



# CONNECTIONS

Your Line to 2026 Benefits



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**100+  
YEARS  
TRACK & TRANSIT  
LEADING  
EXPERTS**



# OUR VALUES



## Customer Focus

We listen closely to our customer's needs, their objectives, and their concerns. We communicate with them openly and work hard to get the right job done well and on time.



## Industry Leadership

We don't just build and fix; our work keeps the economy moving. We endeavor to develop new and innovative ways to work in collaboration with our Customers, Suppliers and Peers to meet the competitive challenges of the market. Good enough is never good enough.



## Employee Focus

Employees are our most important asset. We treat our Employees with respect and provide them with a safe workplace, training and opportunities for personal development. We celebrate their accomplishments.



## Integrity

We conduct all aspects of our Business in an ethical manner. We are forthright in our dealings with our Customers, Suppliers, Peers and everyone we interact with in the course of our work. We understand the importance of the commitments we make and strive to not only do things right, but to always do the right things.

# OUR CULTURE

We take on challenging projects every day. Our success relies on a collaborative and open-minded work environment that encourages teamwork, positivity and ingenuity. So, bring your big ideas – they're how we become the best we can be. It's all part of our 5 core values:

## **Commitment to Employee**

**Engagement:** Employees are our most important asset. We treat our employees with respect, celebrate their accomplishments and provide them with training and opportunities for personal development.

**Commitment to Safety:** We believe all incidents can be prevented and continuously strive for zero incidents every day. Every employee has the right and obligation to be safe and make sure others are safe.

**Commitment to Customer Service:** We listen closely to our customers' needs, their objectives and their concerns. We communicate with them openly and work hard to get the right job done well and on time.

**Commitment to Project Execution:** We don't just build and fix; our work keeps the economy moving. We employ a smart, disciplined approach to manage our work and endeavor to develop new and innovative ways to work in collaboration with our customers, suppliers and peers

**Commitment to Integrity:** We conduct all aspects of our business in an ethical manner. We are forthright and understand the importance of the commitments we make. Every day, we strive to not only do things right, but to always do the right things.





# Welcome to RailWorks 2026 Health Benefit Plans

RailWorks Corporation recognizes that its success is dependent upon dedicated, hardworking employees. Your daily contributions truly do make a difference. We appreciate your dedication and are proud to offer you and your family a Benefits Program that is comprehensive, valuable, flexible and competitive.

At the same time, the health care market we rely on is becoming more complex and unpredictable. Costs continue to rise and RailWorks continues our ongoing efforts to maintain high-valued cost-effective plans.

Making thoughtful decisions—such as not buying more coverage than you need, taking advantage of preventive care and using qualified network providers whenever possible—helps manage what we spend on health care, as individuals and as a Company.



## Benefits Overview

---

RailWorks is proud to offer a comprehensive benefits package to eligible employees. The complete benefits package is briefly summarized in this booklet. You share the costs of some benefits (medical, dental, vision, retirement) and RailWorks provides other benefits at no cost to you (Group Term Life and AD&D, Long-term Disability Insurance, Workers Compensation).

In addition, there are voluntary benefits available with group rates that you can purchase through RailWorks payroll deductions.

**WELLNESS:** Preventive services like your annual physical, basic lab work, flu shots, mammograms and colonoscopies (at a certain age) are provided on any of our medical plans!

**TELEMEDICINE:** With Cigna administering our medical plan (OAP network), Cigna offers MDLive to provide you with virtual care 24/7. Visit [MDLive.com](https://www.mdlive.com) to access virtual care or download the MDLive app on your smartphone.

**FINDING A DOCTOR:** Finding a doctor is easy by visiting [myCigna.com](https://mycigna.com). You can find doctors, specialists or even find an Urgent Care center during a minor emergency. Unless you are having a true medical emergency, Urgent Care centers can handle most minor emergencies and you can find them quickly and easily on the website.

# Benefit Plans Offered

Our comprehensive Medical, Dental and Vision Plans offer the flexibility and coverage you and your family need to stay healthy.

## Benefit Plans Offered:

- Medical
- Dental
- Vision
- Group Term Life/AD&D Insurance
- Voluntary Life/AD&D Insurance
- Short-term Disability Insurance
- Long-term Disability Insurance
- Health Care & Dependent Care FSA
- Employee Assistance Program (EAP)
- Voluntary Benefits
- Retirement Benefits



## Eligibility

**Coverage for new employees begins on the 1st of month following date of hire.**

Get started by reading this benefit guide in its entirety and be sure to review the materials on SharePoint or request a copy from your local office.

## Open Enrollment And Benefit Changes

Employees have the opportunity to enroll or make changes to their benefits during these times:

### Open Enrollment or a Qualifying Life Event (QLE)

- Marriage
- Birth of a child
- Divorce
- Legal separation
- Employment status
- Dependent eligibility
- Death
- Loss of coverage

*\* You must notify Human Resources within 30 days of a birth or marriage and 60 days for divorce.*

## Eligible Dependents

- Your spouse (if not eligible for coverage elsewhere)
- Your Children, Including:
  - Biological and adopted children
  - Disabled children who depend on you for support
  - Children you are required to cover under the terms of a Qualified Medical Child Support Order (QMCSO)

## Working Spouse Exemption

If your spouse is eligible to participate in another group health plan, he or she is not eligible to participate in the RailWorks medical plan, regardless of whether your spouse chooses to enroll in that group health plan.

## Tobacco Cessation

If you use tobacco products and are wanting to quit, RailWorks is committed to helping you improve your health via the Cigna tobacco cessation program. Be on the lookout for more information about our new award based tobacco program, where you will be recognized financially for your lifestyle changes!

# ALIGHT WORKLIFE®

## Your online benefit enrollment tool.

Alight Worklife is accessible via the Internet at <https://railworks.wl.alight.com/> and can be accessed 24 hours a day, seven days a week.

*Please note, Internet Explorer cannot be used when accessing Alight Worklife. Please use Edge, Chrome, Firefox, or Safari to login to your account.*

Please have on hand Social Security Numbers and Dates of Birth for any spouse or dependents you plan to cover; and contact information for anyone you choose to list as a Beneficiary. The following tips will help you prepare for and complete the online enrollment process:

### Active Enrollment

This year RailWorks is requiring all employees to actively enroll. You will need to enroll to make your benefits elections (plan and/or coverage level). **If you do not enroll, your Medical, Dental, Vision, and Voluntary Life & AD&D insurance elections will be reset to the default of Waive coverage.**

### Before You Enroll

Take time to review your 2026 benefits guide and the plan options available to you. It will help you understand your benefit choices so you can make an informed decision. Remember to include your family in the benefits decision process.



## Enrollment Steps

**STEP 1:** Visit <https://railworks.wl.alight.com/> and enter your username (RWKS + Employee ID) and password. First time users will use your RWKS username, and your eight-digit date of birth (MMDDYYYY format) for your password.

**STEP 2:** From the home screen, **Select the benefit enrollment “To Do” task** to review the **Benefit Summary** screen.

The system will prompt you if spouse/dependent/beneficiary verification is required. To save this information to your profile, be sure to select “Yes,” when asked to create a beneficiary record.

A beneficiary is the person that you designate to receive the benefits from your financial products upon your death.

Multiple beneficiaries can be added, and you may designate primary or secondary and assign percentage allocation for each.

NOTE: You can review or change this information at any time throughout the year.

**STEP 3:** Click **View/Change** for each benefit listed, then **Select this plan** and “Continue” your current election, or “Decline This Coverage.”

*You may find each benefit’s summary plan document on the home screen.*

As you complete this step for each benefit, the updated information will appear in the **“Completed Benefits”** window.

**STEP 4:** Review your selections, and print a confirmation page, if desired. Examine your elections thoroughly, including dependent and beneficiary assignments.

**STEP 5:** Click **Continue** to submit your elections (this option turns blue once all steps have been completed).

## Welcome to Alight Worklife!

A service that provides assistance navigating Alight Worklife. Services include:

- **Using Alight Worklife to complete your benefits enrollment**
- **Changing benefits due to a qualifying life event**
- **Resetting your password**
- **Dependent verification questions**
- **General benefit questions**
- **Evidence of insurability**

**(844) 283.2431**  
**[railworks@alight.com](mailto:railworks@alight.com)**

Monday - Friday  
8 a.m. to 8 p.m. EST



## Dependent Verification - Make Sure Your Dependents Are Eligible

---

RailWorks health coverage can only cover qualified dependents, and the Company will be subject to fines for noncompliance. Covering ineligible dependents can add millions of dollars in nonessential expenses to the plan. RailWorks will audit dependent eligibility on an ongoing basis to ensure the health plans are only covering dependents who are eligible to participate in the health plans. Please make sure that all your dependents meet the eligibility criteria before you enroll them in coverage. If you do not provide satisfactory proof of eligibility, coverage for your dependents will be terminated.

For all new enrollments (during open enrollment and qualifying life events), you will be required to validate the event and provide proof of dependent eligibility for any new dependents added to your coverage. Any questions regarding dependent eligibility, please email [benefits@railworks.com](mailto:benefits@railworks.com).

# NEW FOR 2026

## **New** Voluntary Benefits Administrator

Effective 1/1/26, Cigna will be the carrier for the Accident, Hospital, and Critical Illness plans. If you are enrolled in the Lincoln products today and don't want to make any changes, these will roll over under Cigna. If you prefer to keep these products through Lincoln and not elect with Cigna, you will have the option to port to an individual policy and pay via direct bill. Please see the document center for specifics on these details.



# 2026 Benefits At A Glance

## Cigna: Medical

800-Cigna-24  
myCigna.com  
Policy/Group #: 3346531

**Coverage, choice, cost, and convenience are factors each of us considers important when selecting a Medical plan. You have the option to choose between two Cigna medical plans; both utilize the Cigna Open Access Plus (OAP) network:**

- **High Deductible Health Plan (HDHP):** Offered as a lower-cost alternative with a higher deductible. It is different from traditional health plans in that you are responsible for first-dollar payment up to the annual deductible for all covered services, other than In-Network preventative care services. This plan can be combined with a Health Savings Account.
- **Copay Plan:** This option provides a higher level of In-Network coverage when compared to the HDHP plan, but also has a higher employee per pay period contributions. This plan cannot be paired with a Health Savings Account.

## RxBenefits: Prescription Drugs

800-334-8134

Comprehensive prescription drug covered offered through CVS Caremark. RxBenefits is a member services company providing year round benefit assistance for your pharmacy coverage

## Cigna: Dental

800-Cigna-24  
myCigna.com  
Policy/Group #: 3346531

Three Cigna Dental plan choices are available. An in-network only **DMO** option with no deductible and a fee schedule for services, and two **DPPO** plan options. On the PPO plans, you can choose to seek care from a Preferred Provider Organization (PPO) dentist or an out-of-network provider at your discretion.

## Cigna: Vision

800-Cigna-24  
myCigna.com  
Policy/Group #: 3346531

The Cigna Vision plan provides affordable, comprehensive vision care coverage. This plan allows you to receive an annual eye examination and materials (if needed).

## Cigna: Health Savings Account, Flexible Spending Accounts (FSAs)

800-Cigna-24  
myCigna.com  
Policy/Group #: 3346531

You have the option to enroll in a **Health Savings Account (HSA)** if you elect the Cigna HDHP Plan. Things you should know about the Health Savings Account: **RailWorks will contribute \$600 for an individual and \$1,500 for a family** in one lump sum once you enroll in the Cigna HDHP Plan.

- In addition to RailWorks' contribution, you may contribute an additional amount on a pre-tax basis up to the annual combined IRS limit of \$4,300 (indiv.); \$8,550 (family).
- You own the funds in your account, even if you choose to leave RailWorks. You decide to use account funds now to pay for current expenses or save them for later.

**Health Care FSA:** Lets you set aside money tax-free to pay for unreimbursed health care expenses. Cannot be paired with an HSA.

**Dependent Care FSA:** Lets you set aside pretax dollars to reimburse yourself for eligible non-medical dependent care expenses for children under age 13 or disabled dependents of any age who are unable to care for themselves.

## Lincoln Financial Group: Life and Disability Insurance

Life: 888-787-2129  
Disability: 888-408-7300  
MyLincolnPortal.com  
(Registration code: LF1234RAI)

**Basic Life and AD&D Insurance:** Company-paid benefit plan which offers 1 or 2x your annual salary based on your employment status.

**Voluntary Life and AD&D Insurance:** Option to enhance coverage beyond company-paid Life and AD&D Insurance. You are also able to elect coverage for your dependents!

**Short-term Disability:** Coverage options available on either a voluntary or employer paid basis, based on your employment status.

**Long-term Disability:** Company paid benefit plan which offers 50%, 60%, or 70% of your earnings based on your employment status.

## Fidelity: 401(k) Retirement Plan

800-294-4015  
netbenefits.com

To help our employees save for retirement, RailWorks offers all eligible employees the opportunity to participate in a **401(k) retirement plan**.

## NationWide: Pet Insurance

877-738-7874  
petinsurance.com/railworks

Employee-paid benefit: **Pet Insurance Plan**\* helps you meet the cost of caring for your pets. You pay for the coverage through a convenient after-tax payroll deduction. (\*Subject to Evidence of Insurability)

## Cigna

800-754-3207  
MyCigna.com

**Accident Insurance:** Use this benefit to help cover expenses your health insurance doesn't, in the event you are accidentally injured.

**Critical Illness Insurance:** pays you a lump sum if you are diagnosed with a covered condition.

**Hospital Care Insurance:** pays you a lump sum if you are admitted into the hospital for a covered hospital stay.

## Aura: Identity Theft

855-443-7748  
<https://my.aura.com/start/railworks1>

**Identity Theft Insurance:** Total monitoring service, provided at group purchasing rate for you and your family.



Info



Health



Financial



Personal

## Benefit Questions? We're here to help!

Additional Questions? We are always here to help. Please reach out to our RailWorks Benefits Team at [benefits@railworks.com](mailto:benefits@railworks.com).



### Enrollment & Eligibility, 844-283-2431

M-F 8 a.m. to 8 p.m. ET

Our dedicated Aight Worklife customer service specialists are available to provide benefit related assistance including:

- Technical Support
- Benefits Q & A
- Enrollment Assistance
- QLE Management
- EOI Management
- Dependent Verification

### Medical Benefit Questions, 800-Cigna-24

24 hours per day; seven days per week.

Our dedicated Cigna Member Services representatives are available by to provide medical benefit assistance including:

- Confirming eligibility & proof of coverage
- Verify benefits & details of your coverage
- Assist with claim related questions
- Locating an in-network provider
- Understand your explanation of benefits
- Access & support to your personalized Member Portal

### Pharmacy Benefit Questions, 800-334-8134

M-F 8 a.m. to 9 p.m. ET

Our dedicated RxBenefits Member Services representatives are available to provide pharmacy benefit assistance including:

- Drug Formulary Lookup
- Prior Authorization Assistance
- In-Network Retail Pharmacy Locations
- General Benefit Questions
- Initiate Mail Order prescriptions
- Coverage Eligibility

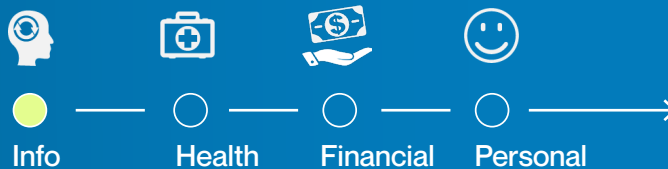


# HEALTH BENEFITS

Our comprehensive Medical, Dental and Vision Plans offer the flexibility and coverage you and your family need to stay healthy.

- Medical coverage
- Health Savings Account
- Flexible Spending Accounts
- Telehealth
- Dental Coverage
- Vision Coverage
- Preventive Care
- Urgent Care & Emergency Care





**ANNUAL DEDUCTIBLE**

The flat amount an individual/family will pay each plan year before the plan begins paying for covered services.

**COINSURANCE**

The percentage of charges for covered expenses that an insured person is required to pay. In order for coinsurance to apply, the applicable deductible must be met first.

**COPAY**

The flat amount a person pays toward a doctor’s visit or prescriptions.

**IN-NETWORK PROVIDER**

In-Network providers agree to accept our contracted network fee. You will generally pay less when using an n-network provider.

**OUT-OF-POCKET MAXIMUM**

The maximum amount an individual/family will pay out-of-pocket for covered expenses in a plan year. After the Out-Of-Pocket Maximum is reached, the plan will pay 100% of covered charges.

**CONSUMER DRIVEN HEALTH PLAN**

Also known as a high deductible plan which has higher annual deductibles and out-of-pocket maximums than traditional health plans. The trade off: you pay lower premiums each month.

**SPECIALIST VISIT**

A visit with a physician that treats or diagnoses a specific symptom or condition

**GENERIC PRESCRIPTION**

A drug that has been approved by the FDA and derived from a brand name drug

**PREFERRED PRESCRIPTION**

Brand name drugs or drugs that are either more effective than others in their class or as effective and less costly.

**MAIL ORDER PRESCRIPTION**

90-day delivery straight to your home, particularly utilized for maintenance medications and results in savings.

# Medical Coverage

Administered by Cigna  
Cigna OAP Network

RailWorks is pleased to offer you and your family two comprehensive medical plans through **CIGNA**. Both plans are subsidized by RailWorks to keep your per-paycheck costs at industry-leading levels. The plans work very differently, so please review them in detail to determine the best fit for you and your family.

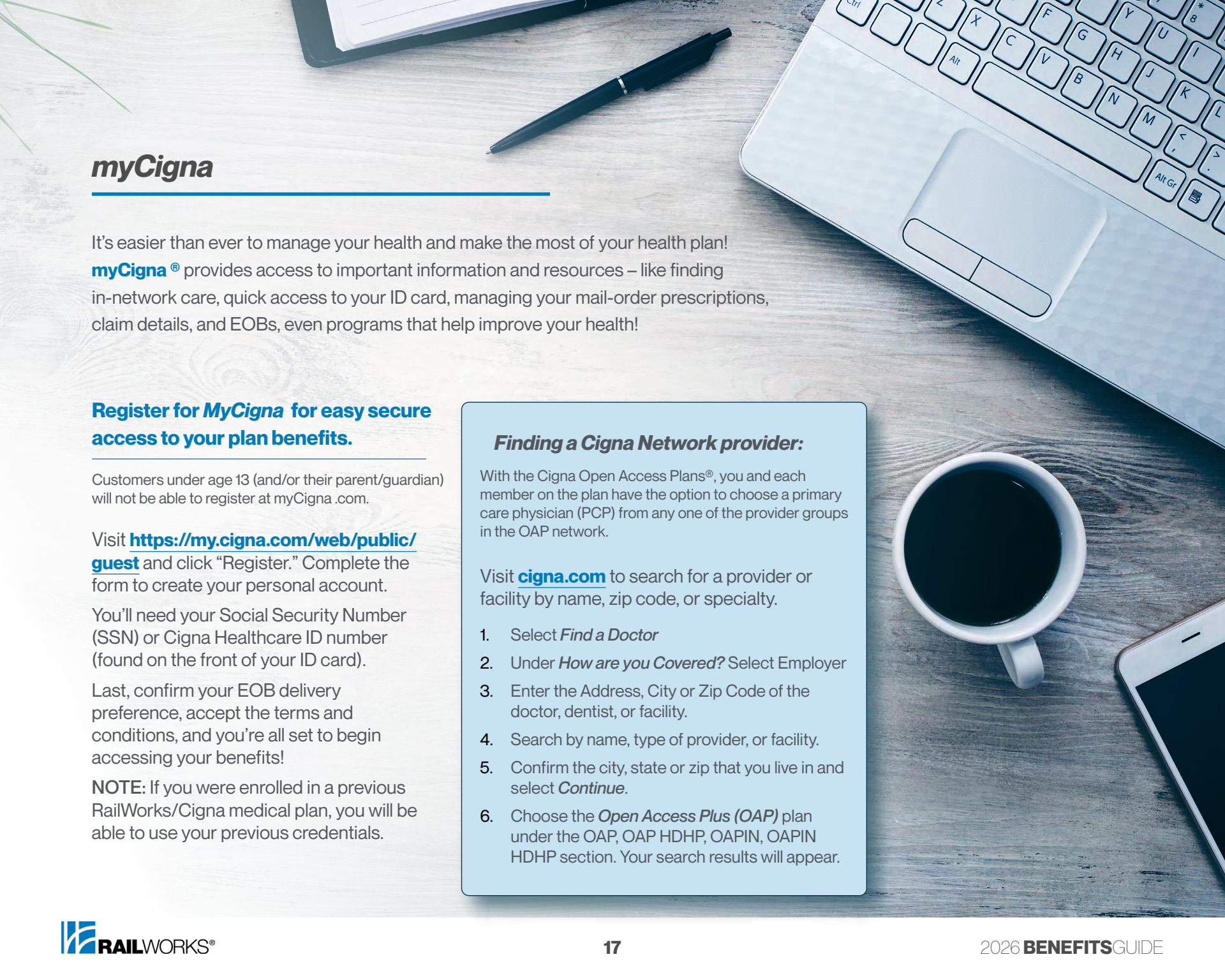
While the Cigna High Deductible Health Plan (HDHP) offers a smaller per-paycheck premium, it requires you to pay for medical services up front until your deductible has been met. A corresponding Health Savings Account (HSA) is partially funded by RailWorks and also allows you to contribute pre-tax dollars to cover the cost of qualified medical expenses.

Unlike the HDHP, the Copay Plan offers a flat fee (copay) for most services, with some exceptions like surgery and hospital visits. While the HDHP may cost less out of your paycheck, the copay plan will cost less at time of service. It is your decision whether you want to pay more up front to ensure lower costs at the time of service, or stash a little away in the HSA and pay as you need medical services.

## CIGNA HDHP

## CIGNA Copay

|                                                                          | In-Network                                                                                               | Out-of-Network                                                                                             | In-Network                                                                                              | Out-of-Network                                                                                           |
|--------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| NETWORK                                                                  | CIGNA OAP                                                                                                |                                                                                                            |                                                                                                         |                                                                                                          |
| <b>MEDICAL</b>                                                           |                                                                                                          |                                                                                                            |                                                                                                         |                                                                                                          |
| <b>Deductible</b> (indiv./family)                                        | \$2,000 / \$4,000                                                                                        | \$4,000 / \$8,000                                                                                          | \$1,850 / \$3,700                                                                                       | \$3,700 / \$7,400                                                                                        |
| <b>Medical Out-of-Pocket Maximum</b><br>(includes deductible & pharmacy) | Individual - Employee Only: \$5,500<br>Individual - within a Family: \$5,500<br>Family Maximum: \$11,000 | Individual - Employee Only: \$11,000<br>Individual - within a Family: \$11,000<br>Family Maximum: \$22,000 | Individual - Employee Only: \$4,800<br>Individual - within a Family: \$4,800<br>Family Maximum: \$9,900 | Individual - Employee Only: \$9,600<br>Individual - within a Family: \$9,600<br>Family Maximum: \$19,800 |
| <b>Coinsurance</b>                                                       | 20% after deductible                                                                                     | Up to 50% after deductible                                                                                 | 20% after deductible                                                                                    | Up to 40% after deductible                                                                               |
| <b>Lifetime Max. Benefit</b>                                             | Unlimited                                                                                                |                                                                                                            |                                                                                                         |                                                                                                          |
| <b>Physician Office Visit</b>                                            | 20% after deductible                                                                                     | 50% after deductible                                                                                       | \$35 copay                                                                                              | 40% after deductible                                                                                     |
| <b>Specialist Office Visit</b>                                           |                                                                                                          |                                                                                                            | \$60 copay                                                                                              |                                                                                                          |
| <b>Preventive Care Services</b>                                          | Covered 100%, deductible waived                                                                          | 50% after deductible                                                                                       | Covered 100%, deductible waived                                                                         | 40% after deductible                                                                                     |
| <b>Urgent Care Facility</b>                                              | 20% after deductible                                                                                     |                                                                                                            | \$60 copay                                                                                              |                                                                                                          |
| <b>Emergency Room</b>                                                    | 20% after deductible                                                                                     |                                                                                                            | \$250 copay                                                                                             |                                                                                                          |
| <b>Inpatient Hospital Stay</b>                                           | 20% after deductible                                                                                     | 50% after deductible                                                                                       | 20% after deductible                                                                                    | 40% after deductible                                                                                     |
| <b>Outpatient Services</b>                                               | 20% after deductible                                                                                     | 50% after deductible                                                                                       | 20% after deductible                                                                                    | 40% after deductible                                                                                     |
| <b>PRESCRIPTION</b>                                                      |                                                                                                          |                                                                                                            |                                                                                                         |                                                                                                          |
| <b>Pharmacy Out-of-Pocket Maximum</b>                                    | Included in medical                                                                                      |                                                                                                            |                                                                                                         |                                                                                                          |
| <b>Retail (30 days)</b>                                                  |                                                                                                          |                                                                                                            |                                                                                                         |                                                                                                          |
| <b>Generic</b>                                                           | \$15 after deductible                                                                                    | 30% after deductible                                                                                       | \$15 copay                                                                                              | 30% after deductible                                                                                     |
| <b>Preferred Brand</b>                                                   | \$40 after deductible                                                                                    |                                                                                                            | \$40 copay                                                                                              |                                                                                                          |
| <b>Non-Preferred Brand</b>                                               | \$75 after deductible                                                                                    |                                                                                                            | \$75 copay                                                                                              |                                                                                                          |
| <b>Mail (90 days)</b>                                                    |                                                                                                          |                                                                                                            |                                                                                                         |                                                                                                          |
| <b>Generic</b>                                                           | \$37.50 after deductible                                                                                 | In-network only                                                                                            | \$37.50 copay                                                                                           | In-network only                                                                                          |
| <b>Preferred Brand</b>                                                   | \$100 after deductible                                                                                   |                                                                                                            | \$100 copay                                                                                             |                                                                                                          |
| <b>Non-Preferred Brand</b>                                               | \$187.50 after deductible                                                                                |                                                                                                            | \$187.50 copay                                                                                          |                                                                                                          |



## myCigna

It's easier than ever to manage your health and make the most of your health plan! **myCigna**® provides access to important information and resources – like finding in-network care, quick access to your ID card, managing your mail-order prescriptions, claim details, and EOBs, even programs that help improve your health!

### Register for MyCigna for easy secure access to your plan benefits.

Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.

Visit <https://my.cigna.com/web/public/guest> and click “Register.” Complete the form to create your personal account.

You'll need your Social Security Number (SSN) or Cigna Healthcare ID number (found on the front of your ID card).

Last, confirm your EOB delivery preference, accept the terms and conditions, and you're all set to begin accessing your benefits!

**NOTE:** If you were enrolled in a previous RailWorks/Cigna medical plan, you will be able to use your previous credentials.

### Finding a Cigna Network provider:

With the Cigna Open Access Plans®, you and each member on the plan have the option to choose a primary care physician (PCP) from any one of the provider groups in the OAP network.

Visit [cigna.com](https://cigna.com) to search for a provider or facility by name, zip code, or specialty.

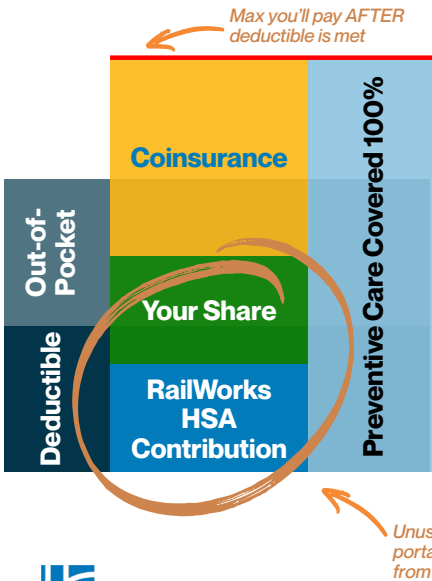
1. Select *Find a Doctor*
2. Under *How are you Covered?* Select Employer
3. Enter the Address, City or Zip Code of the doctor, dentist, or facility.
4. Search by name, type of provider, or facility.
5. Confirm the city, state or zip that you live in and select *Continue*.
6. Choose the *Open Access Plus (OAP)* plan under the OAP, OAP HDHP, OAPIN, OAPIN HDHP section. Your search results will appear.

# Consider Participating in a Health Savings Account (HSA)

You are only eligible to enroll in an HSA if you enroll in the HSA Plan.

An HSA is a tax-advantaged savings account that can be used to pay for qualified healthcare expenses. You can contribute to your HSA, tax-free, from your paycheck if you'd like. After age 65, the money can be withdrawn for any reason, subject to normal taxes, without penalty.

You have the option to contribute pre-tax money to a Health Savings Account (HSA) to save for out-of-pocket healthcare expenses. Any money that you don't spend grows year after year and can be used in the future, even after you retire. In addition, RailWorks will be contributing a total of \$600 for an individual and \$1,500 for a family tax-free to your account in one lump sum when you enroll in the HDHP. Enrolled employees will be issued an HSA debit card.



The money you save in your HSA rolls over from year to year and can be used to save for retirement. You can even invest your HSA once you accumulate enough funds! And remember: the money is your personal savings account, so the money is yours to keep if you ever leave RailWorks!

Visit [myCigna.com](https://myCigna.com) to create a profile and start managing your HSA!

If you are interested in transferring your current Inspira HSA to the new Cigna/HSA Bank account, there will be additional details in the enrollment portal with instructions on how to do so.

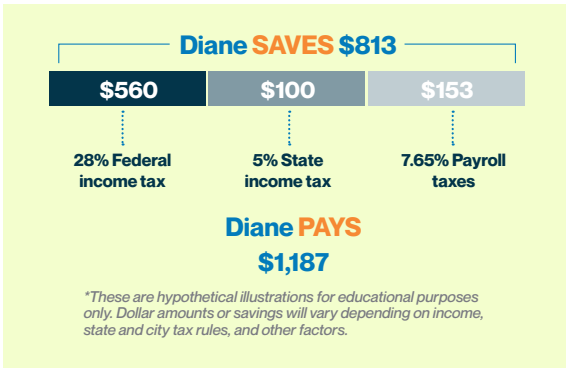
## HSA ACCOUNT CONTRIBUTIONS

|                                           | Company Contributes | You Can Contribute                              |
|-------------------------------------------|---------------------|-------------------------------------------------|
| Employee                                  | \$600               | \$4,400 contribution less employer contribution |
| Employee + Family                         | \$1,500             | \$8,750 less employer contribution              |
| Catch-up Contributions (55+ years of age) |                     | An additional \$1,000 per year at age 55+       |

| Eligible Expenses Under an HSA                                                                                                                                                                                 |                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medically necessary expenses that are not covered by your health plan, including deductibles and coinsurance <ul style="list-style-type: none"><li>Dental care services</li><li>Vision care services</li></ul> | <ul style="list-style-type: none"><li>Prescription Drugs</li><li>Over-the-counter (OTC) medications prescribed by your doctor</li><li>Certain medical equipment</li></ul> |

**Non-Qualified Expenses:** If you use HSA funds for non-qualified expenses before age 65, you will owe a 20% penalty tax PLUS income tax on the withdrawal. After age 65, if you use HSA funds for non-qualified expenses, you will owe income tax only. Visit [irs.gov/publications/p502](https://irs.gov/publications/p502) for details.

**HSAs Reduce Your Taxable Income\*:** Consider how "Diane" saves. She sets aside \$2,000 in an HSA for the year. She incurs \$2,000 worth of eligible expenses.



# Consider Participating in a Flexible Spending Account (FSA)

## Your Health Care FSA

You are eligible to enroll in the Health Care FSA even if you do not enroll in medical coverage. If you are enrolled in the RailWorks medical plan(s), you must be in the Copay Plan to be eligible.

**Health Care FSA deductions** are taken on a pretax basis from each pay check!

Health Care FSAs work in a similar way to a savings account! During your enrollment period, you select the annual amount you would like to set aside for the year. The amount is then divided equally into payroll cycles for you to use as needed for qualified expenses.

**Remember:** Health Care FSA deductions are taken out of every pay check on a pre-tax basis! You then use your funds to pay for eligible health care expenses.

If you expect to incur expenses in 2026 like the examples shown below, it is worth considering enrolling in an FSA.

### Examples of Health Care FSA Eligible Expenses:

- Deductibles
- Copayments
- Prescriptions, over-the-counter drugs for which you have a valid prescription, and certain non-drug over-the-counter items such as contact lens cleaner and bandages
- Qualified dental and vision expenses
- Any costs above what your health plan pays



## 2026 FSA Annual Maximum Contribution Amounts

- Health Care FSA  
\$3,400
- Dependent Care FSA  
\$7,500

In 2026 our Health Care FSA plan will have the rollover feature, allowing you to rollover up to \$680 of unused funds into the following plan year!

## Your Dependent Care FSA

Unlike the Health Care FSA, your Dependent Care funds are only available within your account as you contribute them per month. But don't worry! You can reimburse yourself from the account for expenses incurred once the money is available.

### Common eligible expenses include:

- Preschool
- Summer day camp
- Before or after school programs
- Child or adult day care

➤ For additional information, please visit:  
[www.healthcare.gov](http://www.healthcare.gov).



## Know Your Health Medical Contribution Discount

Receiving your annual well-visit is one of the most effective ways to manage your overall health and is covered at 100% by Cigna.

**RailWorks employees who participate in a medical plan have the opportunity to *save up to \$500* in payroll contributions in 2026.**

### To receive the discount:

- Complete your 2026 annual physical/well-visit before October 31, 2026.
- Annual physical/well-visits can be completed by visiting your Primary Care Physician or a virtual visit through MDLive.

**No additional action is required!** RailWorks will receive automatic confirmation that you've completed both items and you will see your per-paycheck savings at the start of 2027!

### COMPLETION DEADLINES:

**Existing RailWorks enrolled employees** (date of hire prior to November 2025) must receive their annual preventive exam by October 31, 2026 for the discounted medical rate in 2027.

**For employees hired from November 2025 throughout calendar year 2026**, you will be eligible quarterly for the medical contribution discount. Below is the quarterly administration of the Know Your Health – Medical Contribution Discount. Complete both tasks to be eligible.

- Hired Jan 1 - March 31: You will be eligible to receive the discounted premium effective May 1st
- Hired April 1 - June 30: You will be eligible to receive the discounted premium effective August 1st
- Hired July 1 - September 30: You will be eligible to receive the discounted premium effective November 1st
- Hired October 1 - December 31: You will be eligible to receive the discounted premium effective February 1st

**Have questions?** Please contact [benefits@railworks.com](mailto:benefits@railworks.com).



## RailWorks Health & Wellness Reimbursement Program

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The Health & Wellness Reimbursement Program is available to all non-union benefit eligible (work 30 hours or more/week) employees who have been employed with RailWorks for at least 6 months.

RailWorks will reimburse eligible employees up to \$250 per calendar year for fitness related expenses. All eligible expenses will require proof of payment. The Health & Wellness Reimbursement is considered taxable income.

### How to Submit through SharePoint:

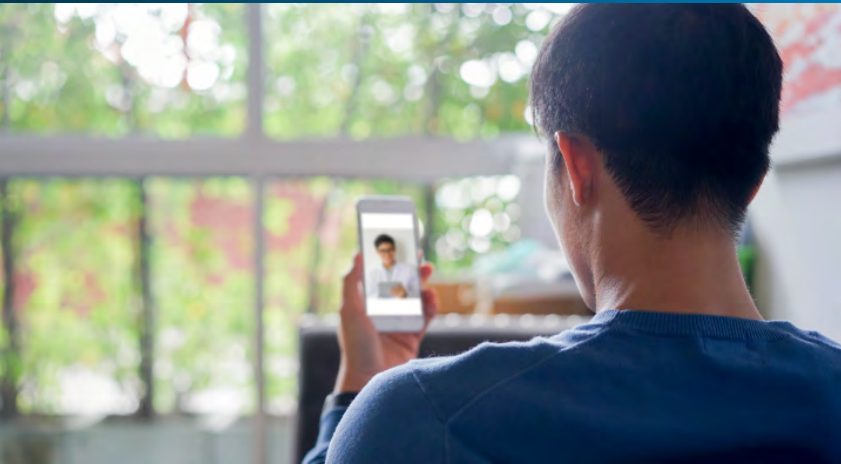
1. 'My Tasks', select 'Travel & Expenses'. Select
2. 'Overhead' as the Classification then 'Health and Wellness' as the Account.
3. To request access to Travel & Expense – Select 'Asset Request' on Share Point then 'new item'
4. Complete Section 1 and in Section 2 check

'Travel & Expense', Once approved, you will be able to submit for your Health & Wellness Reimbursement through Travel & Expense.

\* All claims for the calendar year must be submitted for reimbursement prior to December 31st. Late submissions or claims for expenses without receipts will not be accepted.

# TELEMEDICINE

Through MDLive



**Talk with a board-certified doctor  
any- time & anywhere via secure  
video chat or by phone.**

## The care you need, when you need it.

Cigna provides access to telehealth services as part of your medical plan – **MDLive**. Telemedicine lets you get the care you need – including most prescriptions – for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone, without leaving your home or office. When, where and how it works best for you!

- Choose when: Day/night, weekdays, weekends & holidays.
- Choose where: Home, work or on the go.
- Choose how: Phone or video chat.

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on Teladoc, you can speak with a doctor for help with:

- virtual wellness screenings
- cold and flu
- sore throat
- allergies
- headache
- rash
- stomachache
- acne
- fever
- UTIs and more

## THE COST SAVINGS ARE CLEAR



Register on MDLive.com or call the member services team at **888-726-3171** for assistance.

# Dental Coverage

Administered by Cigna

Good oral care enhances overall physical health, appearance, and mental well-being. Problems with teeth and gums are common and easily treated. Keep your teeth healthy and your smile bright with the RailWorks dental benefit plans.

Tooth decay (cavities) is one of the most common chronic conditions in the United States<sup>1</sup>. Untreated tooth decay can cause pain and infections that may lead to problems with eating, speaking, playing, and learning.

<sup>1</sup>Source: Centers For Disease Control and Prevention



|                                                                           | BASIC PLAN                                 |                                  | ENHANCED PLAN                         |                                   | DMO               |
|---------------------------------------------------------------------------|--------------------------------------------|----------------------------------|---------------------------------------|-----------------------------------|-------------------|
|                                                                           | PPOII & Extend DPPO In-Network (plan pays) | DPPO Out-of-Network (plan pays)  | Advantage DPPO In-Network (plan pays) | Out-of-Network (plan pays)        | In-Network Only   |
| <b>Deductible</b> (indiv./family)                                         | \$50 / \$150                               | \$100 / \$300                    | \$50 / \$150                          | \$50 / \$150                      | NONE              |
| <b>Calendar Year Maximum</b>                                              | \$1,000                                    | \$500                            | \$2,000                               | \$2,000                           | Unlimited         |
| <b>Orthodontia Benefit</b>                                                | 50%,<br>no ortho deductible                | 50%,<br>no ortho deductible      | 50%,<br>no ortho deductible           | 50%,<br>no ortho deductible       | See full schedule |
| <b>Orthodontia Lifetime Maximum</b>                                       | \$1,000                                    | \$500                            | \$1,500                               | \$1,500                           | See full schedule |
| <b>Orthodontia Age Limit</b>                                              | Dependent child to age 19                  |                                  | Adult orthodontia included            |                                   |                   |
| <b>Preventive Care Services</b>                                           | Covered at 100%                            | Covered at 100%                  | Covered at 100%                       | Covered at 100%                   | See full schedule |
| <b>DIAGNOSTIC</b><br>Exams, Cleanings, X-Rays, Sealants, Fluoride         | Covered at 100%,<br>no deductible          | Covered at 70%,<br>no deductible | Covered at 100%,<br>no deductible     | Covered at 100%,<br>no deductible | See full schedule |
| <b>BASIC RESTORATIVE</b> Fillings, Periodontics, Root Canal, Oral Surgery | 60% after deductible                       | 50% after deductible             | 80% after deductible                  | 80% after deductible              | See full schedule |
| <b>MAJOR RESTORATIVE</b> Crowns, Dentures, Bridges                        | 50% after deductible                       | 50% after deductible             | 50% after deductible                  | 50% after deductible              | See full schedule |

All deductibles and plan maximums cross-accumulate between in- and out-of-network



# Vision Coverage

Administered by Cigna

Regular eye examinations can not only determine your need for corrective eyewear, but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone, therefore regular eye exams are recommended. All benefits eligible employees may elect to enroll in the voluntary vision plan offered by Cigna.

## 2026 VISION ENHANCEMENTS:

- **Frame frequency increasing from 24 months to 12 months**
- **Allowance increasing from \$130 to \$200**

## CIGNA VISION PLAN

|                                     | In-Network Provider                             | Out-of-Network Provider |
|-------------------------------------|-------------------------------------------------|-------------------------|
| <b>FREQUENCY OF BENEFITS</b>        |                                                 |                         |
| Eye Examination                     | One visit every calendar year                   |                         |
| Lenses                              | One pair every calendar year                    |                         |
| Frames                              | One pair every calendar year                    |                         |
| Contact Lenses (in lieu of glasses) | One visit every calendar year                   |                         |
| <b>EYE EXAMINATION</b>              | \$20 copay                                      | Up to \$40              |
| <b>LENSES (PER YEAR)</b>            |                                                 |                         |
| Single Vision                       | \$20 copay                                      | Up to \$32              |
| Bifocal                             | \$20 copay                                      | Up to \$55              |
| Trifocal                            | \$20 copay                                      | Up to \$65              |
| <b>FRAMES*</b>                      | \$200 allowance + 20% off any remaining balance | Up to \$80              |
| <b>CONTACT LENSES*</b>              |                                                 |                         |
| Elective - Conventional             | \$0 copay; 15% off balance over \$200 allowance | Up to \$104             |
| Elective - Disposable               | \$0 copay; \$200 allowance                      | Up to \$104             |
| Medically Necessary                 | \$0 copay; covered in full with prior approval  | Up to \$200             |
| Fit and Follow-up Standard          | Up to \$40                                      | Not Covered             |
| Fit and Follow-up Premium           | 10% off retail price                            | Not Covered             |



# FINANCIAL BENEFITS

Whether you're planning for your future or the unexpected happens, the RailWorks Benefits Plan is designed to provide financial security for you and the people who depend on you the most.

- Life and AD&D
- Voluntary Life and AD&D Insurance
- Company-paid Short-term Disability Insurance
- Short-term Disability Insurance
- Company-paid Long-term Disability Insurance
- Retirement Benefits



Life insurance  
provides financial  
security for the people  
who depend on you  
the most.



# Life and AD&D

Administered by Lincoln Financial Group

## Life and Accidental Death & Dismemberment (AD&D) Insurance Coverage

Life and AD&D insurance are important parts of your financial security, especially if others depend on you for support. Your Company-Paid Life and AD&D Insurance coverage amount is based on your employee status. The specific coverage amount provided to each employee group is listed in the table on the right.

### Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. RailWorks provides AD&D coverage of one times your annual salary (hourly) and two times your annual salary (salaried) up to a maximum of \$650,000. This coverage is in addition to your company-paid life insurance described above and is provided at no cost to you.

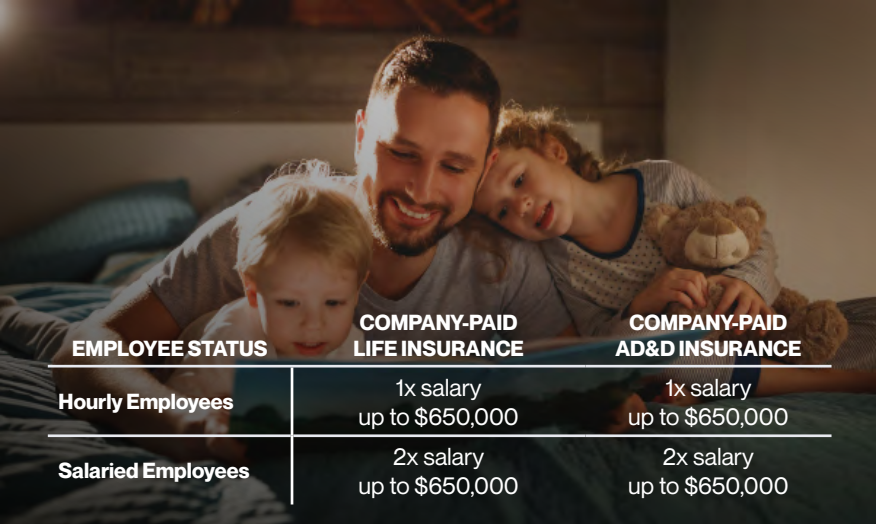
## Voluntary Life and AD&D Insurance

*Please note that in order to elect coverage for your spouse/domestic partner and/or dependent child(ren), you are required to elect coverage for yourself.*

In addition to your Company-Paid coverage, you may also purchase Voluntary Life Insurance for yourself and your dependents. Coverage can be purchased in increments of salary (1x, 2x, 3x, 4x) up to a maximum of the lesser of 3x annual salary or \$350,000. You and your dependents are also given the option of electing Voluntary AD&D Insurance.

Voluntary coverage is a Guaranteed Issue (GI), which means it is available to you and your dependents, up to GI limits (EE: Lesser of 3x salary or \$100,000; Spouse/domestic partner: \$25,000; Children: \$10,000) without a medical questionnaire. Should you choose to waive coverage now, but wish to elect these benefits during the next enrollment period, these benefits may require evidence of insurability.

*\*Life Insurance age reductions apply; see policy documents for details.*



| EMPLOYEE STATUS    | COMPANY-PAID LIFE INSURANCE | COMPANY-PAID AD&D INSURANCE |
|--------------------|-----------------------------|-----------------------------|
| Hourly Employees   | 1x salary up to \$650,000   | 1x salary up to \$650,000   |
| Salaried Employees | 2x salary up to \$650,000   | 2x salary up to \$650,000   |

## Voluntary Life and AD&D Coverage Options

| COVERAGE TYPE                                    | BENEFIT DETAILS                                                                                                                                                         |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employee Life Insurance                          | 1,2,3 or 4x Salary up to a maximum of \$350,000                                                                                                                         |
| Spouse/Domestic Partner Life Insurance           | Units of \$5,000 up to a maximum of \$175,000 not to exceed 50% of the employees benefits                                                                               |
| Child Life Insurance                             | Units of \$1,000 up to a maximum of \$10,000                                                                                                                            |
| Employee AD&D Insurance                          | \$10,000 increments up to a maximum of 5x salary or \$500,000                                                                                                           |
| Spouse/Domestic Partner AD&D Insurance           | 60% of the employee coverage amount up to a maximum of \$250,000                                                                                                        |
| Child AD&D Insurance                             | 20% of the employee coverage amount up to a maximum of \$10,000                                                                                                         |
| Spouse/Domestic Partner AND Child AD&D Insurance | Spouse/Domestic Partner = 50% of the employee coverage amount, up to a maximum of \$250,000<br>Child = 15% of the employee coverage amount, up to a maximum of \$10,000 |

# Short & Long-Term Disability Insurance

Disability insurance provides income if you become disabled due to an injury or illness. RailWorks offers fulltime employees with Short and Long-term disability income benefits. You will not be eligible to receive disability benefits if you are receiving workers compensation benefits.

**Short-Term Disability (STD)** coverage is available to all employees and pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a short period of time.

## SHORT-TERM DISABILITY COVERAGE SPECIFICS

| Employee Status:       | Executives                             | Salaried Employees                     | Hourly Employees                       |
|------------------------|----------------------------------------|----------------------------------------|----------------------------------------|
| Funding                | Company-paid                           | Company-paid                           | Employee-paid                          |
| Benefit Percentage     | 70% of weekly earnings                 | 60% of weekly earnings                 | 60% of weekly earnings                 |
| Maximum Weekly Benefit | \$2,500                                | \$1,500                                | \$1,500                                |
| Benefits Begin         | On the 15th calendar day of disability | On the 15th calendar day of disability | On the 15th calendar day of disability |
| Benefit Duration       | Up to a maximum of 24 weeks            | Up to a maximum of 24 weeks            | Up to a maximum of 24 weeks            |

**Long-Term Disability (LTD)** coverage pays you a certain percentage of your income if you can't work because an injury or illness prevents you from performing any of your job functions over a long time.

## LONG-TERM DISABILITY COVERAGE SPECIFICS

| Benefit Description:   | Executives                                        | Salaried Employees                                | Hourly Employees                                  |
|------------------------|---------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| Benefit Percentage     | 60% of monthly earnings                           | 60% of monthly earnings                           | 50% of monthly earnings                           |
| Maximum Weekly Benefit | \$10,000                                          | \$10,000                                          | \$3,000                                           |
| Benefits Begin         | After 180 consecutive calendar days of disability | After 180 consecutive calendar days of disability | After 180 consecutive calendar days of disability |
| Benefit Duration       | SSNRA                                             | SSNRA                                             | SSNRA                                             |

Social Security Normal Retirement Age

# 401(k) Retirement Plan

Administered by Fidelity

To help our employees save for retirement, RailWorks offers all eligible employees the opportunity to participate in a 401(k) retirement plan, administered by Fidelity.

## Managing your 401(k) Retirement Plan

After six (6) months of employment, you are automatically enrolled in the RailWorks 401(k) Retirement Plan with a 3% pre-tax deferral amount. You can change this deferral amount at any time by accessing your account through Fidelity at [www.netbenefits.com](http://www.netbenefits.com) or by calling (800) 294-4015.



### A 401(k) plan allows you to:

- Save for the future
- Pay less taxes
- Receive money from the Company through an employer match

### ELIGIBILITY - You can join if you:

- Are a non-union employee
- Have worked for at least 6 months (full time employees) or work at least 1,000 hours per year (part time employees)

### Employer Match *Employees can only receive an employer match by participating in the 401(k).*

For active participants, there are two matching opportunities that total up to 5% in employer matching contributions from RailWorks.

- The first match opportunity is the **RailWorks Regular Plan Match**. RailWorks will match 100% of the first 2% and 50% for the next 4% you've contributed.
- The second match opportunity is the **RailWorks Discretionary Match**. The Company may make, in its discretion, a Discretionary Match of 50% of the first 2% that you contribute. The total combined match for both is up to 5%. Please note, the discretionary match is optional and the company can change it any time.
- To receive full the full 5% match, you need to contribute a minimum of 6%.

| EE DEFERRAL | PLAN MATCH | DISC. MATCH* | TOTAL MATCH* |
|-------------|------------|--------------|--------------|
| 1.00%       | 1.00%      | 0.50%        | 1.50%        |
| 2.00%       | 2.00%      | 1.00%        | 3.00%        |
| 3.00%       | 2.50%      | 1.00%        | 3.50%        |
| 4.00%       | 3.00%      | 1.00%        | 4.00%        |
| 5.00%       | 3.50%      | 1.00%        | 4.50%        |
| 6.00%       | 4.00%      | 1.00%        | 5.00%        |

TOTAL MATCH **5%**   PLAN MATCH **4%**   DISC. MATCH **1%**

## Vesting

Remember, **all of the money that you contribute is yours**. However, the complete amount RailWorks contributes is 100% yours once you are fully vested.

- You are 100% vested in the RailWorks Regular Match after two (2) years of employment.
- You are 100% vested in the RailWorks Discretionary Match after four (4) years of employment.

Whether your retirement is decades away or just around the corner, it's never too early, or too late, to start saving for your retirement.



# PERSONAL BENEFITS

RailWorks provides additional benefits to support your work/life balance, growth and development, and other unique needs.

- Voluntary Pet Insurance
- Identity Theft Protection
- Employee Assistance Program
- Accidental Injury Insurance
- Hospital Care Insurance
- Critical Illness Insurance



# Health insurance for your furry family members.

## Voluntary Pet Insurance

*Administered by NationWide*

For 2026, RailWorks is offering Pet Insurance protection through Nationwide. This program is designed to provide you with options to help defray the costs of veterinary care for your Dog or Cat. For either type of pet, you have the choice to cover illnesses or injuries to your pet under the “My Pet Protection” plan, or elect to include routine preventive services in addition to non-well care under the “My Pet Protection with Wellness” plan.

With an affordable, comprehensive healthcare coverage for your pet, a **Pet Insurance** policy can protect your pet's health and well being. Employees receive a 5% group discount and, if you enroll more than one pet, you can receive an even bigger discount! Policies are fully portable.

If you wish to elect to enroll in this program, or need further information about benefits, premium rates and enrollment instructions, you can:

- Go to the following link:  
<http://www.petinsurance.com/railworks>
- Or call toll-free, 1-877-738-7874, and indicate you are an employee of RailWorks.

# Identity Theft Protection

Administered by Aura

RailWorks provides group purchasing rates for an identity protection program through Aura. This is available to be purchased on a direct bill basis for all employees and your eligible dependents. Please see below for a description and monthly pricing associated with each option.

## Total Service

- Safe browsing
- \$5M Identify Theft insurance for each enrolled adult
- Password Manager
- Financial Account Opening & Takeover Monitoring
- Criminal Record Monitoring
- Dark Web Monitoring
- Monthly Credit Score Tracking
- Security freeze assistance
- Mobile App

## Ultimate Service

- Includes all items available with Total Service
- Experian Credit Lock
- Credit Score Simulator
- Social Media Monitoring
- Parental Controls
- Additional Bureau Monitoring

| Membership Level    | TOTAL SERVICE | ULTIMATE SERVICE |
|---------------------|---------------|------------------|
| Individual Only     | \$6.95        | \$9.95           |
| Individual + Family | \$11.95       | \$15.95          |



## Accidental Injury Insurance

*Administered by Cigna*

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Accidental Injury Insurance provides a fixed dollar amount for treatment of injuries resulting from a covered accident. Benefits are available for broken bones, dislocations, concussions, and for doctor's office and ER visits. Use the money as you wish! It can help you pay for out-of-pocket expenses that may not be covered by your medical insurance, such as rehabilitation, transportation, or child care.

## Hospital Care Insurance

*Administered by Cigna*

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Hospital Care Insurance pays you \$1,000 if you are admitted into the hospital for a covered hospital stay. Additional payments are made for each day you are confined to the hospital. It can help you pay for out-of-pocket expenses that may not be covered by your medical insurance, such as your deductible or coinsurance.

## Critical Illness Insurance

*Administered by Cigna*

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Critical Illness insurance pays you a lump-sum benefit of up to \$30,000 for diagnosis of a covered critical illness or specified event like a heart attack, stroke or cancer. Click here for Critical Illness Employee Paid Monthly Age Banded Rates.

## Employee Assistance Program

*Administered by Telus Health*

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### A Valuable Resource at No Cost to You

There are times when everyone needs a little help or advice. The confidential Employee Assistance Program (EAP) through Telus Health can help you and members of your household deal with daily stressors of work and life. It includes:

- Confidential short-term consultations and resources for personal and/or work issues
- Help with marital or family concerns, workplace challenges, finding child care, paying for college, vacation planning, and much more.
- Confidential half-hour consultations with attorneys and financial experts
- Online access to thousands of articles and other resources on emotional issues, child care, elder care, education, parenting, health and wellness, and many other topics.

EAP offers you personalized help for any life event for **free**. It can help you deal with daily issues, family concerns, and health and wellness including:

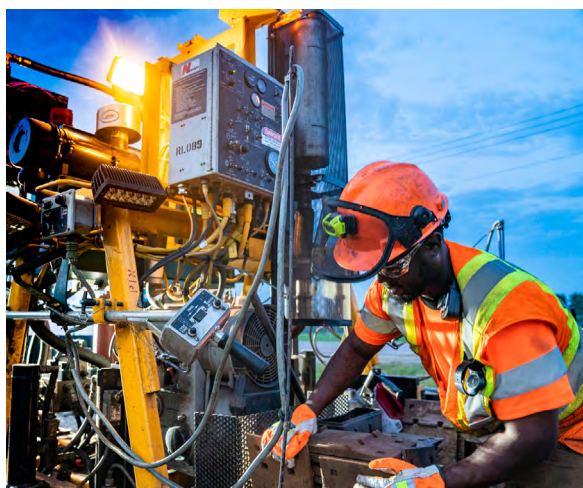
- Childhood illnesses,
- Coping with grief and loss
- Minor illnesses and injuries
- Self-care information
- Medication safety
- Help finding a doctor
- Relationship worries
- Information on medications
- Choosing appropriate medical care
- General Health Information
- Stress and anxiety

**Help is available 24/7, 365 days a year at 844-664-0379.** Other resources are available online at [railworks.lifeworks.com](https://railworks.lifeworks.com). When you log in, enter "railworks" as your Username and "eap" as your Password. Additional benefits are available through your medical plan. Review your medical benefit summary for more information.



# ABOUT THIS GUIDE...

This benefit summary provides selected highlights of the RailWorks Corporation employee benefits program. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at the Company. All benefit plans are governed by master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. RailWorks Corporation reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.



# Regulatory Documents

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The following regulatory notices are available through SharePoint or may be requested from your local office. Please be sure to review these notices carefully.

- **Medicare Part D Notice** – Describes options to access prescription drug coverage for Medicare eligible individuals.
- **Women's Health and Cancer Rights Act** – Describes benefits available to those that will or have undergone a mastectomy.
- **Newborns' and Mothers' Health Protection Act** – Describes the rights of mother and newborn to stay in the hospital 48-96 hours after delivery.

- **HIPAA Notice of Special Enrollment Rights** – Describes when you can enroll yourself and/or dependents in health coverage outside of open enrollment.
- **Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)** – Describes availability of premium assistance for Medicaid eligible dependents.
- **COBRA General Rights Notice** – Describes your rights should you lose coverage with the company-sponsored plan administrator.

- **Health Insurance Marketplace Notice** – Describes how you can purchase private individual health insurance.
- **New York State Dependent through Age 29** – Chapter 240 of the Laws of 2009 describes how eligible young adults through the age of 29 can continue or obtain coverage through a parent's group policy.

# Health Care Rights

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- Prescription Drug & Medical Notice
- Consolidated Omnibus Reconciliation Act
- Mental Health & Parity Act
- Health Coverage for College Students on Medically
- Necessary Leave — Michelle's Law
- Women's Health and Cancer Rights Act
- Newborn & Mother's Act
- Medicaid and the Children's Health Insurance Program
- Special Enrollment
- Health Insurance Portability and Accountability
- Act for Privacy

# Health Care Rights

## **Important Notice from RailWorks Corporation, LLC About Your Prescription Drug Coverage and Medicare under the Cigna Plan(s)**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with RailWorks Corporation, 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:

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. RailWorks Corporation, LLC has determined that the prescription drug coverage offered by the Cigna plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### **When Can You Join A Medicare Drug Plan?**

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to 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

RailWorks Corporation, LLC coverage may 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 coverage, be aware that you and your dependents 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 RailWorks Corporation, 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 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 RailWorks Corporation, 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

» 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 800-772-1213 (TTY 1-800-325-0778).

## Women's Health and Cancer Rights Act

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

- » All stages of reconstruction of the breast on which the mastectomy was performed;
- » Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- » Prostheses; and
- » Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at KRivadeneyra@Railworks.com.

## 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. 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 Human Resources at KRivadeneyra@Railworks.com.

## 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, 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 30 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 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at KRivadeneyra@Railworks.com.

## Paperwork Reduction Act Statement

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

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

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

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

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

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

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 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, 2025. Contact your State for more information on eligibility –

### ALABAMA – Medicaid

WEBSITE <http://myalhipp.com/>  
PHONE 1-855-692-5447

### ALASKA – Medicaid

WEBSITE The AK Health Insurance Premium Payment Program  
<http://myakhipp.com/>  
PHONE 1-866-251-4861  
EMAIL [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)  
MEDICAID ELIGIBILITY <https://health.alaska.gov/dpa/Pages/default.aspx>

### ARKANSAS – Medicaid

WEBSITE <http://myarhipp.com/>  
PHONE 1-855-MyARHIPP (855-692-7447)

### CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program  
WEBSITE <http://dhcs.ca.gov/hipp>  
PHONE 916-445-8322 / (fax) 916-440-5566  
EMAIL [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

### COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

WEBSITE Health First Colorado Website:  
<https://www.healthfirstcolorado.com/>  
PHONE Health First Colorado Member Contact Center:  
1-800-221-3943 / State Relay 711  
CHIP WEBSITE <https://hcpf.colorado.gov/child-health-plan-plus>  
CHIP PHONE Customer Service: 1-800-359-1991 / State Relay 711  
WEBSITE Health Insurance Buy-In Program (HIBI):  
<https://www.mycohibi.com/>  
PHONE HIBI Customer Service: 1-855-692-6442

### FLORIDA – Medicaid

WEBSITE <https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>  
PHONE 1-877-357-3268

### GEORGIA – Medicaid

GA HIPP WEBSITE <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>  
PHONE 678-564-1162, Press 1  
GA CHIP+ WEBSITE <https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra>  
PHONE 678-564-1162, Press 2

### INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64  
WEBSITE <http://www.in.gov/fssa/hip/>  
PHONE 1-877-438-4479  
All other Medicaid  
WEBSITE <https://www.in.gov/medicaid/>  
PHONE 1-800-457-4584

### IOWA – Medicaid and CHIP (Hawki)

MEDICAID WEBSITE <https://dhs.iowa.gov/ime/members>  
PHONE 1-800-338-8366  
HAWKI WEBSITE <http://dhs.iowa.gov/Hawki>  
HAWKI PHONE 1-800-257-8563  
HIP WEBSITE <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>  
HIP PHONE 1-888-346-9562

### KANSAS – Medicaid

WEBSITE <https://www.kancare.ks.gov/>  
PHONE 1-800-792-4884  
HIP PHONE 1-800-967-4660

### KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment (KI-HIPP) Program  
WEBSITE <https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx>  
PHONE 1-855-459-6328  
EMAIL [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)  
KCHIP WEBSITE <https://kidshealth.ky.gov/Pages/index.aspx>  
KCHIP PHONE 1-877-524-4718  
MEDICAID WEBSITE <https://chfs.ky.gov/agencies/dms>

### LOUISIANA – Medicaid

WEBSITE [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)  
PHONE 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

### MAINE – Medicaid

ENROLLMENT WEBSITE [https://www.mymaineconnection.gov/benefits/s/?language=en\\_US](https://www.mymaineconnection.gov/benefits/s/?language=en_US)  
PHONE 1-800-442-6003 TTY: Maine relay 711  
WEBSITE Private Health Insurance Premium  
<https://www.maine.gov/dhhs/ofa/applications-forms>  
PHONE 1-800-977-6740 TTY: Maine relay 711

### MASSACHUSETTS – Medicaid and CHIP

WEBSITE <https://www.mass.gov/masshealth/pa>  
PHONE 1-800-862-4840 TTY: 711  
EMAIL [masspremassistance@accenture.com](mailto:masspremassistance@accenture.com)

### MINNESOTA – Medicaid

WEBSITE <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>  
PHONE 1-800-657-3739

WEBSITE <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>  
PHONE 573-751-2005

### MONTANA – Medicaid

WEBSITE <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>  
PHONE 1-800-694-3084  
EMAIL [HHSHIPProgram@mt.gov](mailto:HHSHIPProgram@mt.gov)

**NEBRASKA – Medicaid**

WEBSITE <http://www.ACCESSNebraska.ne.gov>  
 PHONE 1-855-632-7633  
 Lincoln: 402-473-7000  
 Omaha: 402-595-1178

**NEVADA – Medicaid**

MEDICAID WEBSITE <http://dhcfp.nv.gov>  
 MEDICAID PHONE 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**

WEBSITE <https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program>  
 PHONE 603-271-5218  
 TOLL FREE FOR HIPPI PROGRAM 1-800-852-3345, ext 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 [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)  
 PHONE 1-800-541-2831

**NORTH CAROLINA – Medicaid**

WEBSITE <https://medicaid.ncdhhs.gov/>  
 PHONE 919-855-4100

**NORTH DAKOTA – Medicaid**

WEBSITE <https://www.hhs.nd.gov/healthcare>  
 PHONE 1-844-854-4825

**OKLAHOMA – Medicaid and CHIP**

WEBSITE <http://www.insureoklahoma.org>  
 PHONE 1-888-365-3742

**OREGON – Medicaid**

WEBSITE <http://healthcare.oregon.gov/Pages/index.aspx>  
 PHONE 1-800-699-9075

**PENNSYLVANIA – Medicaid and CHIP**

WEBSITE <https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>  
 PHONE 1-800-692-7462  
 CHIP WEBSITE <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>  
 CHIP PHONE 1-800-986-KIDS (5437)

**RHODE ISLAND – Medicaid and CHIP**

WEBSITE <http://www.eohhs.ri.gov/>  
 PHONE 1-855-697-4347, or 401-462-0311 (Direct RItte Share Line)

**RHODE ISLAND – Medicaid and CHIP**

WEBSITE <http://www.eohhs.ri.gov/>  
 PHONE 1-855-697-4347, or 401-462-0311 (Direct RItte Share Line)

**SOUTH CAROLINA – Medicaid**

WEBSITE <https://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.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program>  
 PHONE 1-800-440-0493

**UTAH – Medicaid and CHIP**

MEDICAID WEBSITE <https://medicaid.utah.gov/>  
 CHIP WEBSITE <http://health.utah.gov/chip>  
 PHONE 1-877-543-7669

**VERMONT – Medicaid**

WEBSITE <https://dvha.vermont.gov/members/medicaid/hipp-program>  
 PHONE 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**

WEBSITE <https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select>  
<https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs>  
 MEDICAID AND CHIP PHONE 1-800-432-5924

**WASHINGTON – Medicaid**

WEBSITE <https://www.hca.wa.gov/>  
 PHONE 1-800-562-3022

**WEST VIRGINIA – Medicaid and CHIP**

WEBSITE <http://dhhr.wv.gov/bms>  
<http://mywvhipp.com>  
 MEDICAID PHONE 304-558-1700  
 CHIP TOLL FREE 1-855-MyWVHIP (1-855-699-8447)

**WISCONSIN – Medicaid and CHIP**

WEBSITE <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
 PHONE 1-800-362-3002

**WYOMING – Medicaid**

WEBSITE <https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
 PHONE 1-800-251-1269

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

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

**U.S. Department of Health and Human Services**  
 Centers for Medicare & Medicaid Services  
**[www.cms.hhs.gov](http://www.cms.hhs.gov)**  
 1-877-267-2323, Menu Option 4,  
 Ext. 61565

