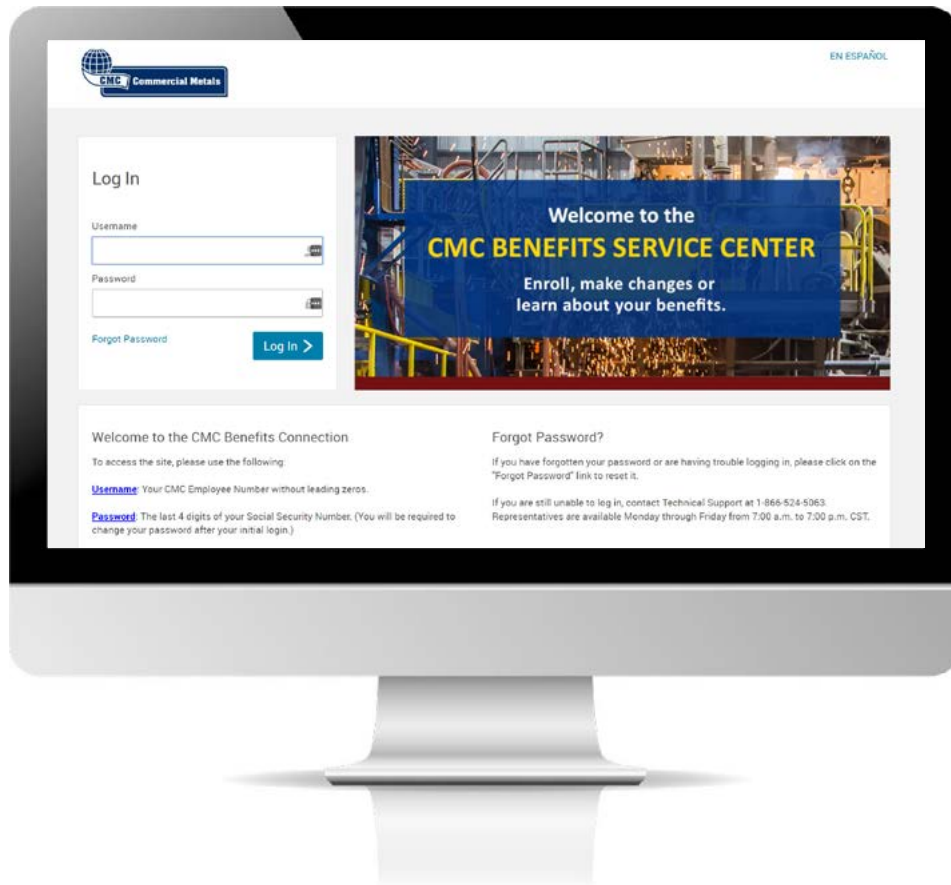
You can change your benefits each fall during Open Enrollment. Elections are effective January 1, 2019. If you don't make any changes during Open Enrollment, your current elections will carry over, except the FSA per IRS rules.



**31 DAYS**

**Qualified life events must  
be submitted within 31  
days of the event.**

# Enrollment



## HOW TO ENROLL

Enrolling is a snap. You can get help with your enrollment by calling 877-CMC-8050 or you can enroll online. There are three ways to access the system:

- Click the “Enroll in Benefits” button from [myCMCbenefits.com](http://myCMCbenefits.com)

OR

- Go to the [CMC GlobalNet homepage](#). Click “Benefits” on the right to get started. For GlobalNet password resets, contact the IT Helpdesk at 1-888-823-1212

OR

- Go to [cmcbenefits.bswift.com](http://cmcbenefits.bswift.com) and log in. You'll need your employee ID number.



## NEED HELP ENROLLING?

Contact Employee Services at  
**877-CMC-8050** or  
[employeeservices@cmc.com](mailto:employeeservices@cmc.com)



## DOCS

**TIME SENSITIVE:** Required documents must be submitted online during your enrollment period.

Once you're logged into the *CMC Benefits Service Center*, follow the instructions. The site leads you through the steps to enroll. Carefully review your selections and save them. Keep a copy of your Confirmation Statement for your records.



# Medical Benefits



*CMC offers employees comprehensive, competitive and affordable medical benefits that provide both protection and value for you and your family. We're committed to your health and our plan allows you to get the care you need, when you need it!*

## BCBSTX PPO PLAN

CMC offers a single medical PPO plan through Blue Cross Blue Shield. This plan offers:

- Accessibility and affordability when seeking care
- Low copays
- Free in-network preventive care for eligible age-appropriate exams
- Telehealth with MDLIVE
  - » Access to care 24 hours a day, 7 days a week
- Tobacco cessation aids covered at 100% with a prescription

## TELEHEALTH

Getting sick is never convenient, and finding time to get to the doctor can be hard. Our plan provides you and your covered dependents access to care for non-emergency medical issues through MDLIVE. Whether you're at home or traveling, access to a board-certified doctor is available 24 hours a day, 7 days a week. And, it's free.

MDLIVE can help treat these conditions:

- Allergies
- Asthma
- Sinus Infections
- Cold/Flu
- Ear Infections
- Pinkeye
- Sore Throat
- And More!



### NEED A DOCTOR?

Go to [www.bcbstx.com](http://www.bcbstx.com) to find a provider near you.



### MDLIVE

#### HOW TO REGISTER

1. Go to [MDLIVE.com/bcbstx](http://MDLIVE.com/bcbstx) and click **Activate Now**.
2. Enter the information requested.
3. Complete your profile.

#### GETTING CARE IS EASY

1. Visit [MDLIVE.com](http://MDLIVE.com)
2. Call 1-888-680-8646 or
3. Download the MDLIVE Mobile App

**For more information, visit**  
[myCMCbenefits.com/telehealth](http://myCMCbenefits.com/telehealth).

BCBSTX PPO	IN-NETWORK COSTS
PREVENTIVE CARE	No cost to you
ANNUAL DEDUCTIBLE Individual Family	\$1,000 \$3,000
ANNUAL OUT-OF-POCKET MAX <i>(Includes deductible and copays)</i> Individual Family	\$7,900 \$15,800
COINSURANCE	20% <sup>1</sup>
TELEHEALTH <i>(MDLIVE)</i>	\$0 copay
PRIMARY CARE OFFICE VISIT	\$20 copay
SPECIALIST OFFICE VISIT	\$30 copay
URGENT CARE	\$40 copay
EMERGENCY ROOM <i>(If true emergency)</i>	20% <sup>1</sup> plus \$250 copay (copay waived if admitted)
INPATIENT HOSPITAL <i>(preauthorization required)</i>	20% <sup>1</sup>
OUTPATIENT CARE	20% <sup>1</sup>

<sup>1</sup> After you meet the annual deductible

**Note:** Copays apply to your out-of-pocket max, not your deductible.

## ANNUAL PHYSICAL

Because your wellbeing is so important, CMC encourages all employees and covered spouses to get an annual physical. To learn more about Total Wellness at CMC, check out [myCMCbenefits.com](http://myCMCbenefits.com) and click “Wellness.”



### NEED MORE DETAILS?

For more detailed benefits information visit the “Library” section in the *CMC Benefits Service Center*.



## TERMS TO KNOW

### Copay:

A flat dollar amount you pay the provider at the time you receive a service.

### Deductible:

The amount you pay for services before the plan begins paying some of the cost. The deductible may not apply to all services, including preventive care.

### Coinsurance:

The portion of covered expenses you and the plan share after you meet the deductible (listed as a percentage).

### Out-of-Pocket Maximum:

The maximum amount you pay out of your own pocket for covered expenses in a year. Once you reach the out-of-pocket maximum, the medical plan pays for all covered services for the rest of the year. The out-of-pocket maximum does not include premiums or services the plan does not cover.



## PRESCRIPTION DRUG COVERAGE

Our BCBSTX medical plan automatically includes benefits for prescription drugs. The amount you pay for prescriptions depends on the type of prescription drug and if the pharmacy is in-network.

PRESCRIPTION DRUG PLAN	IN-NETWORK RETAIL (Up to 30-day supply)	MAIL ORDER (Up to 90-day supply)
ANNUAL DEDUCTIBLE	\$0 – There is no deductible	
PREVENTIVE GENERIC MAINTENANCE <sup>1</sup>	\$0	\$0
GENERIC	\$5	\$10
PREFERRED BRAND-NAME	\$35	\$70
NON-PREFERRED BRAND-NAME	\$70	\$140
SPECIALTY <sup>2</sup>	Not covered	20% up to \$200 max

<sup>1</sup> To find the list of preventive maintenance drugs, contact BCBSTX. The list can change so check before you purchase!

<sup>2</sup> Specialty is 30-day supply only. One grace fill allowed at retail.

Your prescription drug coverage through Blue Cross Blue Shield of Texas (BCBSTX) includes the following programs and guidelines. Before you fill a prescription, visit [BCBSTX.com](http://BCBSTX.com) or call BCBSTX at 1-877-262-7977 to learn if one of these programs applies.

### PREVENTIVE MAINTENANCE DRUG PROGRAM

Certain generic preventive maintenance medications (such as drugs for high blood pressure) are covered at 100%. Contact BCBSTX to see whether your prescription is on the list.

### STEP THERAPY

For certain high-cost prescription drugs, you may need to try an alternative medication first before “stepping up” to a more costly treatment. Contact BCBSTX to see whether your prescription requires step therapy.

### PRIOR AUTHORIZATION

Certain prescription drugs require prior authorization to be covered under the plan. Contact BCBSTX to find out whether your prescription requires prior authorization. If so, make sure your doctor obtains prior authorization through BCBSTX before you fill your prescription.

### SPECIALTY PHARMACY

Specialty prescriptions – medications used to treat complex conditions like cancer, multiple sclerosis and rheumatoid arthritis – must be filled through the Specialty Pharmacy. Contact BCBSTX for more information.

### OVER-THE-COUNTER TOBACCO CESSATION AIDS

Certain over-the-counter tobacco-cessation aids – such as gum, patches or lozenges – are covered at 100% with a doctor’s prescription. Your primary care doctor can help find an aid that’s right for you. Contact BCBSTX for more information.



**NO ID CARDS**

**Use your medical plan ID card  
for prescription drug coverage.**

**877-CMC-7977**

**[www.bcbstx.com](http://www.bcbstx.com)**

# Dental Benefits

*Dental care is an important part of your health and wellness. Staying on top of your dental care means a bright, healthy smile, and can also help prevent serious dental problems.*



CMC offers two dental options – the Premium Plan and the Basic Plan. Both cover preventive, major and restorative care but at different levels. Only the Premium Plan covers orthodontia. The coverage details below will help you choose the best plan for you.

After you meet your annual deductible, you and the plan share the cost of eligible expenses. Here's what you pay under each plan:


NO ID CARDS

**Group #: 5838**  
**800-521-2651**  
[www.deltadentalins.com](http://www.deltadentalins.com)

DELTA DENTAL	PREMIUM PLAN	BASIC PLAN
<b>ANNUAL DEDUCTIBLE</b> Individual Family		\$50 \$150
<b>ANNUAL MAXIMUM BENEFITS</b> (per person)	\$2,000	\$1,500
<b>DIAGNOSTIC AND PREVENTIVE</b> (Oral exams, routine cleanings, fluoride treatments, space maintainers, x-rays)	No cost to you	No cost to you
<b>BASIC RESTORATIVE SERVICES</b> (Root canals, fillings, sealants, denture repairs, endodontics, periodontics, oral surgery)	You pay 20% after deductible	You pay 50% after deductible
<b>MAJOR SERVICES</b> (Crowns, inlays, onlays, cast restorations, bridges, dentures)	You pay 50% after deductible	You pay 50% after deductible
<b>ORTHODONTIA</b> Adult (employee & spouse) and Child(ren) (up to age 26)	You pay 50% up to the lifetime max	Not covered
<b>LIFETIME ORTHODONTIA MAX BENEFIT</b>	\$2,000	N/A

# Vision Benefits



*Clear vision is another important part of your overall health. Not only do you need to see the world clearly, but vision exams can detect illnesses such as hypertension and cataracts.*



**NO ID CARDS**

**Group #: 12247388**  
**800-877-7195**  
[www.vsp.com](http://www.vsp.com)

At CMC you have two vision options, the Premium Plan and the Basic Plan. The Premium and the Basic Plans cover many of the same services, but at different levels. The Premium Plan covers a variety of lens options, while the Basic Plan does not. Go to the “Library” section in the *CMC Benefits Service Center* for detailed plan information.

Here’s what you pay in-network:

VSP	PREMIUM PLAN	BASIC PLAN
<b>VISION EXAM</b> (Once every calendar year)	\$10 copay	\$15 copay
<b>LENSES</b> (Once every calendar year) <ul style="list-style-type: none"> <li>• Single vision      • Bifocal</li> <li>• Trifocal            • Lenticular</li> </ul>	\$20 copay	\$25 copay
<b>FRAMES</b> (Once every two calendar years)	\$20 copay + amounts over \$150	\$25 copay + amounts over \$120
<b>CONTACT LENSES</b> (Once every calendar year instead of lenses and frames) <ul style="list-style-type: none"> <li>• Exam</li> <li>• Visually necessary (prior authorization required)</li> <li>• Elective lenses</li> </ul>	Up to \$60 copay \$20 copay Amounts over \$150	Up to \$60 copay \$25 copay Amounts over \$120



**Walmart is an in-network provider!**

Visit [www.vsp.com](http://www.vsp.com) to find in-network providers near you!

# Flexible Spending Accounts

*Flexible Spending Accounts (FSA) allow you to put aside pre-tax dollars from each paycheck to pay for eligible expenses. They are an important tool that helps you stretch your hard-earned dollars and decide how you want to pay for your health care, a component of your financial wellbeing.*



CMC offers two different Flexible Spending Accounts (FSAs) – the Health Care FSA and the Dependent Care FSA. Per IRS rules, FSA elections do not carry over from year to year, so you must use the funds or you'll lose them. You must re-elect your FSA each year if you wish to participate.

Here's an overview of how each of these tax-savings accounts work.

	HEALTH CARE FSA	DEPENDENT CARE FSA
<b>Who can participate?</b>	All eligible full-time employees	All eligible full-time employees
<b>Who can contribute?</b>	You only	You only
<b>What is the most I can contribute each year?</b>	\$2,650	Single, head-of-household or married filing jointly: \$5,000; Married filing separately: \$2,500
<b>How can I use the money?</b>	Eligible out-of-pocket medical, dental, vision and prescription drug expenses	Eligible out-of-pocket child or adult dependent day care expenses — dependent medical expenses ARE NOT eligible
<b>What money can I use when I have an eligible expense?</b>	Up to your entire annual election amount	Only the funds that are in your account at that time
<b>How do I access my money?</b>	Debit card or file a claim	File a claim
<b>What if there is money left at the end of the year?</b>	Unused dollars are forfeited	Unused dollars are forfeited
<b>Can I take my money if I leave CMC?</b>	No, unused dollars are forfeited	No, unused dollars are forfeited

**Note:** March 31, 2020, is the deadline for filing claims for eligible expenses you incurred during 2019.



# Voluntary Benefits

*Getting sick or injured can take a huge toll both physically and financially. Medical expenses add up fast and can quickly become overwhelming. That's why CMC offers additional protection to help you manage unexpected costs.*

## HOSPITAL INDEMNITY

Hospital Indemnity Insurance\* pays a daily benefit if you have a covered stay in a hospital\*\*, critical care unit or rehabilitation facility. The benefit amount is determined based on the type of facility and the number of days you stay. If you elect coverage for yourself, you may also purchase coverage for your spouse and/or children equal to your own coverage.

Benefits of Hospital Indemnity Insurance include:

- **Initial Confinement:** \$500 for the first day you spend in a hospital, critical care unit or rehabilitative facility
- **Hospital:** \$100 per day up to 30 days
- **Critical Care Unit:** \$200 per day up to 15 days
- **Rehabilitative Facility:** \$50 per day up to 30 days

## ACCIDENT COVERAGE

Accident Insurance\* pays you benefits for specific injuries and events resulting from a covered accident that occurs while you are not at work, on or after your coverage effective date. The benefit amount depends on the type of injury and care received. If you elect coverage for yourself, you may also purchase coverage for your spouse and/or children equal to your own coverage.

## CRITICAL ILLNESS

Critical Illness Insurance\* pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. You can elect the following amounts for yourself: \$10,000, \$20,000 or \$30,000. If you purchase coverage for your spouse and/or children, their coverage is equal to half of your own coverage.



### FEATURES OF VOLUNTARY BENEFIT PLANS

#### Features include:

- **Guaranteed Issue:** No medical questions or tests are required for coverage.
- **Flexible:** You can use the benefit payments for any purpose you like.
- **Payroll deductions:** Premiums are paid through convenient payroll deductions.
- **Portable:** If you leave CMC, you can take your coverage with you.

\* Limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

\*\* A hospital does not include an institution or part of an institution used as: a hospice care unit; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative center; an extended care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged or drug or alcohol addiction. "Critical care unit" and "rehabilitative facility" are specifically defined in the plan documents.

## HOW TO FILE A CLAIM FOR VOLUNTARY BENEFITS

You can file a claim in a variety of ways:

- **ONLINE:** 24/7 at <https://claimscenter.voya.com>
- **FAX:** 877-464-2280 (Claim form available in the *CMC Benefits Service Center* is required)
- **MAIL:** (Claim form available in the *CMC Benefits Service Center* is required)
- **Regular Mail:**

Voya Employee Benefits  
PO BOX 320  
Minneapolis, MN 55440

» **Overnight Mail:**

Voya Employee Benefits  
20 Washington Ave S  
Minneapolis, MN 55401



### BENEFIT QUESTIONS?

**Group #: 0070288-9**

**877-236-7564**

**[www.voya.com](http://www.voya.com)**

See the box below for additional wellness claim submission information.



### ACCIDENT AND CRITICAL ILLNESS PLANS INCLUDE A \$100 WELLNESS PAYMENT!

**Wellness claims can be filed over the phone by calling 1-888-238-4840 and selecting Option 2. You will need the following information:**

- Name of the insured, date of birth and relationship to you
- Social Security number (SSN) of the primary insured
- Name of the provider who performed the health screening or other eligible services
  - An eligible service includes an annual physical exam, biometric screening, age-appropriate services such as mammogram, colonoscopy, well woman exam, etc., hearing screening, vision screening and dental cleaning.
- Date of service and the exact name of service

# Income Protection Benefits

*Total wellness isn't just about your physical health. It's also about your financial health. Income protection benefits provide coverage if you or a covered family member dies or if you are seriously injured or disabled.*

## LIFE INSURANCE

CMC provides Basic Life coverage equal to two times your annual base pay at no cost to you, and you may purchase additional protection. You can find the rates in the *CMC Benefits Service Center*.

Guaranteed issue (GI) applies to your initial election period and allows you to elect the maximum allowable coverage without providing evidence of insurability (EOI). EOI is also required if you increase existing coverage over the GI amount.

## ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

CMC also provides you with Basic AD&D coverage equal to two times your annual base pay at no cost to you.

If you wish, you may also purchase additional protection. Evidence of Insurability (EOI) is not required. See the *CMC Benefits Service Center* for rates.

### LIFE INSURANCE COVERAGE OPTIONS

<b>For You</b>	<b>1X – 7X your annual base pay</b> Basic Life Maximum: \$1,000,000 Optional Life Maximum: \$1,500,000 Maximum Combined: \$2,500,000 GI is 3X annual base pay
<b>For Your Spouse</b>	<b>\$25,000 – \$250,000 in increments of \$25,000 not to exceed employee's combined coverage</b> GI is \$50,000, based on the employee's initial enrollment period
<b>For Your Child(ren)</b>	\$5,000 – \$20,000 in increments of \$5,000

### AD&D INSURANCE COVERAGE OPTIONS

<b>For You</b>	<b>1X – 10X your annual base pay</b> Basic AD&D Maximum: \$1,000,000 Optional AD&D Maximum: \$1,000,000 Maximum Combined: \$2,000,000
<b>For Your Spouse</b>	60% of employee coverage if no children are covered 50% of employee coverage if children are covered Maximum coverage amount is \$250,000
<b>For Your Child(ren)</b>	25% of employee coverage if no spouse is covered 15% of employee coverage if spouse is covered Maximum coverage amount is \$25,000



**VERIFY / UPDATE YOUR BENEFICIARIES**

**Has life changed? If you've gotten married, divorced or had a child, you may need to update your beneficiaries. Here's how:**

1. Go to the *CMC Benefits Service Center*.
2. Click "My Profile" from the top menu.
3. Click "Beneficiaries" to add or make changes.

# Disability Benefits



*Facing a long term illness or injury can be stressful, which is why CMC provides company-paid Short Term Disability (STD) and Long Term Disability (LTD) coverage at no cost to you. As part of Total Wellness at CMC, disability coverage offers you financial support while you're out of work.*

## SHORT TERM DISABILITY (STD)

Benefits are paid if you can't work due to an approved illness, injury or pregnancy. Weekly benefits start after 7 days of absence and may continue for up to 26 weeks.

BENEFIT AMOUNT	WEEKS OF PAYMENT
80% of eligible base pay	2 - 9
70% of eligible base pay	10 - 17
60% of eligible base pay	18 - 26

## LONG TERM DISABILITY (LTD)

Benefits are paid if you can't work due to an approved illness or injury. Monthly benefits start after the later of 180 days or when STD coverage ends.

FEATURE	AMOUNT
Benefit Amount	60% of eligible base pay
Monthly Maximum Benefit	\$10,000 per month
How Long Benefits Can Continue	Until you are no longer disabled, or up to age 65 (longer if your disability begins after age 60)



## DISABILITY QUESTIONS?

Contact Liberty Mutual  
Group #: 06-065099  
**888-287-8494**  
[www.libertymutual.com](http://www.libertymutual.com)





# Other CMC-Provided Benefits

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

CMC is committed to your health and wellbeing. Our Employee Assistance Program (EAP) provides you with immediate and confidential help for any work, health or life concern. Help is available anytime and anywhere.

### SOLUTIONS FOR YOUR WORK, HEALTH AND LIFE

#### Achieve well-being

- Stress
- Mental health concerns
- Grief and loss
- Crisis situations

#### Manage relationships and family

- Communication
- Separation/divorce
- Parenting

#### Deal with workplace challenges

- Stress
- Performance
- Work-life balance

#### Tackle addictions

- Alcohol
- Drugs
- Tobacco
- Gambling

#### Find child and elder care resources

- Child care
- Schooling
- Nursing/retirement homes

#### Get legal advice

- Create a Will
- Separation/divorce
- Custody

 **EAP QUESTIONS?**

**Contact Morneau Shepell**  
**Group #: 12247388**  
**866-695-6327**  
[www.workhealthlife.com/mlaeap](http://www.workhealthlife.com/mlaeap)

#### Receive financial guidance

- Debt management
- Bankruptcy
- Retirement

#### Improve nutrition

- Weight management
- High cholesterol and blood pressure
- Diabetes

#### Focus on your physical health

- Understand symptoms
- Identify conditions
- Improve sleep

## OTHER BENEFITS

- Travel Assistance<sup>1</sup>
- Employee Stock Purchase Program (ESPP)<sup>1</sup>
- Paid Time Off<sup>1</sup>
- Tuition Reimbursement<sup>1</sup>

<sup>1</sup> To learn more about these benefits, contact Employee Services.

 **BENEFIT QUESTIONS OR NEED HELP ENROLLING?**

**Contact Employee Services at 877-CMC-8050**  
 or [employeeservices@cmc.com](mailto:employeeservices@cmc.com)

# Required Notices

## **Important Notice from Commercial Metals Company About Your Prescription Drug Coverage and Medicare under the BCBS of Texas plans PPO Plan**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Commercial Metals Company and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Commercial Metals Company has determined that the prescription drug coverage offered by the BCBS of Texas PPO plan 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 during a seven-month initial enrollment period. That period begins three months prior to your 65th birthday, includes the month you turn 65, and continues for the ensuing three months. You may also enroll each year from October 15th through December 7th.

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

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

If you decide to join a Medicare drug plan, your current Commercial Metals Company coverage will not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

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

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

You should also know that if you drop or lose your current coverage with Commercial Metals Company and don't join a Medicare drug plan within 63 continuous days after your current

coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

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

### **For More Information about This Notice or Your Current Prescription Drug Coverage...**

Contact the person listed at the end of these notices 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 Commercial Metals Company changes. You also may request a copy of this notice at any time.

### **For More Information about Your Options under Medicare Prescription Drug Coverage...**

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

For more information about Medicare prescription drug coverage:

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

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

Remember: Keep this Medicare Part D 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).

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Date:	January 1, 2019
Name of Entity/ Sender:	Commercial Metals Company
Contact— Position/Office:	Employee Services
Address:	6565 N MacArthur Blvd Suite 800, Irving, TX 75039
Phone Number:	877-CMC-8050

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## Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 was signed into law on October 21, 1998. The Act requires that all group health plans providing medical and surgical benefits with respect to a mastectomy must provide coverage for all of the following:

- Reconstruction of the breast on which a mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of all stages of mastectomy, including lymphedema

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions which apply for the mastectomy. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description or contact Employee Services at 877-CMC-8050.

## HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. The Notice of Privacy Practices has been recently updated. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Employee Services at 877-CMC-8050.

## 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 later 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 towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an Employee Partner, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;

- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 31 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Employee Services at 877-CMC-8050.



## 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 are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for these programs, but also have access to health insurance through their employer. If you or your children are not eligible for Medicaid or CHIP, you will not be eligible for these premium assistance programs. If you or your dependents are already enrolled in Medicaid or CHIP, you can 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, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must permit you to enroll in your employer plan if you are not 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, you can contact the Department of Labor electronically at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or by calling toll-free at 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, 2017. Contact your State directly for more information on eligibility:

### ALABAMA – Medicaid

Website: <http://www.medicaid.alabama.gov>  
Phone: 1-855-692-5447

### ALASKA – Medicaid

Website: <http://health.hss.state.ak.us/dpa/programs/medicaid/>  
Phone (Outside of Anchorage): 1-888-318-8890  
Phone (Anchorage): 907-269-6529

### ARIZONA – CHIP

Website: <http://www.azahcccs.gov/applicants>  
Phone (Outside of Maricopa County): 1-877-764-5437  
Phone (Maricopa County): 602-417-5437

### COLORADO – Medicaid

Medicaid Website: <http://www.colorado.gov/>  
Medicaid Phone (In state): 1-800-866-3513  
Medicaid Phone (Out of state): 1-800-221-3943

### FLORIDA – Medicaid

Website: <https://www.flmedicaidtprecovery.com/>  
Phone: 1-877-357-3268

### GEORGIA – Medicaid

Website: <http://dch.georgia.gov/> - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP)  
Phone: 1-800-869-1150

### IDAHO – Medicaid

Medicaid Website:  
<http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx>  
Medicaid Phone: 1-800-926-2588

### INDIANA – Medicaid

Website: <http://www.in.gov/fssa>  
Phone: 1-800-889-9949

### IOWA – Medicaid

Website: [www.dhs.state.ia.us/hipp/](http://www.dhs.state.ia.us/hipp/)  
Phone: 1-888-346-9562

### KANSAS – Medicaid

Website: <http://www.kdheks.gov/hcf/>  
Phone: 1-800-792-4884

### KENTUCKY – Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>  
Phone: 1-800-635-2570

### LOUISIANA – Medicaid

Website: <http://www.lahipp.dhh.louisiana.gov>  
Phone: 1-888-695-2447

### MAINE – Medicaid

Website: <http://www.main.gov/dhhs/ofipublic-assistance/index.html>  
Phone: 1-800-977-6740  
TTY 1-800-977-6741

### MASSACHUSETTS – Medicaid and CHIP

Website: <http://www.mass.gov/MassHealth>  
Phone: 1-800-462-1120

### MINNESOTA – Medicaid

Website: <http://www.dhs.state.mn.us/>  
Click on Health Care, then Medical Assistance  
Phone: 1-800-657-3629

### MONTANA – Medicaid

Website: <http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>  
Phone: 1-800-694-3084

### NEBRASKA – Medicaid

Website: [www.ACCESSNebraska.ne.gov](http://www.ACCESSNebraska.ne.gov)  
Phone: 1-855-632-7633

**NEVADA – Medicaid**

Medicaid Website: <http://dwss.nv.gov/>

Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**

Website: <http://www.dhhs.nh.gov/oii/documents/hippapp.pdf>

Phone: 603-271-5218

**NEW JERSEY – Medicaid and CHIP**

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

**NEW YORK – Medicaid**

Website: [http://www.nyhealth.gov/health\\_care/medicaid/](http://www.nyhealth.gov/health_care/medicaid/)

Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid**

Website: <http://www.ncdhhs.gov/dma>

Phone: 919-855-4100

**NORTH DAKOTA – Medicaid**

Website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

Phone: 1-800-755-2604

**OKLAHOMA – Medicaid and CHIP**

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

**OREGON – Medicaid**

Website: <http://www.oregonhealthykids.gov>

<http://www.hijosaludablesoregon.gov>

Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid**

Website: <http://www.dpw.state.pa.us/hipp>

Phone: 1-800-692-7462

**RHODE ISLAND – Medicaid**

Website: [www.ohhs.ri.gov](http://www.ohhs.ri.gov)

Phone: 401-462-5300

**SOUTH CAROLINA – Medicaid**

Website: <http://www.scdhhs.gov>

Phone: 1-888-549-0820

**SOUTH DAKOTA - Medicaid**

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

**TEXAS – Medicaid**

Website: <https://www.gethiptexas.com/>

Phone: 1-800-440-0493

**UTAH – Medicaid and CHIP**

Website: <http://health.utah.gov/upp>

Phone: 1-866-435-7414

**VERMONT – Medicaid**

Website: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**

Medicaid Website:

[http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)

Medicaid Phone: 1-800-432-5924

CHIP Website:

[http://www.coverva.org/programs\\_premium\\_assistance.cfm](http://www.coverva.org/programs_premium_assistance.cfm)

CHIP Phone: 1-855-242-8282

**WASHINGTON – Medicaid**

Website: <http://www.hca.wa.gov/medicaid/>

[premiumpymt/pages/index.aspx](http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx)

Phone: 1-800-562-3022 ext. 15473

**WEST VIRGINIA – Medicaid**

Website: [www.dhhr.wv.gov/bms/](http://www.dhhr.wv.gov/bms/)

Phone: 1-877-598-5820, HMS Third Party Liability

**WISCONSIN – Medicaid**

Website: <http://www.badgercareplus.org/pubs/p-10095.htm>

Phone: 1-800-362-3002

**WYOMING – Medicaid**

Website: <http://health.wyo.gov/healthcarefin/equalitycare>

Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor Services  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/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

## Notice of Privacy Practices

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

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally, are kept properly confidential. This Act gives you significant new rights to understand and control how your health information is used. HIPAA provides penalties for covered entities that misuse personal health information.

As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your health information and how we may use and disclose your health information. We may use and disclose your medical records only for each of the following purposes: treatment, payment and health care operations.

- Treatment means providing, coordinating, or managing health care and related services by one or more health care providers. An example of this would include case management.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be adjudicating a claim and reimbursing a provider for an office visit.
- Health care operations include the business aspects of running our health plan, such as conducting quality assessment and improvement activities, auditing functions, cost management analysis, and customer service.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

We may contact you to provide information about treatment alternatives or other health-related benefits and services that may be of interest to you. Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization. You have the following rights with respect to your protected health information, which you can exercise by presenting a written request to the Privacy Officer:

The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified by you. We are not, however, required to agree to a requested restriction, unless the request is made to restrict disclosure to the insurer for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment), and the protected health information pertains solely to a health care item or service for which you have paid out of pocket in full. If we do agree to a restriction, we must abide by it unless you agree in writing to remove it.

- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy your protected health information.
- The right to amend your protected health information.
- The right to receive an accounting of non-routine disclosures of protected health information.
- We have the obligation to provide and you have the right to obtain a paper copy of this notice from us at least every three years.

We are required by law to maintain the privacy of your protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information.

This notice is effective as of May 20, 2011 and we are required to abide by the terms of the Notice of Privacy Practices currently in effect. We reserve the right to change the terms of our Notice of Privacy Practices and to make the new notice provisions effective for all protected health information that we maintain. We will post and you may request a written copy of a revised Notice of Privacy Practices from this office.

You have recourse if you feel that your privacy protections have been violated. You have the right to file a formal, written complaint with us at the address below, or with the Department of Health & Human Services, Office for Civil Rights, about violations of the provisions of this notice or the policies and procedures of our office. We will not retaliate against you for filing a complaint.

Please contact us for more information:

Privacy Officer  
Commercial Metals Company  
6565 N MacArthur Blvd  
Suite 800, Irving, TX 75039

For more information about HIPAA or to file a complaint:

The U.S. Department of Health & Human Services  
Office for Civil Rights  
200 Independence Avenue, S.W.  
Washington, D.C. 20201  
(202) 619-0257  
Toll Free: 1-877-696-6775

If you have a benefit-related question, go to the *CMC Benefits Service Center* or contact CMC Employee Services.

BENEFIT	WEBSITE	PHONE NUMBER, GROUP NUMBER, EMAIL
Enrollment, Changes In Family Status, Benefit Details, Enrollment Tools and Resources	<b>CMC BENEFITS SERVICE CENTER</b> <a href="http://www.cmcbenefits.bswift.com">www.cmcbenefits.bswift.com</a> <a href="http://myCMCbenefits.com">myCMCbenefits.com</a>	<b>CMC EMPLOYEE SERVICES</b> 1-877-CMC-8050 <a href="mailto:employeeservices@cmc.com">employeeservices@cmc.com</a>
Medical and Prescription Drug Coverage	<b>BCBSTX:</b> <a href="http://www.bcbstx.com">www.bcbstx.com</a>	<b>BCBSTX:</b> 1-877-CMC-7977 Group #: 009123
Telehealth	<b>MDLIVE</b> <a href="http://www.mdlive.com/bcbstx">www.mdlive.com/bcbstx</a>	1-888-680-8646
Dental Coverage	<b>DELTA DENTAL</b> <a href="http://www.deltadentalins.com">www.deltadentalins.com</a>	1-800-521-2651 Group #: 5838
Vision Coverage	<b>VISION SERVICE PLAN</b> <a href="http://www.vsp.com">www.vsp.com</a>	1-800-877-7195 Group #: 12247388
Flexible Spending Accounts	<b>WAGeworks</b> <a href="http://www.wageworks.com">www.wageworks.com</a>	1-877-924-3967
Critical Illness, Group Accident and Hospital Indemnity	<b>VOYA</b> <a href="http://www.voya.com">www.voya.com</a> <a href="https://claimscenter.voya.com/static/claimscenter">https://claimscenter.voya.com/static/claimscenter</a>	1-877-236-7564 Group #: 0070288-9
Life and AD&D Insurance	<b>LIBERTY MUTUAL</b> <a href="http://www.libertymutual.com">www.libertymutual.com</a>	1-888-287-8494 Group #: 06-065099
Disability	<b>LIBERTY MUTUAL</b> <a href="http://www.libertymutual.com">www.libertymutual.com</a>	1-888-287-8494 Group #: 06-065099
Employee Assistance Program (EAP)	<b>MORNEAU SHEPELL</b> <a href="http://workhealthlife.com/mlaeap">workhealthlife.com/mlaeap</a>	1-866-695-6327
Travel Assistance	<b>STARR ASSIST</b>	1-877-984-7437 (U.S.) 305-459-2482 (Outside U.S.) <a href="mailto:starrassist@assist-card.com">starrassist@assist-card.com</a>
COBRA	<b>bswift COBRA</b>	1-866-365-2413
401(k) Plan	<b>MILLIMAN</b> <a href="http://www.millimanbenefits.com">www.millimanbenefits.com</a>	1-866-767-1212

**MEDICAL & PRESCRIPTION DRUG COVERAGE**

**BCBSTX**  
Group #: 009123  
[www.bcbstx.com](http://www.bcbstx.com)  
1-877-CMC-7977

**DENTAL COVERAGE**

**DELTA DENTAL**  
Group #: 5838  
[www.deltadentalins.com](http://www.deltadentalins.com)  
1-800-521-2651

**VISION COVERAGE**

**VISION SERVICE PLAN**  
Group #: 12247388  
[www.vsp.com](http://www.vsp.com)  
1-800-877-7195

**FSA**

**WAGeworks**  
[www.wageworks.com](http://www.wageworks.com)  
1-877-924-3967

**CRITICAL ILLNESS, GROUP ACCIDENT AND HOSPITAL INDEMNITY**

**VOYA**  
Group #: 0070288-9  
[www.voya.com](http://www.voya.com)  
1-877-236-7564

**LIFE, AD&D AND DISABILITY**

**LIBERTY MUTUAL**  
Group #: 06-065099  
[www.libertymutual.com](http://www.libertymutual.com)  
1-888-287-8494

**EMPLOYEE ASSISTANCE PROGRAM (EAP)**

**MORNEAU SHEPELL**  
[workhealthlife.com/mlaeap](http://workhealthlife.com/mlaeap)  
1-866-695-6327

**TRAVEL ASSISTANCE**

**STARR ASSIST**  
[starrassist@assist-card.com](mailto:starrassist@assist-card.com)  
1-877-984-7437 (U.S.)  
305-459-2482 (Outside U.S.)

**COBRA**

**Bswift COBRA**  
1-866-365-2413

**401(k) PLAN**

**MILLIMAN**  
[www.millimanbenefits.com](http://www.millimanbenefits.com)  
1-866-767-1212

## QUESTIONS?

### Contact CMC Employee Services

- ENROLLMENT
- CHANGES IN FAMILY STATUS
- BENEFIT DETAILS

**CMC EMPLOYEE SERVICES**  
employeeservices@cmc.com  
1-877-CMC-8050

**CMC BENEFITS SERVICE CENTER**  
www.cmcbenefits.bswift.com  
www.myCMCbenefits.com



## Keep this Card in Your Wallet for Reference.

Tear off at perforation and  
fold in thirds.