

Your Guide to 2022 Benefits **ENROLLMENT**

ENROLL AT WWW.MYCEMEXBENEFITS.COM



YOUR 2022 BENEFITS

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THIS GUIDE APPLIES TO...

2022 BENEFIT OPTIONS

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HOW TO ENROLL

NEW HIRES

CHANGING BENEFITS

YOUR HEALTH

YOUR LIFE

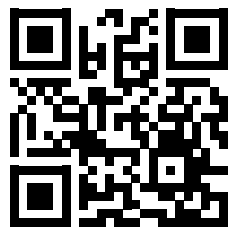
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Welcome!

At CEMEX, nothing is more important than the health and safety of our employees. We offer a competitive benefits package and a comprehensive wellness program to help keep you and your family healthy and well.

This guide summarizes your CEMEX benefits — the essentials of what you need to know to make informed decisions and build a healthier future.

Enroll today!



Enroll in your benefits at: WWW.MYCEMEXBENEFITS.COM

Questions? Call 866-472-3639, Option 1
Monday-Friday 7 a.m. - 7 p.m. CST
Chat with Sofia 24/7



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This guide applies to:

Current employees

Use this guide to review your options, understand plan changes, and make the best choices for you and your family during Benefits Annual Enrollment. Our simple online enrollment makes it easy to find the right plans for you.

Visit www.mycemexbenefits.com to:

- View plan information.
- Review or enroll in your benefits coverage between October 1-15.
- Try the MyChoice® Recommendation Engine when you enroll to get personalized plan recommendations for your needs.

Note: If you take no action, your 2021 coverage will roll over to 2022, except for flexible spending accounts (both HCFSA & DCFSA) and health savings account (HSA).

Deadline: Review and enroll in your 2022 benefits October 1 - 15, 2021.

New hires or newly eligible

Your benefit choices are important to you and your family — that's why we are committed to helping you understand your options and make informed decisions. Our easy online enrollment provides you a helpful tool, the MyChoice® Recommendation Engine, to find the right plans for you.

Visit www.mycemexbenefits.com to:

- Register to set up your user name and password
- Review your new hire benefit information.
- Enroll in your benefits coverage.
- Provide your email address for important ongoing notifications.

Deadline: Enroll in your benefits within 31 days of your date of hire



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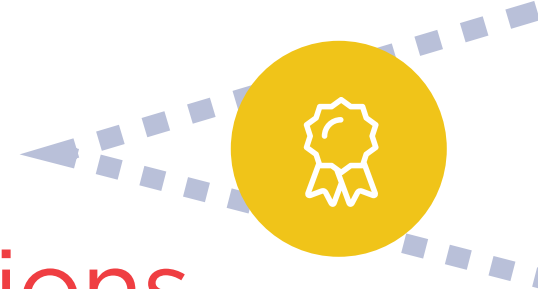
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Your 2022 benefit options

CEMEX pays a large portion of the cost for many of your benefits. For more information on these plans, please visit www.mycemexbenefits.com.

CEMEX pays in full

Wellness programs – such as weight management, tobacco cessation coaching, and online Health Assessment.

Employee assistance program (EAP) – up to eight free, in-person counseling sessions and unlimited phone counseling for you and your dependents.

Basic life insurance* – death benefit equal to your annual base pay, up to a maximum of \$1,000,000.

Basic AD&D insurance* – accidental death and dismemberment (AD&D) benefit equal to your annual base pay, up to a maximum of \$1,000,000.

Basic short term disability (STD) insurance – financial assistance if you are temporarily unable to work due to a non-work related illness or injury; benefit is equal to 60% of your base weekly pay, up to \$1,000 per week.

Basic long term disability (LTD) insurance – financial assistance if an illness or injury lasts more than 180 days; benefit is equal to 50% of your base monthly pay, up to \$10,000 per month.

Health savings account (HSA) company contribution – tax-free money from CEMEX into a tax-advantaged savings account for out-of-pocket health care expenses if you are enrolled in the CDHP. [See page 21](#) for more details.

* Coverage amounts are reduced based on your age. [See pages 35 - 38](#) for more information.



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You share cost with CEMEX

Medical and prescription drug (Rx) coverage -

coverage for doctor visits, hospitalizations, and prescription drugs at retail pharmacies or through the mail order program.

Dental insurance - your choice of Basic or Comprehensive coverage.

You pay in full

Vision insurance - coverage for eye exams and contact lenses or glasses.

Health care FSA - save pretax money for eligible medical, prescription, dental, or vision expenses for you and your covered dependents. Up to \$550 in unused funds remaining at the end of the plan year will roll over for use in the following year; any amount above \$550 will be forfeited under the “use it or lose it” rule.

Dependent care FSA - save pretax money for eligible day care expenses (this account cannot be used for health care expenses); this plan has a “use it or lose it” rule.

Voluntary (buy-up) life insurance^{1,2} - you may purchase coverage up to seven times your base pay to \$1,500,000; you also may purchase voluntary spouse and child life insurance.

Voluntary (buy-up) AD&D insurance - you may purchase coverage up to seven times your base pay to \$1,500,000; you also may purchase voluntary spouse and child AD&D insurance.

Voluntary (buy-up) STD insurance² - you may purchase an insurance benefit that pays 66 2/3% of base pay, up to \$2,500 per week.

Voluntary (buy-up) LTD insurance² - you may purchase an insurance benefit that pays 60% of base pay, up to \$10,000 per month.

¹Coverage amounts are reduced based on your age. See pages 35 - 38 for more information.

²You may need to provide evidence of insurability (EOI) to MetLife. See page 39 for more information.



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Health care reform



The Affordable Care Act: Four things to know

The Affordable Care Act (ACA), otherwise known as health care reform (HCR), offers individuals the opportunity to purchase medical coverage. As of January 1, 2019, the individual mandate* no longer applies. It previously required most individuals to choose between enrolling in medical coverage or paying a tax penalty.

You can choose coverage from the online marketplace (also known as the health care exchange) instead of CEMEX coverage. BUT there are four things you should know first:

1. Health care reform/the ACA does NOT require you to purchase coverage through any of the marketplace plans or through an employer.
 2. CEMEX coverage is considered an “affordable” option that provides “minimum value,” and it meets other health care reform requirements. So, **if you purchase coverage from the online marketplace, you will not be eligible for any CEMEX contributions to help pay the cost of your marketplace insurance.**
 3. CEMEX will continue to pay the majority of the medical premium for any of the CEMEX medical plan options.
 4. **All employees who are eligible for CEMEX medical coverage will receive IRS Form 1095-C.** This form will be coded to indicate to the IRS whether or not you and your eligible dependents were offered and enrolled in CEMEX medical coverage for each month of the year. Forms will be mailed to your home address no later than January 31 or IRS deadline. Please allow seven to ten business days for delivery. You can access your Form 1095-C by clicking [Personal Documents at www.mycemexbenefits.com](http://www.mycemexbenefits.com).
- *Some states may require enrollment in medical coverage for their residents. States that currently have or will soon have an individual mandate include: California, Massachusetts, New Jersey, Rhode Island, and Vermont. The District of Columbia also has an individual mandate. More states may follow in future years. The Health Insurance Marketplace notice is located in the Reference Center at www.mycemexbenefits.com.

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How to enroll

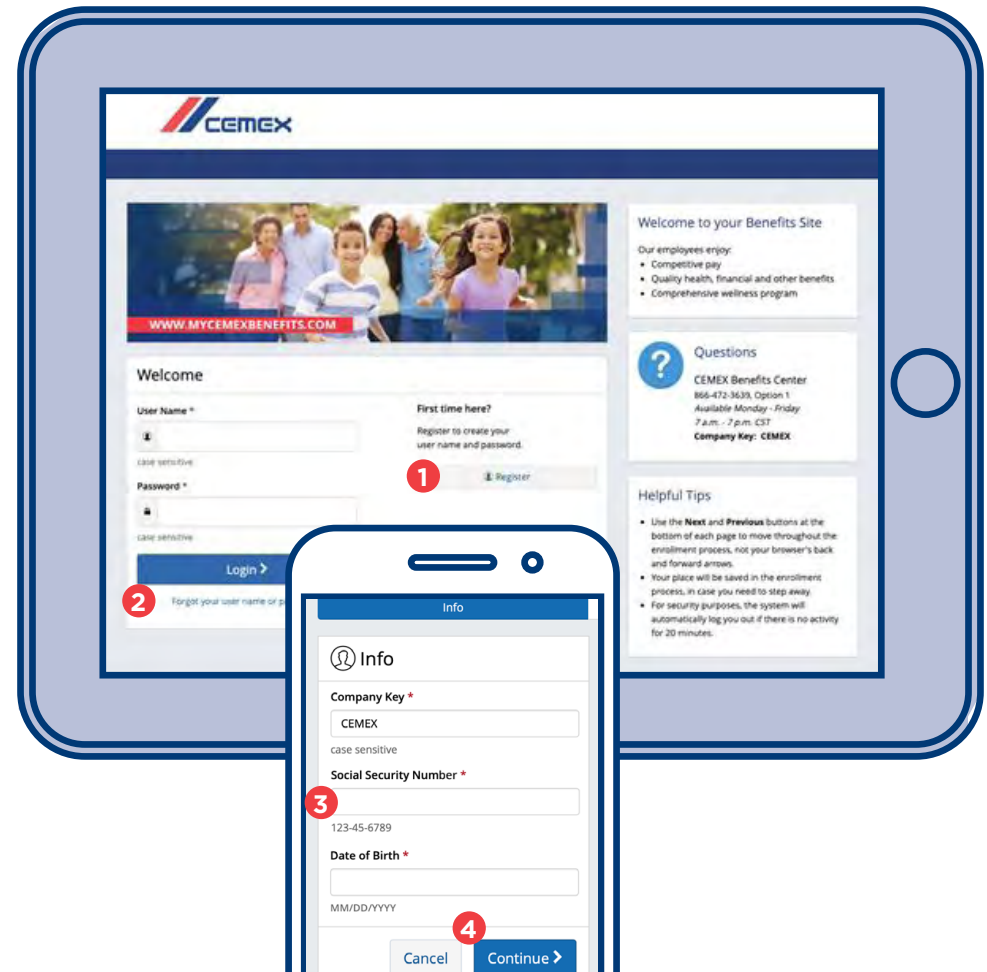
Get started!

Visit www.mycemexbenefits.com and login by entering your user name and password.

- 1 If you are a first-time user, click **Register** to set up your user name, password and security questions. Our Company Key is **CEMEX** (Note: it's case sensitive).

Forgot your user name or password?

- 2 Click on **Forgot your user name or password?** under the Login button.
- 3 Enter your Social Security number, company key **CEMEX** and your date of birth.
- 4 Enter and confirm your new password, then click **Continue** to return to the login page.



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How to enroll (continued)

Review your benefit offerings

- 1 Check out the plan overview information on the **Your Health** and **Your Life & Disability** pages of this site. Plus, you can view plan details, carrier specifics, and all legal notifications in the **Reference Center** at the top of the page.

Returning users: Need to change your email?

- 2 Click the **Profile** button to provide your preferred email address to receive important on-going notifications.

Review your current benefits

- 3 Click **Benefit Summary** to review your current benefits anytime throughout the year.



Go paperless

Be sure to update your email address and choose to receive your benefit information online at www.mycemexbenefits.com.

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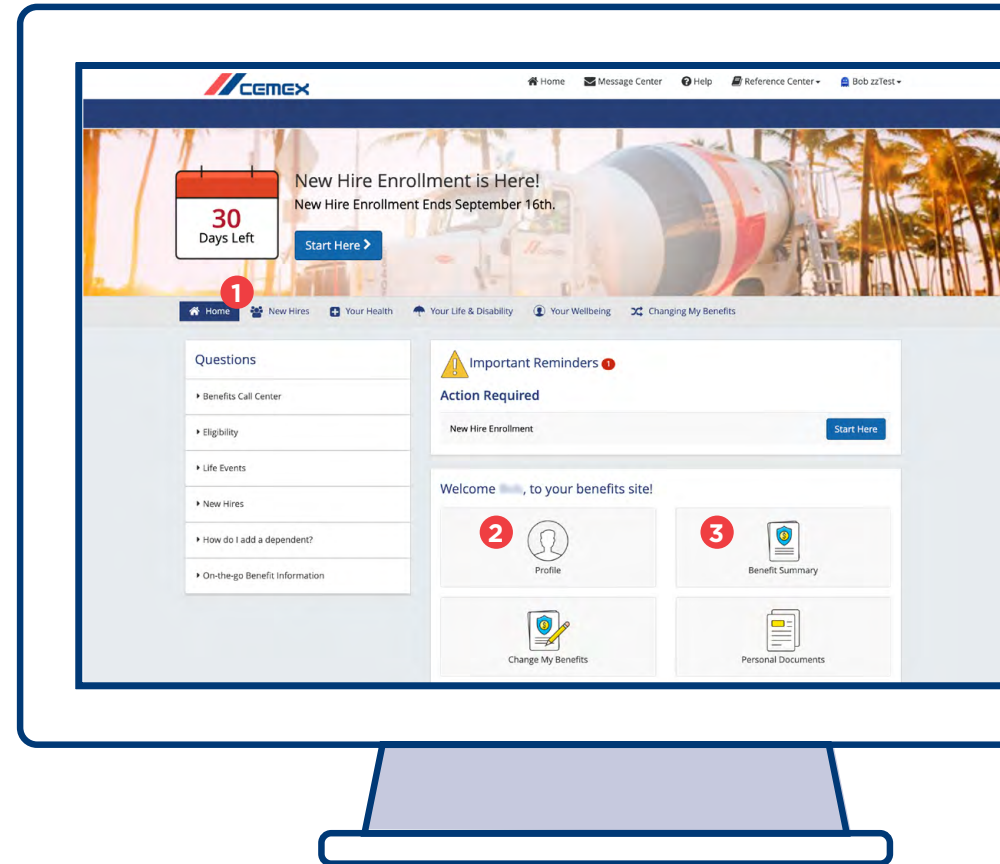
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How to enroll (continued)

Review your information

Click the **Start Enrollment** button to review your information and add dependents you wish to cover. Sofia, your personal benefits assistant, is able to answer questions you may have and will guide you as you enroll.

You will be required to provide each dependent's legal name, Social Security number, and birth date as you enroll in order to add them to your coverage.*

*You will be required to provide documentation to prove each dependent's relationship to you.

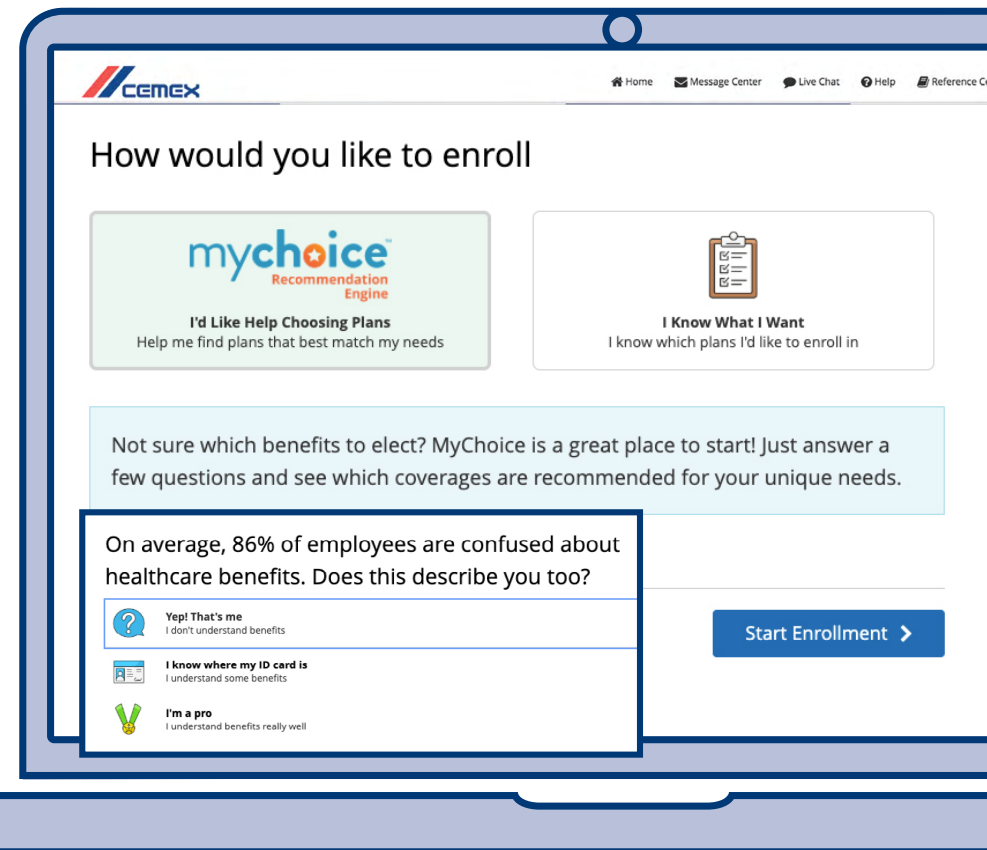
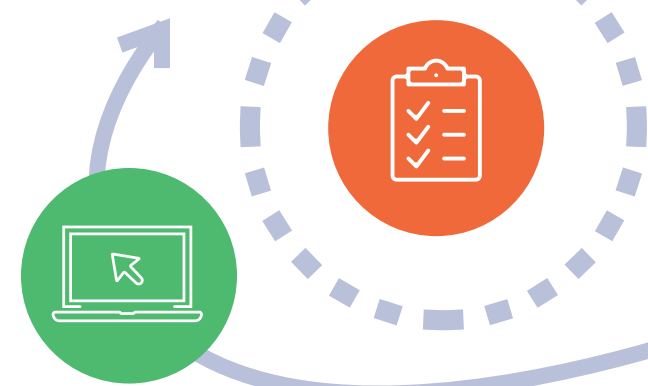
Two ways to enroll

MyChoice Recommendation Engine

Answer simple questions about your overall health and lifestyle to receive a personalized benefits recommendation. Your answers to these questions are for recommendation purposes only and are never shared with CEMEX.

Explore on your own

Use the **Next** and **Back** buttons to review and elect options available to you. Choose or waive coverage for each option, and select who you would like to cover.



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REVIEW AND FINALIZE YOUR ELECTIONS

Make sure your personal information, elections, dependents, and beneficiaries are accurate, then approve your enrollment.

To finalize your enrollment, click **I Agree**. When your enrollment is complete, you will receive a confirmation number and you can also print your **Benefit Summary** for your records.

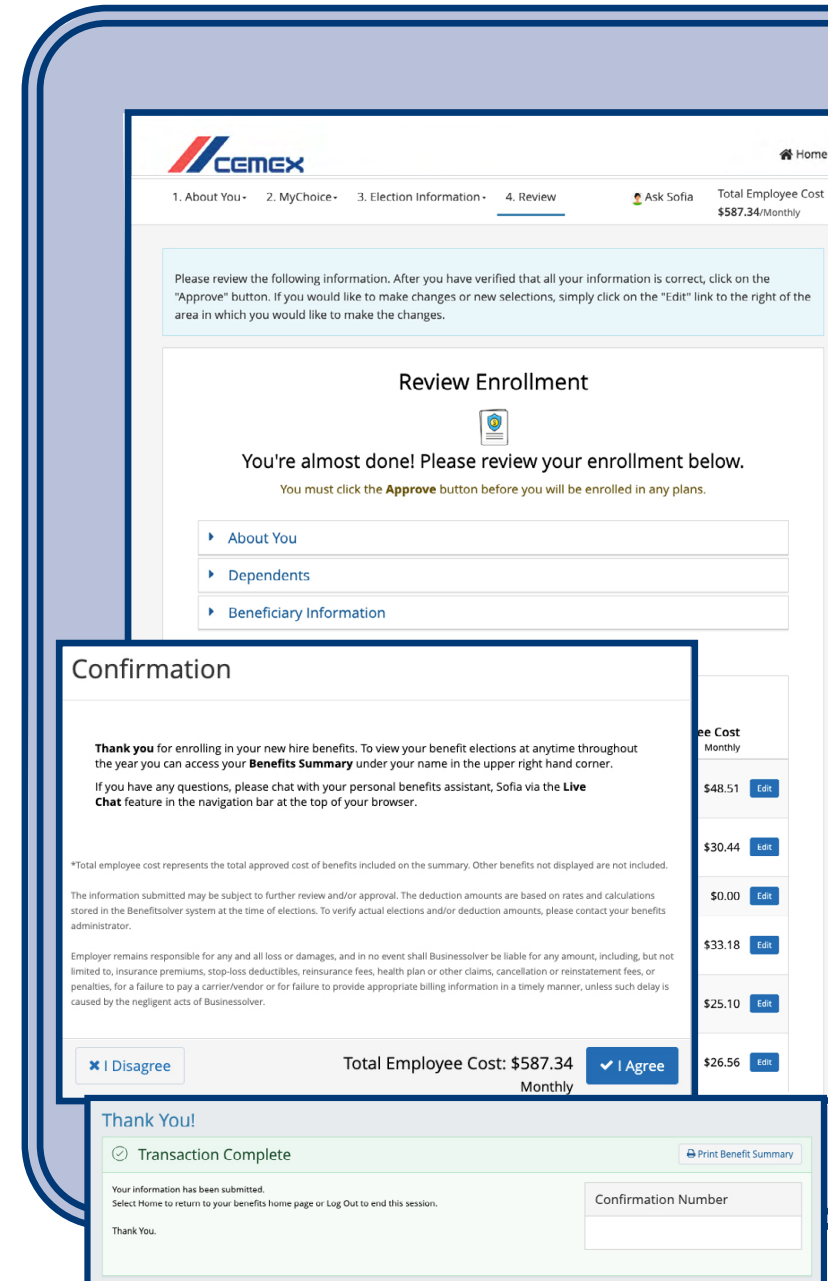
Following your enrollment

Check for additional tasks needed to complete your enrollment on your **Important Reminders** list. You will be required to provide documentation to prove each enrolled dependent's relationship to you.

 **Important Reminders** 1

Action Required

New Hire Enrollment - Pending Dependent Verification [Start Here](#)



The screenshot displays the CEMEX benefits enrollment interface. At the top, the CEMEX logo is visible, along with a navigation menu (1. About You, 2. MyChoice, 3. Election Information, 4. Review) and a user profile (Ask Sofia) with a total employee cost of \$587.34/Monthly. The main content area is titled 'Review Enrollment' and includes a message: 'You're almost done! Please review your enrollment below. You must click the **Approve** button before you will be enrolled in any plans.' Below this are expandable sections for 'About You', 'Dependents', and 'Beneficiary Information'. A 'Confirmation' pop-up window is overlaid, stating: 'Thank you for enrolling in your new hire benefits. To view your benefit elections at anytime throughout the year you can access your **Benefits Summary** under your name in the upper right hand corner. If you have any questions, please chat with your personal benefits assistant, Sofia via the **Live Chat** feature in the navigation bar at the top of your browser.' The pop-up also includes a table of costs and a 'Total Employee Cost: \$587.34 Monthly' summary. At the bottom of the pop-up, there are 'Disagree' and 'Agree' buttons. Below the pop-up, a 'Thank You!' message states 'Transaction Complete' and provides a 'Print Benefit Summary' link and a 'Confirmation Number' field.

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How to enroll (continued)



Submitting documentation

When you enroll your eligible dependent for coverage for the first time in any of the plans, you will be asked to verify their relationship to you with the following documents:

Spouse/Common Law Spouse/Domestic Partner: Marriage certificate, redacted tax records*, completed Affidavit of Common Law Marriage/Domestic Partner form.

Your natural child(ren): Birth certificate, redacted tax records (your child must be listed as a dependent).

Your adopted child(ren): Final adoption decree, redacted tax records.

Your stepchild(ren): Birth certificate AND marriage certificate/completed Affidavit of Common Law Marriage form or redacted tax records.

Child(ren) for whom you are a legal guardian: Court assignment or order, redacted tax records.

Disabled adult dependent: Written documentation from attending physician stating incapacity to care for oneself.

Important: You have **31 days** from the transaction date to submit verification. Dependent coverage is not activated until acceptable documentation has been submitted and approved by the deadline. Click on the item in your **Important Reminders** list and follow the steps to submit your documents.

*Redacted means that financial information and Social Security numbers should be blacked out.

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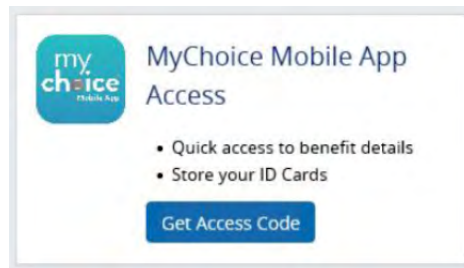
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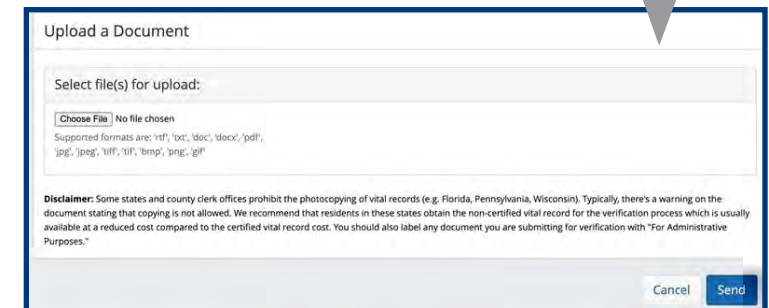
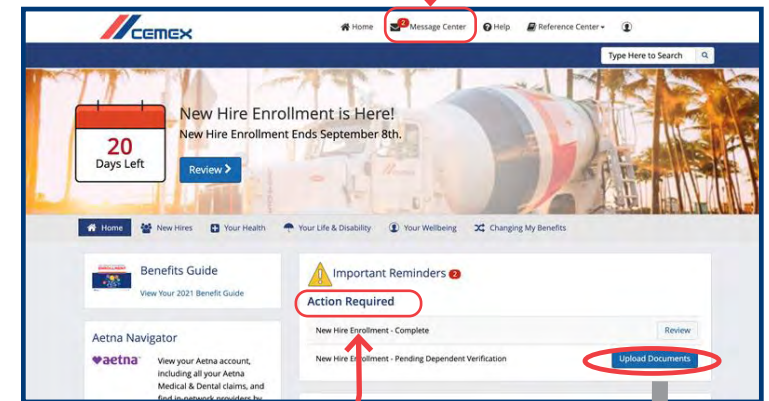
How to enroll (continued)

Five ways to submit documentation

1. **Download the MyChoice® Mobile App** from your device's app store. You can easily snap a picture and upload your documents.



2. **Fax** your documents to 515-343-2246. Note "CEMEX" on your cover sheet.
3. **Upload** documents by visiting www.mycemexbenefits.com and clicking on **Message Center** or finding your **Action Required** list.
4. **Mail** to: CEMEX
c/o Businessolver.com, Inc.
P.O. Box 850512
Minneapolis, MN 55485-0512
5. **Email** the appropriate documentation with "CEMEX" in the subject line to DV@businessolver.com.



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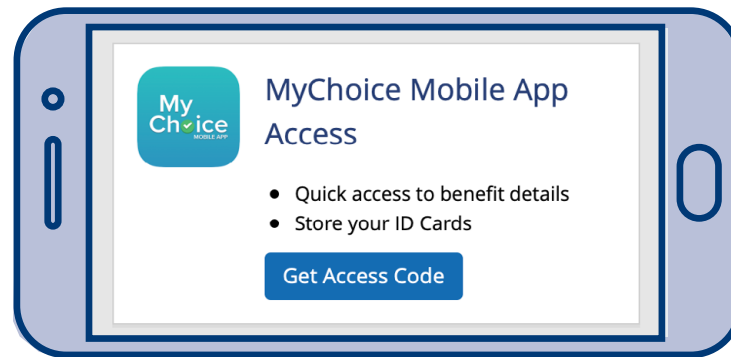
How to enroll (continued)

Get your benefits on the go

MyChoice Mobile App

Login to www.mycemexbenefits.com and find the **MyChoice Mobile App** box (as seen below).

Click the **Get Access Code** button. Choose your operating system (iOS for Apple products and Android for other brands).



Enter your mobile number (including area code) and click the **Text Link** button. You will receive a text message containing a direct link to download the MyChoice Mobile App from your device's app store.

Enter the unique access code you receive within 20 minutes to activate the app on your device.

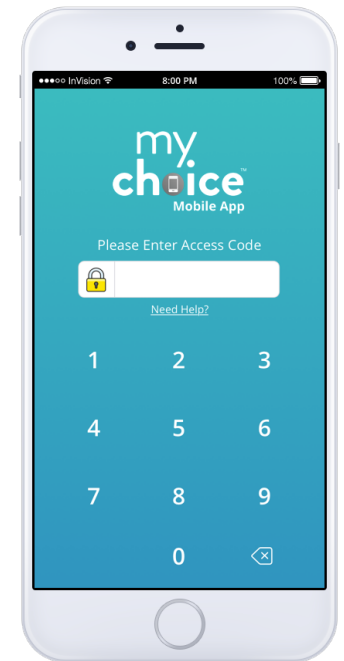
Click **Generate New Code** if your time expires and you need a new access code.



Set your PIN and answer security questions, and explore the features of the mobile app.

What can I do on the MyChoice Mobile App?

- Upload photos of your ID cards.
- Check deductibles, co-pays, and access other important plan information.
- Enroll or change your benefits and beneficiary(ies).
- Chat with Sofia – she's available 24/7 to help answer your questions.
- Contact a live member advocate on the phone, email, or live chat.



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Important: Enroll within 31 days from date of hire/rehire

New hires

Our benefits website has tools, resources, and information to help you fully understand your benefits and choices, including Summary Plan Descriptions (SPDs), Summaries of Benefits and Coverage (SBCs), Notices of Creditable Coverage, and Legal Notices.

Try the MyChoice Recommendation Engine for coverage recommendations personalized for you. When you answer a few questions, this tool can help you make the best decisions for you and your family.

New hire enrollment

You will need to enroll in your benefits within 31 days of your date of hire.

If you do not enroll in benefits within 31 days of your date of hire, you will receive default company-paid coverage of basic life insurance, basic AD&D insurance, the employee assistance program (EAP), basic short term disability (STD), and basic long term disability (LTD) if you are eligible. You will not be able to enroll in any other benefits, such as medical coverage, until the next Annual Enrollment period unless you have a Qualifying Life Event and request enrollment with the CEMEX HR Service Center within 31 days of a Qualifying Life Event.

If you enroll in a medical plan and do not certify your tobacco-user status, you will be defaulted to a tobacco user and pay the tobacco-user surcharge of \$125 per month.

Eligibility

Generally, you are eligible for benefits if you are a regular, full-time employee working an average of at least 30 hours per week, and have satisfied the benefits waiting period. You can also enroll your eligible dependents.

You must be actively at work for your life, AD&D, and disability coverages to begin. If you are not actively at work, coverage will begin when you return to active employment and meet the eligibility waiting period.



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Important: Dependent Verification must be submitted within 31 days.

New hires (continued)

Who you can cover

For	Medical, Dental, Vision & Voluntary Life and AD&D
Spouse ^{1,2}	Eligible
Children ^{1,3,4}	Limited to the end of the birth month in which the child attains age 26

If you need to add an eligible dependent to your plan(s), you can do so during the 31 days of your new hire enrollment period or a Qualifying Life Event. Before your dependent's coverage can begin, you, as an active employee, must be enrolled in the benefit plan in which you are adding the dependent to, and you will need to provide documentation verifying the dependent's eligibility. Upload any required documentation to the Message Center at www.mycemexbenefits.com or with the MyChoice Mobile App.

When coverage begins (benefits waiting period)

Coverage begins on the first day of the month following or coinciding with your hire date. The benefits waiting period may not apply to certain employees covered under a collective bargaining agreement.

Your contributions for coverage

Any contributions (premium rates) you make for medical, dental, vision, voluntary STD, the FSAs, or the HSA are paid on a pretax basis. That means that, in most cases, your contributions are deducted from your paycheck before federal, state, and local taxes are withheld, lowering your taxable income and leaving you with more money to spend on other things.

Internal Revenue Service (IRS) regulations require that you pay contributions for voluntary life, AD&D, LTD, and a Domestic Partner's health care costs with after-tax dollars.

- ¹ Documentation will be required by the deadline.
- ² Includes domestic partner and common law spouse as defined by the Plan.
- ³ Children include biological and adopted children, stepchildren and children for whom you are responsible to provide health care coverage under a court order.
- ⁴ If child is totally disabled when he or she reaches limiting age, the child may continue coverage under the plan regardless of age. Refer to www.mycemexbenefits.com for eligibility criteria.



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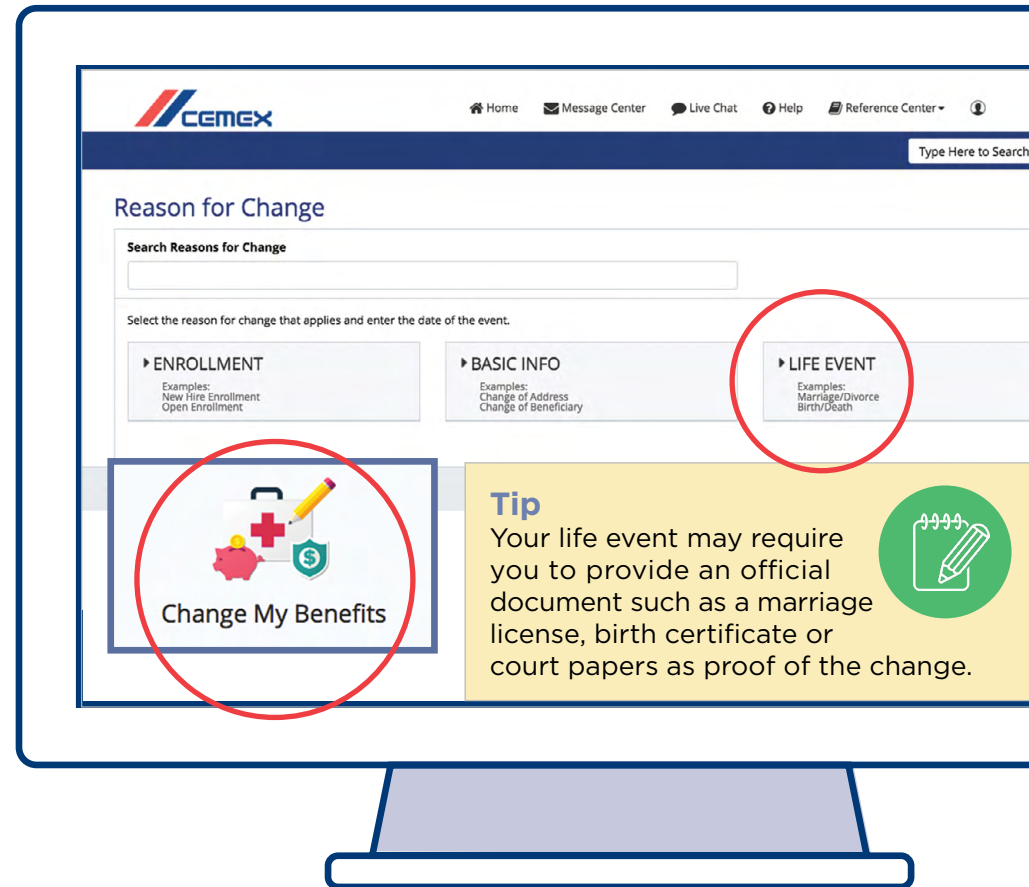
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Changing your benefits

If you experience a Qualifying Life Event during the year, such as a marriage or birth, you have **31 days** from the event to make changes to your benefits.

1. Go to www.mycemexbenefits.com and log in.
2. Click on the **Change My Benefits** button to make election changes or update your basic information.
3. Select the **Life Event** button and the event you wish to submit. Then, walk through the election steps above to complete your life change event.



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Beneficiary changes

You can add, delete, or change your beneficiary information at any time on mycemexbenefits.com by clicking on **Change my Benefits, Basic Info, Update Beneficiary Information Only**, and then **Beneficiary Information** on the left side to make changes.

When coverage ends

Your coverage is terminated when certain specific events take place. Your and/or your dependents' coverage ends the last day of the month* in which any of the following events occur:

- Your employment terminates.
- Your group contract terminates.
- You and/or your dependents no longer meet the plan eligibility requirements.
- You fail to make the required contributions.

If you enroll in the health plan, you and your eligible dependents may be able to continue health coverage through COBRA. You may request conversion to an individual whole-life policy within 62 days and request to port your coverage to a new group term-life policy within 31 days from the date coverage ends. Contact the CEMEX HR Service Center at 866-472-3639, Option 1 for more information.

* Exceptions: Your disability coverage will end on the date of the event. If you die, coverage ends on the date of your death for you and your covered eligible dependent(s).



Dependent verification

If you need to add an eligible dependent to your plan(s), you can do so during Annual Enrollment or due to a Qualifying Life Event. Before your dependent's coverage can begin, you will need to provide documentation verifying the dependent's eligibility. Upload any required documentation to the Message Center at www.mycemexbenefits.com or via the MyChoice Mobile App. You can update your dependent demographic data such as date of birth, Social Security number, gender, etc. Click on **Change My Benefits** from the home page, then **Life Event**, and **Update Dependent Demographic Info Only**.

Leave of absence

During an approved leave of absence, the company will maintain medical, dental, vision, EAP, life, AD&D, and/or disability insurance for you and your covered dependents for up to 12 months (collective bargaining employees should refer to their collective bargaining agreement), as long as you and your enrolled dependents continue to meet each plan's requirements and pay your premiums on time while on leave. Contact the CEMEX HR Service Center at 866-472-3639, Option 1 for more information.

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Your health

Medical insurance

CEMEX offers comprehensive medical plans for you to choose from including a PPO (Preferred Provider Organization), an EPO (Exclusive Provider Organization) in-network only plan, and a CDHP (Consumer Driven Health Plan) with HSA (Health Savings Account). You choose which carrier you prefer, Aetna or BlueCross BlueShield (BCBS-TX). If you live in California, you may also choose the Kaiser Permanente HMO if you live in a Kaiser Permanente service area.

All medical plans offer 100% coverage for eligible preventive services when using in-network providers. When choosing which plan and carrier works best for you, consider your cost (contributions) for coverage, whether you prefer paying flat copays for most services, and whether you will be using in-network-only providers.

Medical plan options

The chart on the following page provides a comparison of medical plan benefits. It shows the amounts you pay for the services listed. Find more detailed information about each plan by visiting www.mycemexbenefits.com.

Enroll using the MyChoice Recommendation Engine to receive a personalized recommendation.



Your health (continued)



Medical insurance (continued)

Medical plan summary

	EPO	CDHP with HSA ¹		PPO	
	In-network	In-network	Out-of-network ²	In-network	Out-of-network ²
Calendar Year Deductible³					
• Individual	\$1,000	\$1,750	\$3,500	\$1,000	\$2,000
• Family	\$3,000	\$3,600	\$7,200	\$2,500	\$5,000
HSA Contribution from CEMEX	None	Up to \$500 individual ⁴ Up to \$1,000 family ⁴		None	None
Calendar Year Out-of-Pocket (OOP) Maximum⁵					
• Individual	\$4,000	\$3,575	\$8,000	\$4,000	\$8,000
• Family	\$8,000	\$7,900	\$16,000	\$8,000	\$24,000
Coinsurance⁶	20%	20%	40%	20%	40%
Office Visits					
• Preventive	\$0 copay	\$0 copay	Ded., then 40%	\$0 copay	Ded., then 40%
• PCP	\$25 copay	Ded., then 20%		\$25 copay	
• Specialist	\$40 copay			\$40 copay	
Diagnostic X-ray and Laboratory	Ded., then 20%	Ded., then 20%	Ded., then 40%	Ded., then 20%	Ded., then 40%
Urgent Care Facility	\$40 copay	Ded., then 20%	Ded., then 40%	\$40 copay	Ded., then 40%
Emergency Room⁷	\$250 copay, then 20%	Ded., then 20%	Ded., then 20%	\$250 copay, then 20%	\$250 copay, then 20%
Hospital	\$250 copay and 20% after ded.	Ded., then 20%	Ded., then 40%	Ded., then 20%	Ded., then 40%
Mental Health	\$25 copay for outpatient care, 20% after ded. for inpatient care	Ded., then 20% inpatient and outpatient care	Ded., then 40% inpatient and outpatient care	\$25 copay for outpatient care, 20% after ded. for inpatient care	Ded., then 40% inpatient and outpatient care

¹ If you enroll in the CDHP plan, you will be eligible for the HSA. ² Charges are subject to 125% of Medicare Reimbursement rate. ³ The amount you have to pay out-of-pocket before the plan starts to pay. If you enrolled in the CDHP and have dependents enrolled, then the family deductible applies. ⁴ Amount is prorated for new enrollees after January 1. See proration table at www.mycemexbenefits.com for more details. ⁵ The EPO and PPO include covered medical deductible, coinsurance and copays. There is a separate OOP for prescription drug coverage (See page 26). The CDHP includes covered medical and prescription drug deductible and coinsurance. ⁶ This is the percentage that you will pay after you have met the deductible. ⁷ Copay is waived if admitted.

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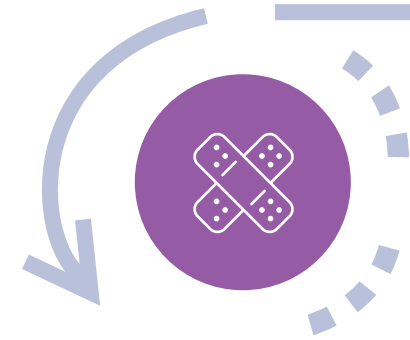
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Your health (continued)



Medical insurance (continued)

Kaiser Permanente HMO Plan Summary – only available if you live in California in a Kaiser Permanente service area.

	Kaiser CA - HMO
	In-network
Calendar Year Deductible	
• Individual	None
• Family	None
Calendar Year Out-of Pocket (OOP) Maximum	
• Individual	\$3,000
• Family	\$6,000
Office Visits	
• Preventive	\$0 copay
• PCP	\$20 copay
• Specialist	\$20 copay
• Diagnostic X-ray and Laboratory	\$10 copay
Hi-Tech Imaging (MRI, CT, PET scans)	\$100 copay
Outpatient Surgery	\$250 copay
Emergency Room	\$150 copay
Hospital	\$500/day up to \$1,500 max per admission
Mental Health	\$20 copay for outpatient care, \$500/day up to \$1,500 max per admission for inpatient care
Prescription Drug (Retail up to a 30-day supply)	
• Generic	\$15 copay
• Preferred/Non-Preferred Brand	\$35 copay
Prescription Drug (Mail-Order up to a 100-day supply)	
• Generic	\$30 copay
• Preferred/Non-Preferred Brand	\$70 copay
Specialty Drugs	30% coinsurance to \$250 max for 30-day supply

Refer to the Kaiser Summary of benefits at www.mycemexbenefits.com for more information.



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Health savings account

A health savings account (HSA) is an individual tax-advantaged savings account available to employees enrolled in a Consumer Driven Health Plan (CDHP). You can set aside a specific amount of your pretax pay in the HSA to reimburse yourself for eligible health care expenses now and in the future — even during retirement. It's available through Fidelity.

Am I eligible for an HSA?

You are eligible to participate if you are:

- Enrolled in the CEMEX Medical Plan CDHP.
- Not covered by any other health plan that is not a CDHP.
- Not enrolled in a health care FSA.
- Not enrolled in Medicare.
- Not claimed as a dependent on another person's tax return.

IRS regulations prohibit you from participating in both an HSA and a health care FSA. Refer to IRS Publication 969 for HSA eligibility. You are responsible for determining if you meet these eligibility requirements.

What are the tax advantages of an HSA?

HSAs are a great way to put money aside to pay for qualified health care services - whenever you need them. Because your unused balance rolls over from year to year, you can save money now to pay for future health care expenses, even during retirement! With an HSA, you have the opportunity to save on taxes three ways:

1. Your funds go into your account tax-free because your contributions are made before taxes are taken.
2. The interest earned in your HSA grows tax-free.
3. Funds used to cover qualified health care expenses are not taxed when you use them.

Keep these advantages in mind as you consider whether the CDHP may be right for you.

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Health savings account (continued)

Does CEMEX contribute to the HSA?

To receive your HSA contribution from CEMEX, you will need to open an HSA with Fidelity when you enroll. If you choose to not contribute to your HSA, but would like the CEMEX contribution, you must elect the HSA and enter \$0.00 as your contribution amount. Your account must be open and in good standing in order for CEMEX or you to contribute.

How much can I contribute to the HSA?

You may contribute through pretax payroll deductions and/or after-tax contributions by check or by electronic funds transfer at any time, up to the 2022 IRS limits of \$3,650 for individual coverage and \$7,300 for family coverage (including the amount of the CEMEX contribution). If you're age 55 or older, you may contribute an additional \$1,000. You must elect to contribute \$0 (or more, up to the IRS limit) in order to receive the HSA Employer Funding. Also, you may elect to begin contributing (or change the amount you contribute) at any time during the year.



Health Savings Account

If you enroll in a CDHP you are eligible to receive an Employer Contribution to the HSA. You are not required to make an Employee Contribution. If you would like to make an Employee Contribution enter your election amount on the following screens. If you do not want to contribute enter \$0.

You can find the Employer Contribution Schedule [here](#).

To view the most up to date information regarding your HSA account balance please login to Fidelity via [www.netbenefits.com](#).

Important Notice: You will see that the per pay period amount is calculated by your Annual HSA Goal amount divided by 52 pay periods (for weekly pay employees) and 24 pay periods (for semi-monthly pay employees). However, your payroll deduction will be calculated by your Annual HSA Goal amount divided by the number of pay periods you receive in the calendar year.

Would you like to enroll in Health Savings Account?

I Want Coverage Waive Coverage

[Back](#)

Health Savings Account

Previous Contributions \$0.00 [Edit](#)

How would you like to calculate your contribution?

Total For Year Total Per Pay Period

Health Savings Account Plan (HSA)

Total Per Pay Period *	pay periods	Total For Year
\$ 0	17	\$0.00
\$204.41 Maximum		

Contribution Breakdown Max. Annual - \$3,600.00

Employee Contribution \$125.00

[Contribution Details](#)

[Waive Health Savings Account Coverage](#)

[Back](#) [Next](#)

Important: If you choose to not contribute to your HSA, but would like the CEMEX contribution, you must elect the HSA and enter \$0.00 as your contribution amount.

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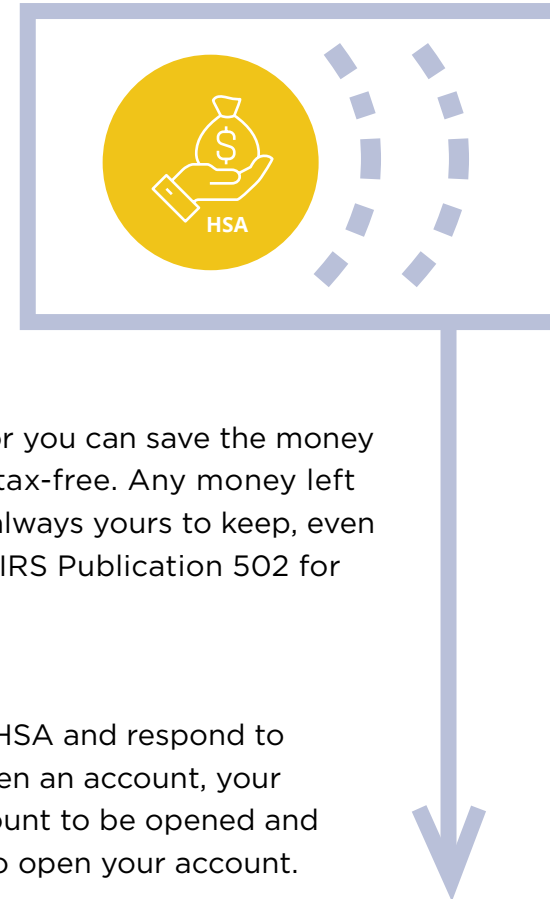
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Health savings account (continued)



What happens to the money in my account?

You can use HSA funds to pay for eligible health-related expenses now, or you can save the money for future eligible expenses. The money in your account earns interest tax-free. Any money left over at the end of the year rolls over to the next year. And the money is always yours to keep, even if you're no longer working at CEMEX or enrolled in the CDHP. Refer to IRS Publication 502 for eligible expenses.

How do I open a Fidelity HSA account?

To open your Fidelity HSA, go to www.mycemexbenefits.com, elect the HSA and respond to the eligibility question and terms and conditions. If you are eligible to open an account, your information will be sent to Fidelity. It can take up to a week for your account to be opened and verified. Fidelity will contact you directly if more information is needed to open your account.

Can I invest my HSA funds?

Yes. You may choose from investment options to help grow your savings even faster. Visit www.netbenefits.com for more information.

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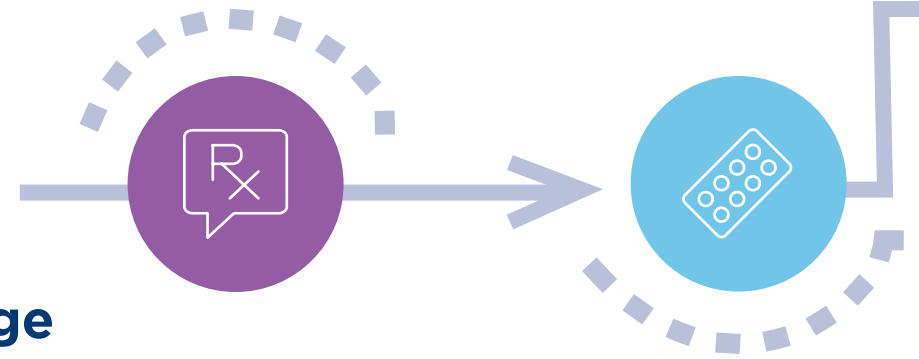
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Prescription drug coverage

If you enroll in one of the medical plans through Aetna or BCBS-TX, you also get prescription drug coverage through the Caremark Prescription Drug Program.

If you enrolled in a Kaiser Permanente medical plan, your prescription drug coverage is provided by Kaiser Permanente. **See page 20** of this guide to review Kaiser Permanente's prescription drug benefits.

Note that not all drugs listed by Caremark are covered by CEMEX. Please visit www.caremark.com for more information.

Save money on maintenance medications

Maintenance medications are drugs you take on a regular basis for chronic conditions such as diabetes or high blood pressure. After your first supply and one refill of a maintenance medication at a retail pharmacy, you should use mail order for future refills. If you do not, you can still get refills at a retail pharmacy, but you will pay the applicable mail order copay versus the lower retail pharmacy copay. If you want to save money, use the mail order program.

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Prescription drug coverage (continued)

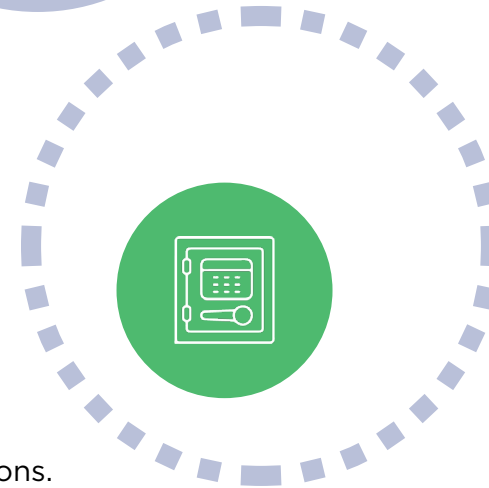
PrudentRx Program for Specialty Drugs for PPO and EPO Plans

The PrudentRx program applies to specialty drugs for the PPO and EPO plans. This program is designed to lower your out-of-pocket costs by assisting you with enrollment in drug manufacturer's, discount copay cards/assistance programs.

When enrolled in PrudentRx, your out-of-pocket cost will be \$0 for medications. If you opt out of the program, you will be responsible for the 30% coinsurance. If you take a specialty drug, you will be provided information regarding enrolling in the PrudentRx plan by Caremark specialty pharmacy.

What you need to know about generic drugs

- Although they may be a different shape, size, or color, generics have been approved by the Food and Drug Administration to be as safe and as effective as their more expensive brand-name counterparts.
- If a generic drug is available, but the pharmacy dispenses the brand-name drug, you will pay the difference in cost between the brand-name drug and the generic drug plus the brand-name drug copay amount. A deductible will also apply.
- Caremark may contact your doctor for approval to replace a non-preferred drug with one from the preferred drug list. If the doctor approves the change, you will receive a letter from Caremark describing the authorized change.



Your health (continued)



Prescription drug coverage (continued)

In-network prescription drug benefits

The chart below provides the amounts you pay for prescription coverage.

	EPO	CDHP with HSA ¹	PPO
Calendar Year Out-of-Pocket Maximum	\$2,850 individual/\$5,700 family	Combined with medical coverage	\$2,850 individual/\$5,700 family
Retail (up to a 30-day supply)			
• Generic	\$10 copay	Deductible (\$1,750 individual or \$3,600 family), then 20% ³ ; for certain preventive drugs ⁴ , waive deductible, then 20%	\$10 copay
• Preferred Brand	30% (minimum \$35, maximum \$65)		30% (minimum \$35, maximum \$65)
• Non-Preferred Brand	50% (minimum \$65, maximum \$95) after deductible (\$100 individual or \$300 family)		50% (minimum \$65, maximum \$95) after deductible (\$100 individual or \$300 family)
Mail-order Pharmacy^{5,6} (up to a 90-day supply)			
• Generic	\$20 copay	Deductible (\$1,750 individual or \$3,600 family), then 20% ³ ; for certain preventive drugs ⁴ , waive deductible, then 20%	\$20 copay
• Preferred Brand	30% (minimum \$70, maximum \$130)		30% (minimum \$70, maximum \$130)
• Non-Preferred Brand	50% (minimum \$130, maximum \$190) after deductible (\$100 individual or \$300 family)		50% (minimum \$130, maximum \$190) after deductible (\$100 individual or \$300 family)
Specialty Drugs (up to a 30-day supply)^{2,7}			
• Specialty	\$0 when enrolled in PrudentRx program ⁷	Deductible (\$1,750 individual or \$3,600 family), then 20% ³ ; for certain generic preventive drugs ⁴ , waive deductible, then 20%	\$0 when enrolled in PrudentRx program ⁷
	30% co-insurance if you opt out of the PrudentRx program.		30% co-insurance if you opt out of the PrudentRx program.

¹ You must pay for your prescriptions until you have met the CDHP annual medical deductible before any benefits will be paid under the pharmacy plan. Once you meet the applicable deductible, the coinsurance will apply. Once you reach the CDHP's annual out-of-pocket maximum, the plan will pay 100% of covered expenses for the rest of the year. ² Only prescription drugs deemed as essential health benefit (EHB) by the ACA will apply toward calendar year out-of-pocket maximum. ³ Deductible and coinsurance shown apply to in-network benefits. ⁴ Certain preventive drugs include generics for coronary heart disease, hypertension and generic and preferred brand drugs for diabetes and respiratory drugs. ⁵ Certain prescriptions are available only through mail order. ⁶ You can choose to receive a 90-day supply of your maintenance medications at either a CVS retail pharmacy or through the Caremark Mail Service Pharmacy. ⁷ See page 25 for information on the PrudentRx program. Limited Distribution Drugs not dispensed by CVS Specialty are not included in the PrudentRx program, non-specialty drug retail copays, co-insurance, etc., apply.

Your health (continued)



Dental insurance

Dental coverage is through Aetna. You can choose Basic or Comprehensive dental coverage. You may receive treatment from any dentist you wish.

The coverage level under the plan is the same regardless of whether you seek services from a network or non-network provider. The advantage in using a network provider is that you will be able to take advantage of any discounted or negotiated fees between the provider and Aetna, the plan administrator. Therefore, your out-of-pocket expenses could be less.

Here are additional benefits with using an in-network provider:

- Your out-of-pocket expenses will be lower when you receive care from a contracted dentist. The plan pays the contracted dentist directly.
- For in-network care, you are only responsible for the coinsurance and deductible not paid by the plan.
- Your out-of-pocket expenses may be higher if you receive treatment outside the network. You must submit out-of-network claims for payment for eligible expenses.

Dental benefits summary

	Basic	Comprehensive
Annual Max Coverage	\$500	\$2,000
Calendar Year Deductible	\$25 individual; \$75 family	\$50 individual; \$150 family
Preventive Exams (two preventive exams)¹	You pay \$0	You pay \$0
Basic Services	20% after deductible	20% after deductible
Major Services	No coverage	50% after deductible
Orthodontia (only to age 24)²	No coverage	50% after a one-time separate \$50 deductible

¹You may be subject to out-of-pocket expenses over reasonable and customary fees when using out-of-network providers.

²Lifetime maximum of \$1,500.

Your health (continued)

Vision insurance

Our vision insurance has coverage for eye exams and contact lenses or glasses. This plan through Aetna provides benefits to help promote visual wellness by offering copays and discounts on exams and materials such as eyeglasses and contact lenses.

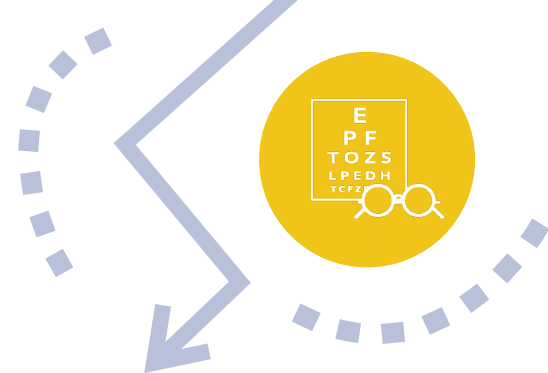
You have two levels of coverage under the vision plan. There are in-network and out-of-network doctors and eye care providers that you can use. While you can still receive coverage when you go to an out-of-network provider, you receive a higher benefit when you use a provider in the network.

Every plan year beginning on January 1, your plan will cover eligible expenses for prescription glasses or prescription contact lenses, but not both.

Vision benefits summary

	In-network	Out-of-network
Vision Exams	You pay \$10 for a routine eye exam, one exam covered per year.	The plan pays up to \$45, one exam is covered per year.
Eye Glass Lenses¹	You pay \$25 copay for most lenses, one set covered per year.	The plan pays up to \$45, \$65, \$85, or \$125 depending on the lenses type.
Elective Contacts¹	Plan allowance of \$130 with a 15% discount off any balance over the allowance, one order covered per year.	The plan pays up to \$105, one order covered per year.
Frames	\$130 plan allowance with 20% discount off any balance over the allowance.	The plan pays up to \$65, one frame covered per year.

¹The plan will cover prescription eyeglass lenses or prescription contact lenses, but not both.



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Your health (continued)



Flexible spending accounts

One of the easiest ways to save money is by participating in an FSA. FSAs offer you a tax-free way to pay for everyday services or products.

You can enroll in the health care FSA even if you don't have medical coverage through CEMEX. Your money is not taxed when it comes out of your paycheck or when you get it back as a reimbursement. There are two types of FSAs, health care FSA and dependent care FSA.

Health care FSA

The health care FSA is a way to contribute money tax-free to pay for eligible health care expenses, including:

- Medical, dental, and vision copays and coinsurance for you and your eligible dependents.
- Prescription or over-the-counter drugs with a doctor's prescription.
- Glasses, contact lenses, contact lens solution, and/or LASIK surgery.

Dependent care FSA

The dependent care FSA lets you contribute money tax-free to pay for eligible dependent care expenses that allow you to go to work or attend school full-time, such as day care or summer camp for dependent children under age 13, or qualified elder care. This account is for dependent care expenses. It cannot be used for your dependent's health care.

Your health (continued)

Flexible spending accounts (continued)

How FSAs work

1. You elect to set aside a certain amount of money in your FSA(s) based on the guidelines below:

	Minimum Yearly Contribution	Maximum Yearly Contribution
Health Care FSA	\$120	\$2,750*
Dependent Care FSA	\$120	\$5,000**

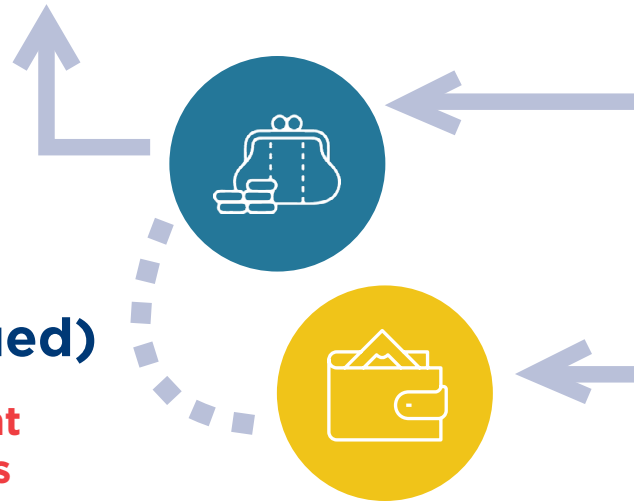
* \$2,750 is the 2021 IRS health care FSA contribution. We will provide the 2022 limits on www.mycemexbenefits.com once the IRS releases them, which is usually in November.

**If you're married and your spouse uses a similar account, your combined limit is \$5,000 yearly. If you file taxes separately, each of you is limited to a maximum of \$2,500 yearly.

2. Your election amount is deducted from your paychecks throughout the year. It will remain in effect throughout the year unless you have a qualifying family status change.
3. You use the money you set aside to pay or reimburse yourself for eligible health care and/or dependent care expenses.

Important FSA rules

- Internal Revenue Service (IRS) regulations prohibit you from participating in both a health care FSA and a health savings account (HSA).
- Your health care FSA funds carry over! Any unused funds in your health care FSA at the end of the year - up to \$550 - will carry over to the following year.
- Your dependent day care FSA funds must be used! If you enroll in the dependent day care FSA, you must use the money in your account to incur expenses by December 31 of the plan year and submit claims by April 30 of the next year. Otherwise, you lose any remaining money. Leftover money **cannot** be carried over into the next plan year.



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Flexible spending accounts (continued)

Manage your account the easy way

The FSAs are administered by Optum Financial, formerly known as ConnectYourCare. Through Optum Financial you have access to three features that make saving money on everyday expenses even easier:

1. The Optum Financial website will help you manage your FSA account balance(s), submit claims (if necessary), and learn more about eligible expenses and merchants.
2. You can download a mobile app for your Android, iOS, and Window devices, which lets you manage your account on the go. With this app, you can view your account balance, view claims and submit new claims, make payments with Online Bill Pay, and more. There's even a two-way texting feature.
3. If you sign up for the health care FSA, you'll get a payment card, which you can use to pay for eligible health care FSA expenses directly at approved merchants. When you use your card, you don't need to submit claims for expenses. Just pay with your card! You can learn more about using and managing your health care FSA payment card at <https://secure.optumfinancial.com>.

Optum Financial mobile app

The mobile app allows you to easily manage your account on the go. If you already have the *MyCYC* mobile app, there is no need to download a new one. If you've enabled automatic updates on your device, the mobile app will update on its own. If you don't have automatic updates enabled or haven't downloaded the mobile app yet, please search for **Optum Financial** in the app store to ensure you have the latest version of the app.



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Wellness Program

Our wellness partner, Virgin Pulse, offers a variety of wellness programs and resources to help you get and stay healthy. Whether you're looking for a telephonic health coach or you want to try an online program to help you eat better, get in shape, quit smoking, and more, Virgin Pulse has something for you — and at no cost to you.

Get support from a health coach

Put small changes in motion with support from an expert over the phone. Your coach can help you make the healthy changes that you want to make. It's like having a personal trainer for your health and activity. Your health coach will reach out to you by phone, so be sure to take their call!

Virgin Pulse Telephonic Coaching hours

Monday through Thursday: 7 a.m. to 10 p.m. CT

Friday: 7 a.m. to 6 p.m. CT

Saturday: 8 a.m. to 2 p.m. CT

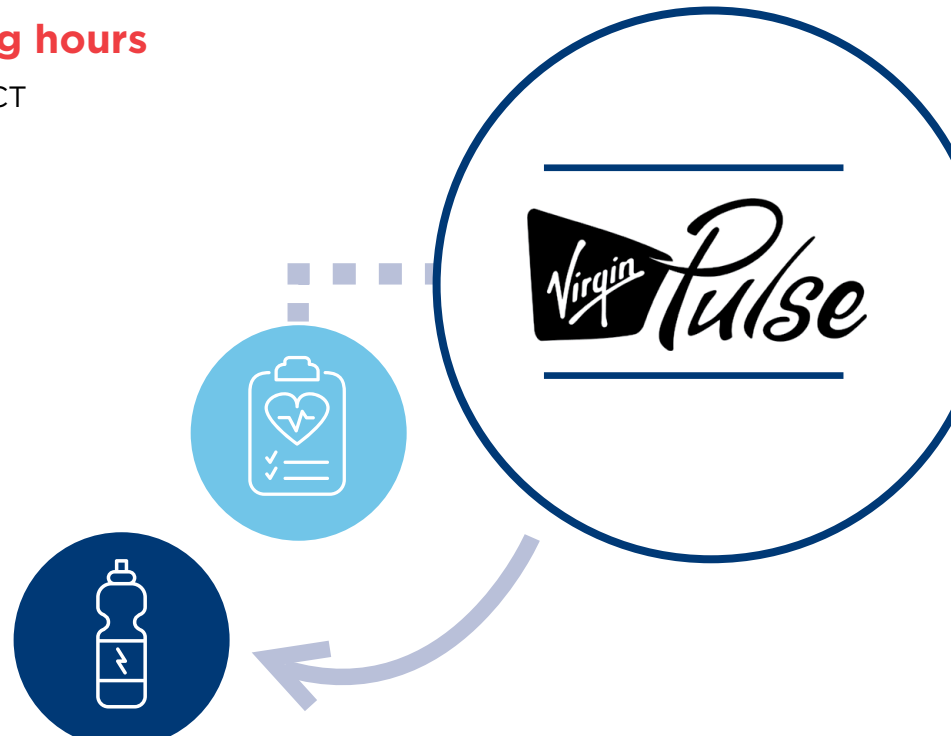
Login information

Visit Virgin Pulse at cemexwellness.com.

Virgin Pulse Helpline: 855-957-3349

Email Address: support@virginpulse.com

If it's your first time logging in, simply enter your First Name, Last Name, & Date of Birth, then enter your email address & create your password.



Your health (continued)



Virtual doctor

Access to doctors 24/7/365

When you or your dependents are feeling under the weather, stay in the comfort on your own home and get quality health care over the phone or video consultations by board-certified doctors.

For members of Aetna and BlueCross BlueShield medical plans, Teladoc provides nonemergency medical assistance when your doctor is not available. This means 24/7/365 (any time, any day of the year), you can access Teladoc’s board-certified doctors who provide quality health care over the phone or online through video consults.

Coverage	CDHP	EPO	PPO
Physician	\$49 cost/consult*	\$25 copay/consult	\$25 copay/consult
Behavioral/Mental Health (video visits)			
Psychiatrist - initial session	\$190/session*	\$25 copay/session	\$25 copay/session
Psychiatrist - ongoing sessions	\$95/session*		
Therapist - each session	\$85/session*		
Dermatology (video visits)	\$75 cost/consult*	\$40 copay/consult	\$40 copay/consult

*For CDHP medical plan members, cost noted are before deductible; once deductible is met, 20% coinsurance applies



Teladoc services

Primary Care	Dermatology	Mental Health
Cold & flu	Acne	Stress
Allergies	Psoriasis	Depression
Asthma	Dermatitis	Anxiety
Pinkeye	Rosacea	Marriage/family issues
Minor skin rashes	Eczema	Substance abuse

www.teladoc.com/CEMEX • 800-Teladoc (835-2362)



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Specialized Health Programs

CEMEX cares about the health and well-being of our people and their families. As such, we have a variety of special health programs available to eligible employees and their dependents to assist in maintaining or improving health at no cost to you.

Program	How It Helps	Program Available Through*
Pregnancy	The maternity program supports you from early pregnancy until six weeks after delivery. With Aetna Beginnings Right or BCBS-TX Special Beginnings maternity program, you can take advantage of tools and resources that help you give your baby a healthy start in life.	Available to employees and spouses enrolled in the Aetna or BCBS-TX medical plans.
Chronic Conditions Management	If you have a chronic condition, you will have access to a license clinician/dedicated nurse who will work one-on-one with you to help manage your chronic conditions such as asthma, COPD, congestive heart failure.	Available to employees and spouses enrolled in the Aetna or BCBS-TX medical plans.
24/7 Nurseline	Certified nurses are available 24/7 to answer your health-related questions and help you determine if your health concern is urgent or not.	Available to employees and spouses enrolled in the Aetna or BCBS-TX medical plans.
Weight Management	Telephonic coaching to help you lose weight and support you on your weight and nutrition goals.	Available through the wellness provider, Virgin Pulse, to all employees and spouses (covered by the medical plan).
Tobacco Cessation	Counseling, education and on-going coaching support to help you quit tobacco.	Available through the wellness provider, Virgin Pulse, to all employees and spouses (covered by the medical plan).
Diabetes Support	A comprehensive diabetes management program through Caremark, the prescription drug benefit, includes: <ul style="list-style-type: none"> • Free test strips • Complimentary blood glucose meter with real-time updates • Certified diabetes educators to advise on nutrition, lifestyle management 	Available to employees and spouses enrolled in the Aetna or BCBS-TX medical plans.

See Contacts on [page 46](#) for telephone and website information.

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Your life



Life insurance

Basic life insurance for you

CEMEX pays the full cost of your basic life insurance, which is equal to one times your annual base pay, up to \$1,000,000. The carrier for the life insurance plan is MetLife.

Voluntary life insurance for you

You may buy additional life insurance in amounts of one to seven times your annual base pay, up to \$1,500,000. The rates you pay for this coverage are based on your age as of January 1 and the amount of coverage you elect. You may need to provide Evidence of Insurability (EOI) for this coverage satisfactory to MetLife.

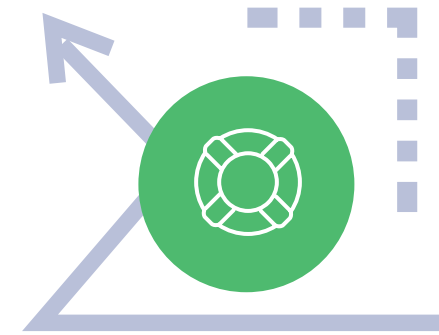
Dependent life insurance

You also may buy life insurance for your eligible dependents. For your spouse, available coverage amounts are \$10,000, \$25,000, \$50,000, or \$100,000.

Contributions for spouse life coverage are based on your (employee) age and the amount of coverage you elect. Your spouse may need to provide EOI for this coverage satisfactory to MetLife for amounts elected over the guaranteed issue amount.

Each eligible child can have coverage of \$5,000, \$7,500, or \$10,000. Contributions for dependent children coverage are based on a flat rate. If you and your spouse both work for CEMEX, only one of you may elect coverage for your eligible children.

Your life (continued)



Life insurance (continued)

Conversion/portability

Special Notice Concerning Life Insurance Conversion/Portability: This statement serves as notification of your conversion and/or portability (if applicable) rights under the life insurance coverage. The time limit from the date your coverage terminates to request conversion to an individual whole-life policy is 62 days. The time limit from the date your coverage terminates to port your coverage to a new group term-life policy is 31 days.

To discuss the portability (if applicable) and conversion options for your MetLife life insurance, once you have received your conversion and portability packet, contact the MetLife Transition Solutions team at 877-275-6387, Monday through Friday, 9 a.m. to 6 p.m.*

Important: Annual base pay (salary) is based on your salary excluding bonuses, overtime pay, or other compensation as of the following dates:

- For current plan participants - September 1.
- For newly eligible participants - Your hire date.

For hourly employees, your hourly base pay is used to calculate your annual base pay. The cost of voluntary coverage is based on your age as of Jan. 1.

You must be actively at work for your life, AD&D, and disability coverages to begin. If you are not actively at work, coverage will begin when you return to active employment and have met the eligibility waiting period. Refer to the policy for plan exclusions and other plan provisions.

*Refer to MetLife policies for further information on important timeframes to convert/port your life insurance.

Reduction of life insurance benefit

Your and your spouse's basic and voluntary life insurance amounts reduce when you reach certain ages. Your benefit reduces to:

Age	Benefits	Age	Benefits	Age	Benefits	Age	Benefits
65	65%	70	45%	75	30%	80	20%

Imputed income

If your basic life insurance benefit exceeds \$50,000, the cost of the coverage above \$50,000 is considered income subject to federal income and Social Security taxes. This cost of coverage is calculated using rates provided by the federal government. Your pay statement and your Form W-2 show the amount of your imputed income.

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Your life (continued)

AD&D insurance

The Accidental Death & Dismemberment (AD&D) Insurance plan pays benefits if you suffer certain injuries or die as a result of a covered accident.

Basic AD&D insurance for you

CEMEX pays the full cost of your AD&D insurance, which is equal to one times your annual base pay, up to \$1,000,000. The carrier for the AD&D plan is MetLife.

Voluntary AD&D insurance for you and your dependents

You may buy additional AD&D insurance for yourself in amounts of one to seven times your annual base pay, up to \$1,500,000. The rates you pay for this coverage are based on your age as of January 1 and the amount of coverage you elect.

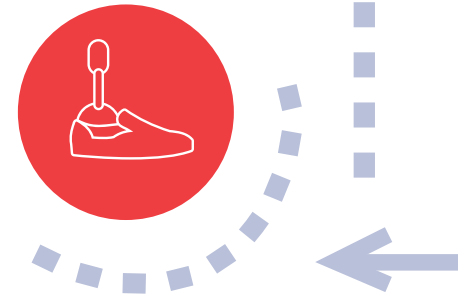
You also may buy AD&D insurance for your eligible dependents. For your spouse, available coverage amounts are \$10,000, \$25,000, \$50,000, or \$100,000. Each eligible child can have coverage of \$5,000, \$7,500, or \$10,000. Contributions for dependent children coverage are based on a flat rate. If you and your spouse both work for CEMEX, only one of you may elect coverage for your eligible children.

Important: Annual base pay (salary) is based on your salary excluding bonuses, overtime pay, or other compensation as of the following dates:

- For current plan participants - September 1.
- For newly eligible participants - Your hire date.

For hourly employees, your hourly base pay is used to calculate your annual base pay.

You must be actively at work for your life, AD&D, and disability coverages to begin. If you are not actively at work, coverage will begin when you return to active employment and have met the eligibility waiting period. Refer to the policy for plan exclusions and other plan provisions.



Your life (continued)

AD&D insurance (continued)

Benefit amounts

For Loss Of...	The Plan Pays...
Life	100%
Both hands or feet	100%
Sight in both eyes	100%
One hand or foot and sight in one eye	100%
Speech and hearing in both ears	100%
Use of four limbs (quadriplegia)	100%
Use of two limbs (paraplegia)	75%
Use of one limb (hemiplegia)	50%
One hand or foot	50%
Sight in one eye	50%
Thumb and index finger of the same hand	25%

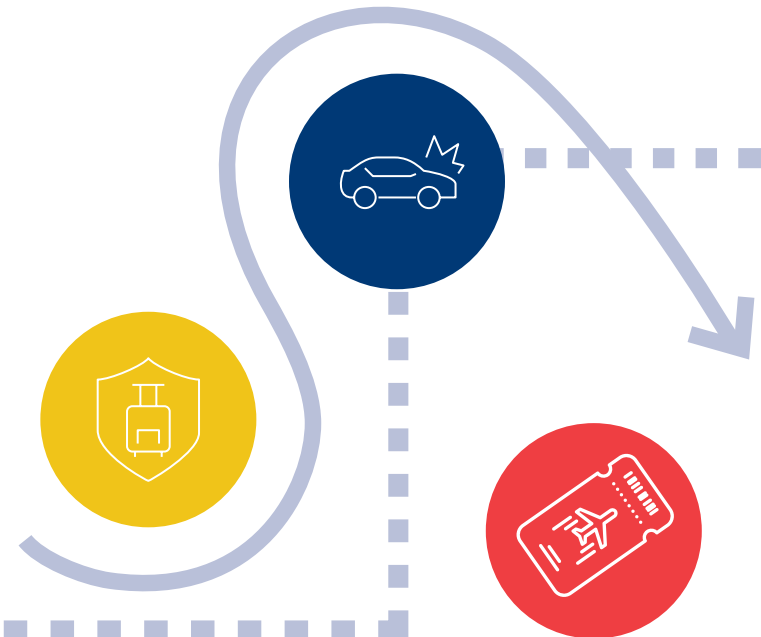
Benefit amounts are approved and determined by the insurance company.

Please refer to the certificate of coverage for a full list of the benefits.

Reduction of AD&D benefit

Your basic AD&D amounts reduce when you reach certain ages. Your benefit reduces to:

Age	Benefits	Age	Benefits	Age	Benefits	Age	Benefits
65	65%	70	45%	75	30%	80	20%



Your life (continued)

Evidence of Insurability (EOI)

You may need to provide proof of your or your dependents, good health (also known as EOI) to MetLife. If EOI is required, MetLife must approve the EOI application before the coverage begins or increases. If you or your dependents do not provide acceptable EOI to MetLife within 31 days from your election date, your request for coverage will be denied. You will be prompted during the enrollment process or MetLife will contact you if you are required to provide EOI.

Employee and spouse voluntary life insurance:

Current plan participants are required to complete EOI if:

- You have a Qualifying Life Event and enroll yourself or your spouse for voluntary life insurance.
- You increase your voluntary insurance amount or enroll your spouse during annual enrollment.



Newly eligible plan participants (New Hires) are required to complete EOI if:

- You elect an amount of voluntary life insurance that exceeds:
 - For employee: 3x your annual base pay or \$500,000, whichever is less.
 - For spouse: \$25,000.

Disability insurance

If you do not enroll in the voluntary short term disability (STD) or long term disability (LTD) plans when you are initially eligible (31 days from your date of hire) and then enroll later during annual enrollment or Qualifying Life Event, you must provide EOI to MetLife.

Note: You must be actively at work for your life, AD&D, and disability coverages to begin. If you are not actively at work, coverage will begin when you return to active employment and have met the eligibility waiting period.

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Disability insurance

Basic Short Term Disability

This plan provides you with income during times when you are temporarily unable to work due to a nonwork-related illness or injury. You are automatically enrolled in the Basic Short Term Disability (STD) coverage after you have satisfied your eligibility waiting period. The STD benefit begins after 7 calendar days of disability and can last for up to 25 weeks. The carrier for the Basic STD insurance plan is MetLife.

The company pays the full cost of your basic STD insurance. Basic STD coverage gives you a benefit that is at 60% of your weekly base pay up to \$1,000 per week. This means that if you are certified as disabled, you will receive this payment.

Your weekly base pay is based on your current salary and excludes bonuses, overtime pay, or other compensation. For hourly employees, your hourly base pay is used to calculate your weekly base pay.

If your condition is considered pre-existing, no benefit is paid if you are disabled due to a pre-existing condition during the first 12 months of coverage.

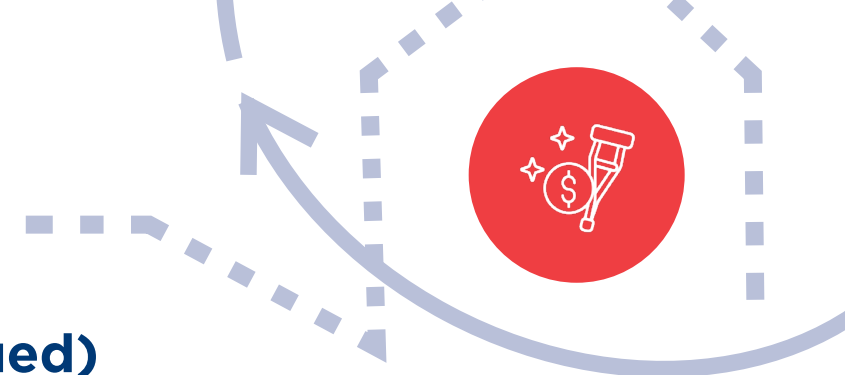
If you terminate from the company, coverage ends on the date of termination.

The table below shows an example of the difference the Basic STD plan improvement can make.

Ted is injured in a non-work related accident and needs to file an STD claim.	
Year	New for 2022
Ted's weekly base pay	\$1,150
Basic STD (60% of pay)	\$690
Basic STD weekly maximum benefit	\$1,000
Amount Ted receives weekly from the insurance company	\$690



Your life (continued)



Disability insurance (continued)

Voluntary Short Term Disability

This plan provides you with income during times when you are temporarily unable to work due to a nonwork-related illness or injury. You can choose Voluntary Short Term Disability (STD) of 66⅔% of your weekly base pay, up to a maximum of \$2,500 per week.

The STD benefit begins after 7 calendar days of disability and can continue for up to 25 weeks. The carrier for the Voluntary STD insurance plan is MetLife. Your weekly base pay is based on your current salary and excludes bonuses, overtime pay or other compensation. For hourly employees, your hourly base pay is used to calculate your weekly

base pay. You may enroll for Voluntary STD - Buy Up coverage within 31 days from your date of hire without providing Evidence of Insurability (EOI). You can also enroll during Annual Enrollment or if you have a Qualified Life Status Change; however, you will be required to submit EOI.

If your condition is considered pre-existing, no benefit is paid if you are disabled due to a pre-existing condition during the first 12 months of coverage. If you terminate from the company, coverage ends on the date of termination. Refer to the policy for plan exclusions and other plan provisions.

Below is an example of the Basic STD compared to the Voluntary STD calculation. Use this example to help determine if you should consider enrolling in Voluntary STD. The premium you would pay for the Voluntary STD can be found in the enrollment process.

	Basic STD = weekly base pay multiplied by 60% cap at maximum of \$1,000 per week		Voluntary STD = weekly base pay multiplied by 66⅔% cap at maximum of \$2,500 per week		
Weekly Base Pay	60% of base pay [\$2000 x .60 = \$1200]	Maximum Benefit Limit \$1,000	66⅔% of base pay [\$2000 x .6667 = \$1333.40]	Maximum Benefit Limit \$2,500	If you elect Voluntary STD you would receive this additional amount each week
\$2,000	\$1,200	\$1,000	\$1,333.40	\$1,333.40	\$333.40

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Disability insurance (continued)

Basic Long Term Disability

This plan provides you with income during times when you are unable to work for an extended period of time due to illness or injury. You are automatically enrolled in the Basic Long Term Disability (LTD) coverage after you have satisfied your eligibility waiting period.

The company pays the full cost of your basic LTD insurance. The carrier for the basic long term disability insurance plan is MetLife.

Basic LTD coverage gives you a benefit that is at 50% of your monthly base pay up to a maximum of \$10,000 a month. This means that if you are certified as disabled, you will receive this benefit. You must be disabled for 180 days before your LTD benefit starts. This is called the elimination period.

Your monthly base pay is based on your current salary and excludes bonuses, overtime pay, or other compensation. For hourly employees, your hourly base pay is used to calculate your monthly base pay.

If your condition is considered pre-existing, no benefit is paid if you are disabled due to a pre-existing condition during the first 12 months of coverage.

If you terminate from the company, coverage ends on the date of termination.

You must be actively at work for your life, AD&D, and disability coverages to begin. If you are not actively at work, coverage will begin when you return to active employment and have met the eligibility waiting period.

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Disability insurance (continued)

Voluntary Long Term Disability

This plan provides you with income in case you are unable to work for an extended period of time due to an injury or illness. The company provides you with basic coverage, but you can choose to purchase additional voluntary coverage. The carrier for the Voluntary Long Term Disability (LTD) insurance plan is MetLife.

You may enroll for the Voluntary LTD plan within 31 days from your date of hire you are eligible without having to provide Evidence of Insurability. You can also enroll during Annual Enrollment or if you have a Qualified Life Status Change; however, you will be required to submit EOI.

You can elect to purchase additional Voluntary LTD coverage:

- 60% of your monthly base pay to a maximum of \$10,000 per month.

Your monthly base pay is based on your current salary and excludes bonuses, overtime pay, or

other compensation. For hourly employees, your hourly base pay is used to calculate your monthly base pay.

You must be disabled for 180 days before your LTD payment starts. This is called the elimination period.

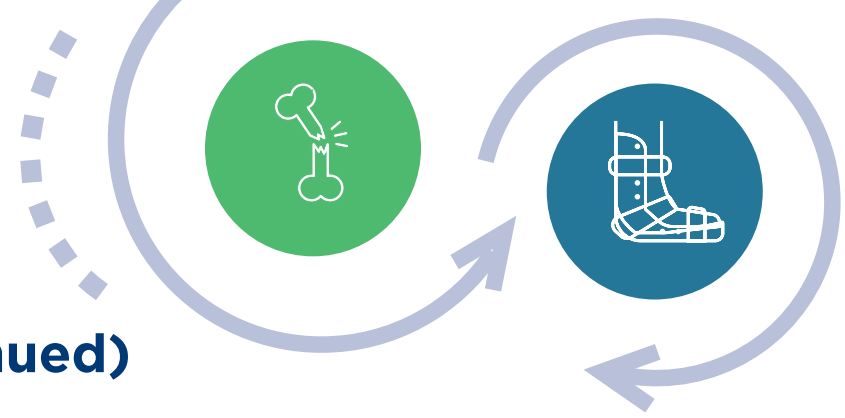
If your condition is considered pre-existing, no benefit is paid if you are disabled due to a pre-existing condition during the first 12 months of coverage.

If you terminate from the company, coverage ends on the date of termination.

Reminder

You must be actively at work for your life, AD&D, and disability coverages to begin. If you are not actively at work, coverage will begin when you return to active employment and have met the eligibility waiting period.

Refer to the policy for plan exclusions and other plan provisions.



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Your life (continued)



Employee assistance program

Our Employee Assistance Program (EAP) from Magellan Health Services is more than a nice-to-have employee benefit—it provides proven results that can give you effective resources for balancing work and home responsibilities, improving emotional wellness, and building resiliency in the workplace.

The EAP is a program available to help you resolve a variety of personal, emotional, and/or situational concerns that might affect you. You can receive up to eight free, in-person counseling sessions per issue and unlimited phone counseling for you and your dependents.

Services provided to help are:

- Telephone assessment and consultation.
- EAP counseling by phone, virtual, or in-person with licensed providers.
- Coordination with Behavioral Health.

Benefits:

- Work-life services to assist with child care, elder care, education, and other daily needs.
- Legal and financial consultation.
- Web-based tools and assessments.

For more information on the EAP, contact Magellan Health Services at www.magellanascent.com or at 800-424-6119.

Your life (continued)



CEMEX Paid Leave Benefits

At some point, a life event may occur in your life. This life event could be an illness (yours or a family member), birth or adoption. CEMEX offers leave programs to give you time needed to navigate your life event.

Paid Pregnancy and Parental Leave

We are excited to be able to offer this benefit to our employees during one of the happiest and most important times of their lives! The below Leaves are available to all salary and hourly non-union employees who have been with the Company at least 12 months and worked at least 1,250 hours and meet all eligibility requirements.

- Pregnancy Leave: 4 weeks of 100% paid Leave for birth mothers. CEMEX paid pregnancy leave begins after Short Term Disability (STD) benefits paid by the insurance company has ended.
- Parental Leave: 2 weeks of 100% paid Leave for all parents.
- Birth mothers working at CEMEX are eligible for pregnancy leave and parental leave.
- If applicable, CEMEX Pregnancy and Parental Leave benefits will be offset by State Paid Family Leave benefits

To apply for Pregnancy and/or Parental Leave benefits please reach out to your manager, Human Resources, or email paidfamilyleave@cemex.com.

Paid Family Care Leave (PFCL)

CEMEX offers Paid Family Care Leave (PFCL) to all salary and hourly non-union employees who have been with the Company at least 12 months and worked at least 1,250 hours and meet all eligibility requirements.

- PFCL is 1 week (5 days) of 100% pay to care for an immediate family member who has a serious health condition as defined by Family and Medical Leave Act (FMLA). Immediate family members include spouse, child, and parent.
- Employee must apply and be approved for FMLA to care for a family member prior to utilizing PFCL.

For more information on PFCL benefits please reach out to your manager or Human Resources.

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	Provider	Group Number	Phone	Website
Medical	Aetna	620210	877-842-9836	www.aetna.com
	BlueCross BlueShield	99224	888-579-9371	www.bcbstx.com/cemex
	Kaiser Permanente Northern CA	38918	800-278-3296	www.kp.org
	Kaiser Permanente Southern CA	104934	Northern and Southern CA	
Prescription drugs	Caremark	N/A	800-997-8813	www.caremark.com
Health savings account	Fidelity HSA	N/A	800-544-3716	www.netbenefits.com
Flexible spending accounts	Optum Financial	N/A	877-292-4040	https://secure.optumfinancial.com
Wellness program	Virgin Pulse	N/A	855-957-3349	www.cemexwellness.com
Dental	Aetna	N/A	877-238-6200	www.aetna.com
Vision	Aetna	N/A	877-973-3238	www.aetnavision.com
Virtual doctor	Teladoc	N/A	800-835-2362	www.teladoc.com/CEMEX
Life and AD&D insurance	MetLife	N/A	833-771-1425	www.metlife.com/mybenefits
Disability insurance	MetLife	N/A	833-771-1425	www.metlife.com/mybenefits
Employee assistance program	Magellan Health Services	N/A	800-424-6119	www.magellanascend.com

Enroll in your benefits at: WWW.MYCEMEXBENEFITS.COM

Questions? Call 866-472-3639, Option 1, Monday-Friday 7 a.m. - 7 p.m. CT

Chat with Sofia 24/7

This guide provides a summary of your CEMEX, Inc. Welfare Benefit Plan. It does not contain all of the details, rules and limits. For additional information, refer to the summary plan descriptions (SPDs) and official plan documents that govern these programs. In the event that the content of this guide or any oral representation made by any person regarding the plans conflicts with or is inconsistent with the provisions of the plan documents, the provisions of the plan documents are controlling. CEMEX reserves the right to amend, modify or terminate any of the plans, policies or procedures (in whole or in part) at any time with or without notice. Certain aspects of this communication may not apply to employees covered by a collective bargaining agreement. For more information, please contact your local Human Resources representative.

