

# DIG INTO BENEFITS

→ 2025 employee benefit guide ←



# Benefily lhal Dig Deep

At ASARCO LLC, we are committed to providing a comprehensive and affordable benefits package to you and your family. Review this guide to learn about your options so you can make the most of your benefits. If you have any questions, feel free to reach out to the Benefits Department at 520-798-7504 or [benefits@asarco.com](mailto:benefits@asarco.com) or contact Human Resources at your location.

## Getting Started

1

## Terms to Know

2

## Medical Coverage

3

## Dental Coverage

7

## Vision Coverage

7

## Health Reimbursement Arrangement

8

## Flexible Spending Accounts

9

## Life, AD&D and Disability

10

## Additional Benefits

11

## Retirement Savings Plan

13

## Contact Information

14

## Legal Notices

15



If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Refer to the separate legal notices for more details.





# GETTING *yhrled*

## ELIGIBILITY AND ENROLLMENT

You are eligible to participate in ASARCO LLC's benefits if you are an active regular full-time employee working at least 30 hours per week. Most benefits begin on your date of hire as long as you enroll within 30 days. If you enroll for benefits, you may also cover the following dependents:

- Legal spouse
- Children up to age 26
- Unmarried children of any age who are mentally or physically disabled

In order to enroll dependents, you will need to provide their legal name, date of birth, Social Security number, and proof of eligibility, such as a marriage or birth certificate.

Log on to <https://myadp.com> to view your benefit options and coverage costs, manage your personal information, add or remove dependents, submit dependent eligibility documentation, update your beneficiaries, and more.

## MAKING CHANGES TO YOUR BENEFITS

Each year, you have the opportunity to make changes to your benefits during annual enrollment. You may make mid-year changes to your benefits only if you have a qualifying life event. Examples of qualifying life events include:

- Marriage or divorce
- Birth or adoption of a child
- Change in a dependent's eligibility status
- Change in employment status for you or your dependents resulting in the loss/gain of coverage
- A significant change in the cost or coverage of your dependent's benefits
- Change in the cost of dependent care (for dependent care flexible spending accounts only)
- Death of a dependent

If you experience a qualifying life event, you must make enrollment changes within 31 days of the event. You must notify your local HR Department and Benefits Department. You must complete a benefits enrollment form (QLE) and provide proof of dependent eligibility, such as marriage or birth certificate.

### Eligibility for Child Dependent Coverage

We want you to understand the dependent coverage conditions for each type of Benefit.

<b>Medical &amp; Vision</b> (including Rx)	Dependents are covered up to age 26 (coverage terminates at the end of the birthday month)
<b>Dental</b>	Dependents are covered up to age 19 or 25 if a full-time student* (coverage terminates at the end of the birthday month)
<b>Supplemental life insurance for dependents</b>	Dependents are covered up to age 19 or 25 if a full-time student* (coverage terminates at the end of the birthday month)

\*Proof required that dependent is a full-time student.

NOTE: ASARCO LLC will request dependent verification documentation from an employee who elects coverage for their spouse or child(ren).

## DEPENDENT VERIFICATION

As a part of ASARCO LLC's continued effort to provide our employees with a competitive benefits program, ADP will verify each of your dependent's eligibility for coverage. You will receive communication from ADP Dependent Verification Services through email and regular mail.

**Child coverage:** You must provide a copy of any of the following documents:

- Adoption Certificate
- Adoption Placement Agreement
- Birth Certificate with Parent's Name Listed
- Documentation of Legal Custody
- Documentation of Legal Guardianship
- Hospital Birth Record (within 90 Days of Birth)
- Qualified Medical Child Support Order

**Spouse coverage:**

- Marriage certificate

**Upload documentation:**

**Secure Upload:** <https://myadp.com>

**Secure FAX:** ADP Dependent Verification Services  
866-400-1686

**Mail:** ADP Dependent Verification Services  
ADP-DVS  
PO Box 2338  
Alpharetta, GA 30023-2338

NOTE: Do not mail original documents; they will not be returned.

PLEASE SEND THE COVER SHEET SIGNED, ALONG THE  
REQUIRED DOCUMENTS FOR ALL YOUR DEPENDENTS.

## TERMS TO KNOW

As you explore your benefit options, you will come across some frequently used terms. Learning these terms can go a long way toward understanding your benefits.

**Copay:** A set dollar amount you pay for a covered health care service, usually when you receive the service.

**Deductible:** What you pay out of pocket for health care services before the plan begins to pay a portion.

**Coinsurance:** Your share of the costs of covered health care services after you reach the deductible. You pay a percentage, and the medical plan pays the rest.

**Out-of-pocket Maximum:** What you have to pay before the plan pays 100% of your covered costs.

**In Network:** The facilities and providers the medical plan has contracted with to provide health care services. In-network providers typically provide services at a lower negotiated rate.

**Out of Network:** Facilities and providers who are not contracted with the plan. Out-of-network services typically cost more than in-network care.

**Balance Billing:** When a provider bills you for the difference between the provider's charge and the allowed amount.

**Formulary:** A list of prescription drugs covered by the plan. The formulary includes tiers — generic, preferred brand, non-preferred brand, and specialty — which determines the cost of your medications.

**Explanation of Benefits (EOB):** A statement from your insurance company that describes a health care service you received, how much the insurance company paid, and how much you may owe.

**Evidence of Insurability (EOI):** Documentation of good health that may be required in order to obtain certain types of insurance.

**Beneficiary:** The people you designate to receive a cash benefit in the event of your death.

# MEDICAL COVERAGE For COPPER BASIN RAILWAY INC Employees

You have a choice of two medical plans through UMR — the Health Reimbursement Arrangement (HRA) plan and PPO plan. With both plans, you pay out of pocket for most medical expenses, except those with a copay, until you reach the annual deductible. Once your deductible is met, you and the plan share the costs (coinsurance) until you reach the annual out-of-pocket maximum. After that, the plan pays for 100% of your eligible health care expenses for the rest of the year.

No matter which plan you choose, you save the most money when you choose in-network doctors, facilities, and pharmacies. To find providers in the UMR network, log on to [www.umar.com](http://www.umar.com) or call 866-868-7406. Review the chart below for the amount you will pay for the medical service listed.

	HRA Plan		PPO Plan	
	In Network	Out of Network	In Network	Out of Network
Annual Deductible Individual/Family	\$2,500/\$5,000	\$4,000/\$8,000	\$1,500/\$3,000	\$2,000/\$4,000
Coinsurance	20%*	30%*	20%*	30%*
Annual Out-of-pocket Maximum Individual/Family	\$6,000/\$12,000	\$8,000/\$16,000	\$4,500/\$9,000	\$5,000/\$10,000
ASARCO LLC Contribution to HRA Individual/Family	\$750/\$1,500		N/A	
Preventive Care	No charge	Not covered	No charge	Not covered
Office Visits				
Telemedicine	\$10 copay	Not covered	\$10 copay	Not covered
Primary Care	\$25 copay	30%*	\$35 copay	30%*
Specialist	\$50 copay	30%*	\$70 copay	30%*
Urgent Care	\$100 copay	30%*	\$100 copay	30%*
Emergency Room	\$250 copay* + 20% (copay waived if admitted)		\$250 copay* + 20% (copay waived if admitted)	

\*After deductible

4•Enrollat[myadp.com](http://myadp.com).

# MEDICAL COVERAGE for COPPER BASIN RAILWAY INC Employees

## PRESCRIPTION DRUG COVERAGE

Prescription drug coverage through OptumRx is included with both of our medical plans. Review the chart below for the amount you will pay for the prescription drug service listed.

	HRA Plan		PPO Plan	
	In Network	Out of Network	In Network	Out of Network
Prescription Out-of-pocket Individual/Family	\$2,150/4,300		\$3,650/\$7,300	
Retail (30-day Supply)				
Generic	10% (min. \$10 copay)	You pay upfront costs and may submit for partial reimbursement based on lowest contracted amount, minus applicable copay/ coinsurance.	10% (min. \$10 copay)	You pay upfront costs and may submit for partial reimbursement based on lowest contracted amount, minus applicable copay/ coinsurance.
Preferred	20% (min. \$35 copay)		20% (min. \$35 copay)	
Non-preferred	20% (min. \$50 copay)		20% (min. \$50 copay)	
Specialty	10% copay generic/ 20% copay brand		10% copay generic/ 20% copay brand	
Mail Order (90-day Supply)				
Generic	10% (min. \$10 copay)	Not covered	10% (min. \$10 copay)	Not covered
Preferred	20% (min. \$35 copay)	Not covered	20% (min. \$35 copay)	Not covered
Non-preferred	20% (min. \$50 copay)	Not covered	20% (min. \$50 copay)	Not covered
Specialty	Not covered	Not covered	Not covered	Not covered

\*After deductible

## UNDERSTANDING YOUR PHARMACY COVERAGE

A formulary is a list of medications covered by a health plan. The medications you choose will fall into one of four tiers within that formulary — generic, preferred brand, non-preferred brand, and specialty drugs. As shown in the chart above, you pay different amounts for each tier of medications.

**Generic Drugs:** Generic drugs are FDA-approved, with the same quality, safety, and effectiveness as their more expensive brand-name counterparts. To save the most money, ask your doctor or pharmacist if a generic is available for your condition.

**Preferred and Non-preferred Brand Drugs:** These are brand-name drugs that do not have a generic equivalent. Preferred brand medications cost more than generics, but less than non-preferred brand medications.

**Specialty Drugs:** Specialty drugs are typically used to treat complex, chronic conditions like cancer or multiple sclerosis. These drugs tend to be more expensive and usually require special handling and monitoring. Specialty drugs are not covered through mail-order services.

The formulary may change throughout the year. Visit [www.optumrx.com](http://www.optumrx.com) or call 877-559-2955 to check on the formulary tier and price of your medications.

# MEDICAL COVERAGE for COPPER BASIN RAILWAY INC Employees

## PREVENTIVE CARE

Preventive care includes your annual exams and screenings that can help you maintain good health and prevent disease.

### Stay Healthy

Preventive care focuses on establishing a baseline and maintaining good health. During the preventive visit your doctor will determine what tests or screenings are appropriate for you based on factors such as age, gender, and personal history.

Preventive care can help you avoid serious health conditions and obtain early diagnosis and treatment. The sooner your doctor can identify and treat a medical condition, the better the outcome.

### Save Money

The goal of preventive care is to keep you healthy, which can save you money on costly future health issues. Plus, your in-network preventive care is 100% covered by the ASARCO LLC medical plans.

You can also qualify for the \$75 monthly wellness discount on your medical premiums by completing your health questionnaire and biometric screening through Quest Diagnostics. To complete these wellness requirements, log on to Quest Diagnostics at <https://my.questforhealth.com>, click on Health Questionnaire or Your Screening, and follow the prompts to complete the activities.

## TELEMEDICINE

Getting to the doctor when you're sick is never easy. That's why ASARCO LLC offers telemedicine through Teladoc. Available 24/7, you can connect with a board-certified doctor by app, phone, or video. Physicians can diagnose and treat a variety of non-emergency conditions, such as:

- Cold/flu
- Allergies
- Sinus infections
- Headaches
- Fever
- Nausea/vomiting
- Pink eye
- Ear problems
- Skin conditions

Registration is easy — download the Teladoc mobile app, visit [www.teladoc.com](http://www.teladoc.com), or call 800-835-2362 to sign up and see a doctor any time, from anywhere.



Questions about what's covered under preventive care? Need help finding an in-network provider near you? Contact UMR at 866-868-7406 or [www.umar.com](http://www.umar.com).

# MEDICAL COVERAGE for COPPER BASIN RAILWAY INC Employees

---

## HEALTH ADVOCATE

Available at no cost to you, Health Advocate can help you and your family navigate a wide range of health and insurance-related issues and concerns. Take advantage of the following resources and services to get the most out of your benefits.

### Personal Health Advocates

The health care system can be complex and confusing, but your Personal Health Advocates are here to help. You have 24/7 access to an experienced team of registered nurses, medical directors, benefits experts, and claims specialists who will help you get the care and support you need.

- Clarify benefits and coverage
- Find doctors, specialists, and hospitals
- Schedule appointments and transfer medical records
- Get answers about your test results, treatments, and medications
- Resolve billing/claims issues and negotiate payment arrangements
- Assist with eldercare needs, including health care issues, adult day care, Medicare, transportation, and more

All services are completely confidential and available for you and your family members. For 24/7 assistance, call 866-695-8622 or visit [www.healthadvocate.com](http://www.healthadvocate.com).

### MedChoice Support

Facing a medical decision? MedChoice Support is a comprehensive, convenient, and interactive tool that helps you understand your options to make informed decisions about your health care. Learn the risks, costs, outcomes, and even your own feelings about tests, treatments, and medications.

This tool provides you with in-depth, evidence-based information about procedures, surgeries, alternative treatments, side effects, recovery times, outcomes, cost estimates, and more. MedChoice Support is available 24/7, including assistance from your Personal Health Advocates, to help you save money and make confident decisions about your health care.

### Medical Bill Saver

It can be overwhelming to receive a pricey bill for medical care. The Medical Bill Saver service gives you access to skilled negotiators who can help lower your out-of-pocket costs on medical bills that are not covered by insurance. Here's how it works:

1. Send in your non-covered medical or dental bill of \$400 or more
2. Your negotiator contacts the provider to negotiate a discount
3. You get an easy-to-read, personal Savings Result Statement summarizing the outcome and payment terms

Successful negotiations can save you hundreds — even thousands — of dollars.



# DENTAL COVERAGE for COPPER BASIN RAILWAY INC Employees

ASARCO LLC offers dental coverage through Aetna. You pay less for services when you use in-network dentists. Visit [www.aetna.com](http://www.aetna.com) or call 877-238-6200 to find an in-network provider near you. Review the chart below for the coverage maximums and the amount you will pay for the dental service listed.


	Dental Plan
Annual Deductible Individual/Family	\$0/\$0
Annual Maximum Per Person	\$2,000
Preventive Care Routine Cleanings, Exams	No charge
Basic Services X-rays, Fillings	15%*
Major Services Dentures, Crowns, Bridges	50%*
Orthodontia Children Up to Age 19	50%*
Orthodontia Lifetime Maximum Per Person	\$2,000

\*After deductible

# VISION COVERAGE for COPPER BASIN RAILWAY INC Employees

ASARCO LLC offers vision coverage through Superior Vision. Choose in-network eye doctors to save the most money. Visit [www.superiorvision.com](http://www.superiorvision.com) or call 800-507-3800 to find an in-network provider near you. Review the chart below for the amount you will pay for the vision service listed.

	Vision Plan	
	In Network	Out of Network
Eye Exam (Once Every 12 Months)	\$10 copay	\$34 allowance
Lenses (Once Every 12 Months)		
Single Vision	\$10 copay	\$29 allowance
Bifocal	\$10 copay	\$43 allowance
Trifocal	\$10 copay	\$53 allowance
Frames (Once Every 24 Months)	\$10 copay, up to \$130 allowance (20% off remaining balance)	\$65 allowance
Contact Lenses in Lieu of Glasses (Once Every 12 Months)		
Medically Necessary	Covered in full	\$210 allowance
Elective	\$130 allowance	\$100 allowance



# FINANCIAL *coverage*

## HEALTH REIMBURSEMENT ARRANGEMENT

---

If you enroll in the HRA medical plan, you will be automatically enrolled in the HRA fund. HRA funds can be used to pay for eligible health care expenses for you and your family. ASARCO LLC contributes \$750 for individual coverage and \$1,500 for family coverage per year. Funds are prorated based on your enrollment date. This account is company-funded, so you are not allowed to contribute funds to your HRA.

The full amount of your HRA is available January 1. Your eligible health care expenses are automatically deducted from your HRA and paid directly to your health care provider. If you use all of the funds in your HRA before the end of the year, you'll have to pay for any additional costs out-of-pocket. Any unused HRA funds will roll over each year (up to your deductible amount), but you will lose any remaining funds if you leave the company.

	Health Reimbursement Arrangement
What medical plan can I choose?	HRA plan
What can I use the funds for?	Eligible medical, prescription drug, dental, and vision expenses
How much does ASARCO LLC contribute?	\$750/\$1,500 (individual/family)
How much can I contribute each year?	You cannot contribute to your HRA, only ASARCO LLC can contribute funds
When can I use the funds?	All funds are available January 1
Can I roll over funds each year?	Unused funds roll over each year (up to your deductible amount)
How do I pay for eligible expenses?	If you have available HRA funds, you pay nothing at the time of service. Simply present your medical card to your provider — your provider will file a claim on your behalf and available HRA funds will be used to pay for eligible expenses.
Can I change my contributions throughout the year?	No, ASARCO LLC contributes a set dollar amount each year

# FLEXIBLE SPENDING ACCOUNTS

Flexible spending accounts (FSAs) allow you to set aside pre-tax dollars to pay for certain expenses throughout the year. The health care FSA can be used to pay for eligible health care expenses. The dependent care FSA can be used to pay for eligible child or elderly daycare services while you and your spouse work or attend school full-time. Learn more about your FSA options below.

	Health Care FSA	Dependent Care FSA
What can I use the funds for?	Eligible medical, prescription drug, dental, and vision expenses	Eligible daycare expenses for your children under age 13 or dependents who are mentally or physically incapable of caring for themselves (including elderly dependents)
How much can I contribute each year?	\$3,300 in 2025	\$5,000 in 2025
When can I use the funds?	All of the funds you elect for the year are available January 1	Funds are available as you contribute to the account with each paycheck
Can I roll over funds each year?	No, but you have until March 15th, 2026 to use any remaining 2025 FSA funds.	No, you will lose any funds remaining in your account at the end of the year
How do I pay for eligible expenses?	With your HealthEquity debit card (you can also submit claims for reimbursement online at <a href="https://healthequity.com">healthequity.com</a> )	Submit claims for reimbursement online at <a href="https://healthequity.com">healthequity.com</a>
Can I change my contributions throughout the year?	No, unless you have a qualifying life event, you choose an annual election amount during annual enrollment and that amount is taken out of each paycheck in equal increments throughout the year	

## Important Notes About FSAs

- FSAs are subject to the IRS “use-it-or-lose-it” rule, which means funds do not roll over each year. You will lose any unused funds at the end of the year, so plan your contributions carefully.
- You cannot change your FSA contributions during the year unless you have a qualifying life event, such as marriage or the birth of a child.
- Claims for reimbursement must be submitted by March 15 of the following year.
- You must re-elect your FSA contributions every year in order to participate.
- The dependent care FSA can only be used to pay for daycare services while you and your spouse work full-time. It is not to be used for health care for your dependents.

# LIFE, AD&D AND DISABILITY for COPPER BASIN RAILWAY INC Employees

## LIFE AND AD&D INSURANCE

Life and accidental death and dismemberment (AD&D) coverage provides valuable financial support if you or your family experience an unexpected loss. ASARCO LLC provides basic life and AD&D insurance through Lincoln Financial Group at no cost to eligible employees in the amount of two times your base annual earnings up to \$1,500,000. You will be automatically enrolled at the appropriate coverage level.

If you want additional coverage for yourself, your spouse, or your children, you can purchase voluntary coverage at our group rates, which are based on age and coverage amount. Rates can be viewed online at <https://myadp.com>.

Voluntary Life and AD&D Insurance		
	Benefit Amount	Guarantee Issue
Employee	One to two times your base annual salary, up to a combined basic/voluntary coverage maximum of \$1,500,000	\$700,000
Spouse	Increments of \$10,000 up to \$250,000, not to exceed 50% of your election amount	\$50,000
Child(ren)	Increments of \$1,000 up to \$10,000	\$10,000

Note: You will have to provide Evidence of Insurability (EOI) for any amount over the guarantee issue and/or any amount elected outside of initial eligibility.

### Keep Your Beneficiaries Up to Date

Log on to <https://myadp.com> to designate a beneficiary (the person who will receive the benefit) for your life and AD&D insurance. Make sure to keep this person's information updated so your benefit is paid according to your wishes.

## DISABILITY INSURANCE

ASARCO LLC also provides disability insurance through Lincoln Financial Group at no cost to eligible employees. This benefit replaces a portion of your income if you become disabled and are unable to work. You will be automatically enrolled after completing six months of continuous service.

	Short-term Disability	Long-term Disability
How it Works	You receive a percentage of your base salary each week, which varies based on years of service with ASARCO LLC. Benefits begin after one week and continue for up to 180 days.	You receive 50% of your base salary up to \$12,500 per month. Benefits begin after 180 days and continue until you reach the Social Security retirement age.





# ADDITIONAL *benefily*

## LEGAL PLAN

The legal plan through LegalShield provides you and your family with legal representation at a price that won't break your budget. You receive legal advice and fully covered legal services for a wide range of legal matters:

- Will preparation
- Document review and preparation
- Family law
- Real estate matters
- Debt collection defense
- Court appearances

Take advantage of network-participating plan attorneys with no waiting period, limits on usage, copays, or deductible. The plan is available for \$13.50 per month, which you can pay through automatic payroll deductions. If you enroll in the legal plan, you are required to maintain the coverage until the next annual enrollment.

Follow these steps to create your account:

1. Visit <https://accounts.legalshield.com> and follow the on-screen prompts to create your account.
2. Enter your member number and create a username and password. Your member number was included in the LegalShield welcome letter you received when you first enrolled. If you don't have your member number, call 888-807-0407 for assistance.
3. Download the convenient LegalShield mobile app to access your legal plan benefits any time, anywhere.

## PET INSURANCE

Nationwide offers a variety of pet insurance plans to provide your furry family members with the best health care possible. Plan options are available for dogs, cats, birds, and other animals. Like a regular health insurance plan, pet insurance can help offset costs for routine care and unexpected illness and injuries.

Your premium is based on your pet's species, age, the coverage level you select, and where you live. You will enroll in this coverage directly through Nationwide — premiums will not be deducted from your paycheck.

Visit [www.petinsurance.com/asarco](http://www.petinsurance.com/asarco) or call 877-738-7874 to learn about your coverage options, get a quote, or enroll.

## EMPLOYEE ASSISTANCE PROGRAM

To help you with personal issues and concerns, ASARCO LLC provides you and your family with an employee assistance program (EAP) through Jorgensen Brooks at no cost to you. Experienced consultants are available 24/7 for confidential assistance with a variety of personal matters like:

- Family and parenting problems
- Marriage and relationship issues
- Stress, anxiety, and depression
- Anger, grief, and loss
- Work concerns
- Addiction and eating disorders
- Finances and legal help

Visit [www.jorgensenbrooks.com](http://www.jorgensenbrooks.com) or call 888-520-5400 to learn more about how the EAP can help you and your family.

# ADDITIONAL BENEFITS for COPPER BASIN RAILWAY INC Employees

---

## TIME OFF

### **Paid Holidays**

You receive 12 paid holidays each year:

- New Year's Day
- Presidents Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving (two days)
- Christmas Eve
- Christmas Day
- New Year's Eve
- One floating holiday

### **Paid Time Off**

In addition to 12 paid holidays each year, you will accrue PTO hours each pay period on a calendar year basis beginning on January 1.

### **Bereavement Policy**

All employees will receive up to 40 hours paid time off in the event of the death of an immediate family member, including a spouse, domestic partner, child, stepchild, sibling, parent, grandparent, or in-law. You may also request approval for additional time off to be charged against PTO.

## EMPLOYEE PERKS

BenefitHub is an employee discount site that is available to you and your family. Enjoy nationwide discounts and cash back on thousands of brands you love, including entertainment venues, merchandise, theme parks, and more. For more information, visit <https://asarco.benefithub.com>.

## TUITION REIMBURSEMENT

To encourage you to build your professional knowledge and skills, ASARCO LLC offers a tuition reimbursement program. Reach out to Human Resources for more information.

# RETIREMENT SAVINGS PLAN for COPPER BASIN RAILWAY INC Employees

Participating in the Copper Basin Railway, Inc. 401(k) Savings Plan may be the most important piece of your retirement puzzle. That is because the other basic pieces of the puzzle are Social Security and personal savings, and these pieces may only provide a limited portion of your income when you retire. Visit [www.gwrs.com](http://www.gwrs.com) or call 800-338-4015 to learn more.

## Pension Information

Retirement Benefit Plan for Eligible Employees: The Retirement Benefit Plan is designed to be part of employees' financial security at retirement along with Social Security, 401(k) savings, and other personal income.

## MONTHLY COVERAGE COSTS

	Medical – HRA Plan		Medical – PPO Plan	
	Wellness Discount	No Wellness Discount	Wellness Discount	No Wellness Discount
Employee Only	\$53.00	\$128.00	\$140.00	\$215.00
Employee + Spouse	\$110.00	\$185.00	\$293.00	\$368.00
Employee + Child(ren)	\$95.00	\$170.00	\$251.00	\$326.00
Employee + Family	\$165.00	\$240.00	\$465.00	\$540.00

NOTE: If you waive medical coverage, you will be reimbursed \$12.50 per pay period; not applicable if both husband and wife are employed by ASARCO LLC.

Want to qualify for the wellness discount? You can save \$75 per month on your medical premiums by completing your health questionnaire and biometric screening through Quest Diagnostics. See [page 5](#) for more information.

Dental Plan		Vision Plan	
Employee Only	\$3.00	Employee Only	\$0.00
Employee + Spouse	\$7.00	Employee + Spouse	\$0.70
Employee + Child(ren)	\$6.00	Employee + Child(ren)	\$0.90
Employee + Family	\$10.00	Employee + Family	\$2.90

NOTE: Dental and Vision are covered if enrolled in the medical plan.

# CONTACT INFORMATION for COPPER BASIN RAILWAY INC Employees

Benefit	Provider	Phone	Website or Email
Dependent Verification	ADP Dependent Verification Services	800-847-8531	N/A
Medical	UMR	866-868-7406	<a href="http://www.umar.com">www.umar.com</a>
Prescription Drug	OptumRx	877-559-2955	<a href="http://www.optumrx.com">www.optumrx.com</a>
Wellness	QuestDiagnostics	855-623-9355	<a href="https://my.questforhealth.com">https://my.questforhealth.com</a>
Telemedicine	Teladoc	800-835-2362	<a href="http://www.teladoc.com">www.teladoc.com</a>
Health Advocate	Health Advocate	866-695-8622	<a href="http://www.healthadvocate.com">www.healthadvocate.com</a>
Dental	Aetna	877-238-6200	<a href="http://www.aetna.com">www.aetna.com</a>
Vision	Superior Vision	800-507-3800	<a href="http://www.superiorvision.com">www.superiorvision.com</a>
Flexible Spending Accounts	HealthEquity	877-924-3967	<a href="http://www.healthequity.com">www.healthequity.com</a> <a href="mailto:memberservices@healthequity.com">memberservices@healthequity.com</a>
Life and AD&D	Lincoln Financial Group	888-787-2129	<a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a> <a href="mailto:groupclifeclaims@lfg.com">groupclifeclaims@lfg.com</a>
Will Preparation Services (For employees who select voluntary life)	Hyatt Legal Services	800-821-6400	N/A
Disability	Lincoln Financial Group	New claims: 888-408-7300 Existing claims: 800-320-7585	<a href="http://www.LincolnFinancial.com">www.LincolnFinancial.com</a>
Legal Plan	LegalShield	888-807-0407	<a href="http://benefits.legalshield.com/asarco">benefits.legalshield.com/asarco</a>
Pet Insurance	Nationwide	877-738-7874	<a href="http://www.petinsurance.com/asarco">www.petinsurance.com/asarco</a>
Employee Assistance Program	Jorgensen Brooks	888-520-5400	<a href="http://www.jorgensenbrooks.com">www.jorgensenbrooks.com</a> Group name: ASARCO
Retirement Savings Plan	Great West Retirement	800-338-4015	<a href="http://www.gwrs.com">www.gwrs.com</a>
Pension Plan	Railroad Retirement	877-775-5775	<a href="http://www.rrb.gov">www.rrb.gov</a>
COBRA	HealthEquity	877-722-2667	<a href="mailto:memberservices@healthequity.com">memberservices@healthequity.com</a>
ASARCO Benefits	ASARCO	520-798-7504	<a href="mailto:benefits@asarco.com">benefits@asarco.com</a>
Discount Benefits	BenefitHub	N/A	<a href="http://www.asarco.benefitHub.com">www.asarco.benefitHub.com</a>

The information contained in this summary should in no way be construed as a promise or guarantee of employment. The company reserves the right to modify, amend, suspend, or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the documents or policies will always govern. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from your Human Resources Office. This benefits enrollment guide highlights recent plan design changes and is intended to fully comply with the requirements under the Employee Retirement Income Security Act ("ERISA") as a Summary of Material Modifications and should be kept with your most recent summary plan description.

This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.



# LEGAL NOTICES

---

## THE NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT OF 1996

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).

## WOMEN'S HEALTH & CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- 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 the plan.

## HIPAA SPECIAL ENROLLMENT RIGHTS

Our records show that you are eligible to participate in ASARCO LLC's group health plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

- **Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program).**

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, 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).

- **Loss of Coverage for Medicaid or a State Children's Health Insurance Program.** If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

- **New Dependent by Marriage, Birth, Adoption, or Placement for Adoption.** 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 new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

- **Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program.**

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Benefits at [Benefits@asarco.com](mailto:Benefits@asarco.com) or 520-798-7504.

## **HIPAA NOTICE OF PRIVACY PRACTICES REMINDER**

Protecting Your Health Information Privacy Rights. ASARCO LLC is committed to the privacy of your health information. The administrators of ASARCO LLC's health plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure. The plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Benefits at [Benefits@asarco.com](mailto:Benefits@asarco.com) or 520-798-7504.

## **WELLNESS PROGRAM**

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Benefits at [Benefits@asarco.com](mailto:Benefits@asarco.com) or 520-798-7504 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

## **IMPORTANT NOTICE FROM ASARCO LLC 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 ASARCO LLC 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:

- 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.
- ASARCO LLC has determined that the prescription drug coverage offered by ASARCO LLC's health 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 and each year from October 15 – 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-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 coverage from ASARCO LLC will not be affected. If you do decide to join a Medicare drug plan and drop your current ASARCO LLC coverage, be aware that you and your dependents may or may 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 ASARCO LLC 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 Benefits at [Benefits@asarco.com](mailto:Benefits@asarco.com) or 520-798-7504 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 ASARCO LLC 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), or call 800-MEDICARE (800-633-4227). TTY users should call 877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call them at 800-772-1213 (TTY 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: October 15th, 2024

Name of Entity/Sender: ASARCO LLC

Contact: ASARCO Benefits Department at [Benefits@asarco.com](mailto:Benefits@asarco.com) or 520-798-7504

Address: 1365 W Pima Mine Road, Sahuarita, AZ 85629

# HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS AND YOUR HEALTH COVERAGE

## **PART A: General Information**

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace (“Marketplace”). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### **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 in your geographic area.

### **Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn’t meet certain minimum value standards (discussed below). The savings that you’re eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### **Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?**

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee’s cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee’s household income.<sup>12</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

<sup>1</sup>Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup>An employer-sponsored or other employment-based 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. For purposes of eligibility for the premium tax credit, to meet the “minimum value standard,” the health plan must also provide substantial coverage of both inpatient hospital services and physician services.



### When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by [HealthCare.gov](https://www.healthcare.gov) and either- submit a new application or update an existing application on [HealthCare.gov](https://www.healthcare.gov) between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit [HealthCare.gov](https://www.healthcare.gov) or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 855-889-4325.

### What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

### How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact the Human Resources Department.

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