2023 BENEFITS ENROLLMENT GUIDE

TSUBAKI NAKASHIMA CO.,LTD.

BENEFIT BASICS

ELIGIBILITY

Eligibility for benefits occurs when you are regularly scheduled to work at least 30 hours per week. Most of your benefits are effective on your date of hire. Newly hired team members have 30 days from their date of hire to make benefit elections. Your dependents can also be enrolled for coverage, including:

- Your legal spouse
- Your domestic partner
- Your children up to age 26

Benefits elected during the open enrollment period take effect on **January 1, 2023, and remain in effect until December 31, 2023.**

CHANGE IN STATUS

Generally, changes to your existing benefit elections may only be made during the open enrollment period. However, you may change your benefit elections during the year if you experience a qualifying event such as:

- Marriage
- Divorce or legal separation
- Birth of your child or your spouse/domestic partner's child
- Death of your spouse, domestic partner or dependent child
- New entitlement to Medicare or Medicaid
- Adoption of or placement for adoption of your child
- Change in employment status of team member, spouse/domestic partner or dependent child
- Qualification by the Plan Administrator of a child support order for medical coverage

You must contact Human Resources within 30 days of the date of change. Depending on the type of qualifying event, you may need to provide documentation, such as a marriage license. Human Resources will let you know what documentation you should provide. If you do not contact Human Resources within 30 days of the qualified event, you will have to wait until the next open enrollment window to make changes (unless you experience another qualifying life event).

HOW TO ENROLL – ALL TEAM MEMBERS MUST ENROLL IN TN AMERICA'S BENEFITS FOR 2023

ENHANCING YOUR BENEFITS EXPERIENCE

Our benefit programs are a critical part of an employee's total compensation and oftentimes employees overlook the value of these programs. Benefits are complicated and we want to make sure that employees understand and appreciate the programs being offered. Forester Benefits provides a personal one-on-one session to review all our benefit programs in detail. The services include education on each of the programs, as well as assistance with making benefit election choices. The counselor will review each benefit program and make the benefit election within the BenefitWerks enrollment system. This will simplify the benefit enrollment process and provides dedicated support to answer benefit enrollment questions and make sure all required information is complete.

Scan this QR Code to schedule your appointment with Forester!

You can also call our benefits call center to answer any questions and help navigate any challenges with your benefits at:
888-684-1829 | Monday – Friday

You also have the option to self-enroll:

1. **Go to www.benefitwerks.com**
2. **Click on "Login"**
3. **Username= First letter of first name and full last name (not case sensitive) Ex: jsmith Password= Password plus last four digits of SSN Ex: password9999**
4. **Company = TN**

BENEFIT COST SHARE AND RATES

TN Americas pays for some of your benefits, and you share in the cost for others. Listed below is a breakdown of the cost share and the tax implication associated with each benefit.

BENEFIT	WHO PAYS	TAX TREATMENT
Medical Coverage	TN Americas & You	Pre-Tax
Dental Coverage	TN Americas & You	Pre-Tax
Voluntary Vision Coverage	You	Pre-Tax
Basic Life and Accident Death & Dismemberment (AD&D)	TN Americas	N/A
Disability Coverage	TN Americas	N/A
Voluntary Life and Accidental Death & Dismemberment (AD&D)	You	After-Tax
Flexible Spending Accounts (FSA)	You	Pre-Tax
Health Savings Account (HSA)	TN Americas & You	Pre-Tax
Voluntary Legal and Identity Theft	You	After-Tax
Individual Voluntary Policies	You	After-Tax
Employee Assistance Program (EAP)	TN Americas	N/A
401(k) Retirement Savings Plan	TN Americas & You	Pre-Tax

2023 MEDICAL RATES	MONTHLY EMPLOYER COST	YOUR COST PER MONTH	YOUR COST PER PAY PERIOD (BI-WEEKLY)
TRADITIONAL PLAN			
EE Only	$644.03	$113.65	$52.45
EE + Spouse	$1,416.86	$250.03	$115.40
EE + Child(ren)	$1,127.04	$198.89	$91.80
Family	$2,060.88	$363.68	$167.85
HDHP			
EE Only	$579.62	$102.29	$47.21
EE + Spouse	$1,275.17	$225.03	$103.86
EE + Child(ren)	$1,014.34	$179.00	$82.62
Family	$1,854.79	$327.32	$151.07

2023 DENTAL RATES	MONTHLY EMPLOYER COST	YOUR COST PER MONTH	YOUR COST PER PAY PERIOD (BI-WEEKLY)
EE Only	$18.89	$6.30	$2.91
EE + Spouse	$43.45	$14.48	$6.68
EE + Child(ren)	$41.84	$13.57	$6.26
Family	$57.43	$18.14	$8.37

MEDICAL

TN Americas offers access to two comprehensive medical plan options through Anthem that pay a significant portion of your health care costs. Be sure to review the key features and the plan designs to see which plan is right for you and your family.

MEDICAL & PHARMACY PLAN

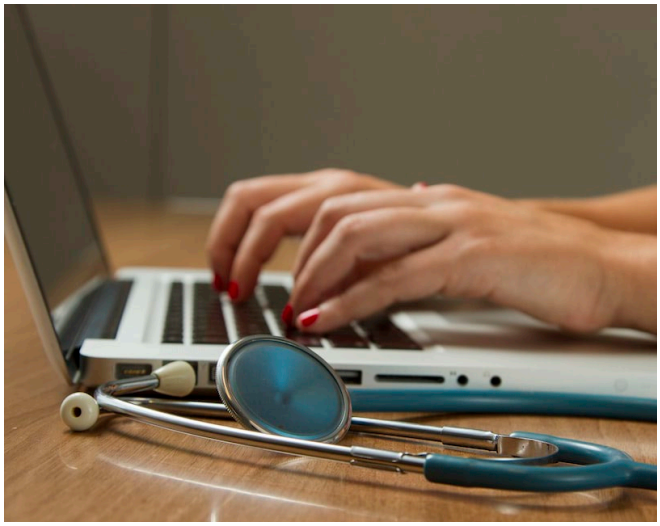
The medical and pharmacy carrier for 2023 is **Anthem.** The pharmacy vendor under Anthem is **IngenioRx.**

You will receive a new Anthem ID card if you are a new enrollee or if you change medical plans for 2023. Replacement cards can be obtained by calling Anthem customer service. *Anthem ID cards are used for medical, prescription, and dental claims.*

2023 MEDICAL PLAN OPTIONS

- Traditional Plan
- High Deductible Health Plan (HDHP)

You decide which medical plan works best for you and your family based on the monthly cost of coverage, the annual deductible, and the out-of- pocket maximum. Definitions of these terms are provided in the Glossary listed on page 24.



HIGH DEDUCTIBLE HEALTH PLAN (HDHP)

If you are enrolled for family coverage in the High Deductible Health Plan, **you must meet the full family deductible** before coinsurance applies. This can be one member or a combination of family members. The family's out-of-pocket expenses are also combined to meet the out-of-pocket maximum.

IN-/OUT-OF-NETWORK COVERAGE

Each medical plan features in- and out-of-network charges. You have the option to select in- or out-of-network providers; ***however, you will always pay less if you receive services from a participating network provider.***

FINDING AN IN-NETWORK PROVIDER

- Go to www.anthem.com
- Select **Find a Doctor** in the top right-hand corner
- On the next screen, select **Search as a Member** or **Search as a Guest**
- If you select **Search as a Member,** enter your **ID Number** from your card; click **Continue**
- If you select **Search as a Guest** on the next screen, select which type of care you are searching for, select the state, select **Medical (Employer-Sponsored**), select the **"Blue Open Access POS"** plan/network for the state of Georgia, or select **the "National PPO (BlueCard PPO)"** plan/network for all other states. On the next page, complete the applicable information and results of your search will display
- You can then compare, refine, and sort results

MEDICAL

Both medical plans, Traditional and HDHP, offered by TN America access the same Anthem Open Access POS network, utilize the same pharmacy formulary listing, and cover preventive services in the same manner.

TRADITIONAL PLAN

The Anthem Open Access POS Plan gives you the freedom to choose the doctor or hospital you want to see for covered services. You may use a doctor or hospital in the Anthem POS provider network, or you may use any doctor, hospital, or licensed provider of your choice. You do not have to select a primary care physician (PCP) to direct your care when you enroll in the POS Plan. You will, however, receive higher benefits when you use in-network providers.

- Higher premium per month
- Lower deductible
- Higher out-of-pocket maximum annually
- Copays for “routine” services – doctors office visits, urgent care, prescriptions
- You can budget for your out-of-pocket expenses by funding a health care flexible spending account (FSA)
- Preventive care is covered at 100%

***MEDICAL PLAN SURCHARGE:** If your Spouse or Domestic Partner has access to medical coverage through their employer and you elect to cover them under a TN Americas medical plan, you will be required to pay an additional fee.

ANTHEM HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)

The HDHP allows you to select care from in-network and out-of-network providers each time you or a covered dependent needs medical care. You do not need to select a primary care physician (PCP) to direct your care.

The Anthem HDHP features a higher annual deductible for those wishing to minimize their monthly premium. Participation in the HDHP allows you to set up a Health Savings Account (HSA) so that you may pay for eligible expenses on a tax-advantaged basis. See more information on HSAs on page 12.

- Lower premium per month
- High deductible which applies to all services
- Lower out-of-pocket contributions
- Access to an HSA and tax-free HSA contributions from TN Americas (if eligible under federal tax law for an HSA)
  - **$1,500 dollar for dollar matching contribution**
- Preventive care is covered at 100%
- Protection from high claims: All eligible health care expenses (including prescription costs) count toward your deductible and out-of-pocket maximum (up to allowed amount). Plus, you can pay your deductible and other quailed expenses using money from your HSA

MEDICAL PLANS

The chart below compares the basic provisions of the two medical plan options and outlines what you will pay.

*__Shared__ means the full family deductible / out-of-pocket maximum must be met (if you cover spouse / children) before the plan will start to pay.

*__Embedded__ means that no one family member will contribute more than the single amount toward the family deductible. Once an individual meets the individual deductible, they will start paying copays/coinsurance toward the out-of-pocket maximum.

PLAN PROVISIONS	TRADITIONAL PLAN IN-NETWORK	HDHP PLAN IN-NETWORK
TN Americas Contribution to HSA	N/A	$1,500 dollar match for match
Annual Deductible	$750 per person / $1,500 max per family EMBEDDED	$2,000 per person / $4,000 max per family SHARED*
Out-of-Pocket Maximum (Includes Deductible and Copays)	$3,000 per person / $6,000 max per family	$3,000 per person / $6,000 max per family
Lifetime Maximum	Unlimited	Unlimited
Preventive Care	0%; No Deductible	0%; No Deductible
Primary Physician Office Visit	$25 copay	0% after deductible
Specialist Office Visit	$40 copay	0% after deductible
Advanced Imaging Services	20% after deductible	0% after deductible
Hospital Services	20% after deductible	0% after deductible
Urgent Care	$40 copay	0% after deductible
Emergency Room Care	$150 copay	0% after deductible
Retail Prescription Drugs (30-day supply)		
• Tier 1	$5 copay	$5 copay after deductible
• Tier 2	$35 copay	$35 copay after deductible
• Tier 3	$50 copay	$50 copay after deductible
• Tier 4	N/A	$100 copay after deductible
Mail Order Prescription Drugs (90-day supply)		
• Tier 1	$10 copay	$10 copay after deductible
• Tier 2	$70 copay	$70 copay after deductible
• Tier 3	$100 copay	$100 copay after deductible
• Tier 4	N/A	$100 copay after deductible

Note: This is a summary only of your coverage. In-network services are based on negotiated charges; out-of-network services are based on reasonable and customary (R&C) charges.

MEDICAL

Your health care coverage includes medical, dental and vision plans. General medical plan information is provided in this section. Should you have questions regarding these benefits, please contact Human Resources for assistance.

ANTHEM SYDNEY MOBILE APP

Employees enrolled in the Anthem health plan can take advantage of Anthem's mobile app with your iPhone or Android-powered smartphone. With Sydney you can find everything you need to know about your benefits –all in one place. You'll have a custom experience that's based on your plan, your specific health care needs and lots more. The app can provide quick access to your digital ID card to show it to your doctor or pharmacy. You can even use Sydney to track your health goals, find care, compare costs, and manage your claims.

Here are a few fun facts about Sydney:

- Sydney is designed to deliver a highly personalized, custom experience that's based on your plan and health care needs
- The app connects medical, vision, and pharmacy to manage things quickly and easily
- You can use the app to track health goals, find care, understand benefits, manage claims, and get important information for everyone in your plan
- Have a question? Get answers right away in Sydney's interactive chat feature

24/7 NURSELINE

A nurse information line offering members 24-hour a day, seven day a week access to a registered nurse. Also available is the AudioHealth Library. With hundreds of topics offered, members can listen to taped recordings as well as have printed literature sent to them free of charge.

COST ESTIMATOR TOOLS

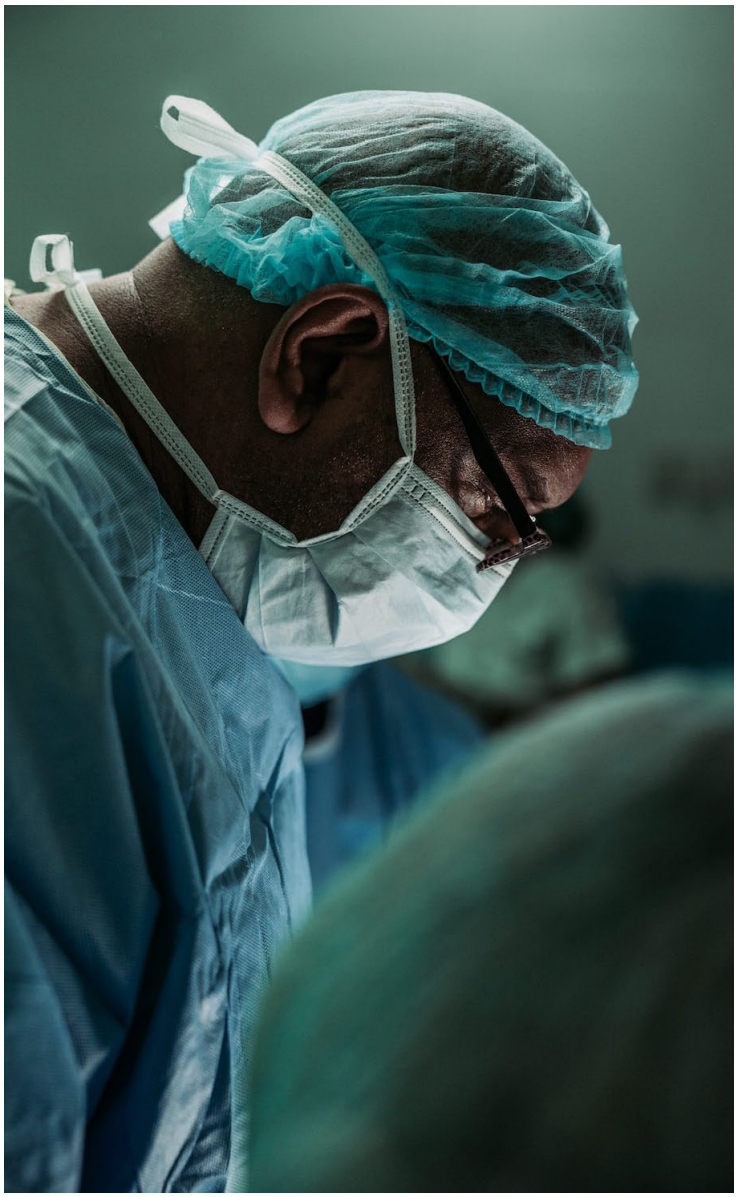
If you or a family member need to have a procedure, use the cost estimator tools to determine the estimated cost and quality information to plan better and save money. Log into www.anthem.com and click on Estimate Your Cost and follow the steps to:

- Compare hospital and medical facility costs in your area for many different procedures
- See doctor's accreditation, honors, awards, and experience with certain procedures
- Get user reviews of hospitals and other medical facilities

You can compare the cost of hundreds of procedures including:

- Colonoscopy
- MRI scan
- Labor and delivery

Remember that different locations charge different fees for the same service and that higher costs don't always mean better care!



LIVEHEALTH ONLINE

LIVEHEALTH ONLINE

Team members enrolled in an Anthem health plan have access to Anthem's LiveHealth Online. This gives you access to a board-certified doctor via video using your smartphone, tablet, or computer with a webcam. No appointments, no driving, and no waiting at an urgent care center. Doctors are available 24 / 7 to assess your condition, and they can also send a prescription to your preferred pharmacy. **Employees enrolled in the Traditional Plan receive visits at no cost, and HDHP participants pay nothing once they've met their deductible.**

- Rash
- Acne
- Fever
- Cold and Flu
- Sore throat
- Headache
- Allergies
- UTIs
- Sinus Infection
- Ear Infection

LIVEHEALTH ONLINE PSYCHOLOGY

An easy, convenient way to see a therapist or psychologist. If you're feeling stressed, worried, or having a tough time, you can talk to a licensed psychologist or therapist through video via LiveHealth Online Psychology. It's easy to use, private and, in most cases, you can see a therapist within four days or less. You can get help with:

- Stress
- Anxiety
- Depression
- Grief
- Panic attacks

Pricing for HDHP for Psychology (Non-HDHP follows office copay):

- $95 for session with a Psychologist
- $80 for a session with a licensed social worker / therapist
- $175 for initial visit with Psychiatry
- $75 for follow up visit with Psychiatry

LiveHealth Online
Call **1-888-548-3432**
to schedule an appointment or log in to livehealthonline.com for access to doctors, dermatologists, licensed therapists or psychiatrists.

Download the app on the **App Store** or **Google Play**.

LIVEHEALTH ONLINE DERMATOLOGY

Their physicians and dermatologists will help diagnose and treat minor skin conditions such as eczema, psoriasis, cold sores, and many more. Specialty cost share applies for each visit.

PRIMARY CARE SOLUTIONS

Now more than ever, members are turning to their phones, tablets, and computers for medical appointments. Members would see the same virtual PCP each time, and they would be able to develop a relationship with this individual (not like LiveHealth Online, where it could be a different provider each time). If your PCP is out of the office, then you would see someone else within the same practice.

Primary Care Solutions offers:

- Unlimited access to a doctor
  - $0 for Traditional Plan participants
  - $59 fee for HDHP participants and covered at 100% once the deductible has been met
- 24/7 chat with a doctor through a virtual text visit
- Scheduling of a virtual wellness visit via video
- Prescriptions and refills
- Designated care team of providers
- Recommended care plan and provider follow-up
- In-network referrals

VIRTUAL TEXT VISIT

1. Assess your Symptoms

Start with the Symptom Checker and answer a few questions about how you are feeling. You'll receive information and advice tailored to your gender, age, and medical history. The Symptom Checker was built with doctors and medical professionals. It intuitively uses the information you provide to narrow down millions of medical data points and assess your specific symptoms before you even see a doctor.

2. Connect with a Doctor

The app can connect you to a board-certified doctor through a Virtual Text Visit or Video Visit right from your phone or tablet.

Virtual Text Visits offer the convenience and privacy of texting with a qualified doctor anytime, anywhere. Through a Virtual Video Visit, the doctor will be able to see what you're experiencing and diagnose your symptoms. They can talk about your treatment options and order prescriptions and labs, as needed. They can also let you know whether you need an in-person visit as a next step.

90-DAY PHARMACY FILL

Anthem's 90-day retail pharmacy program offers you two ways to save on your long-term medications:

- 90-day retail prescription which must be filled at a CVS pharmacy
- **Save time:** Receive a three-month supply of medication with free standard shipping through Anthem's Home Delivery pharmacy

You can also get professional support: Call the 24-hour, toll-free number for home delivery at **1-833-203-1739** to speak with a registered pharmacist about your pharmacy questions or concerns.

PREVENTIVE MEDICATION SAVINGS

You should never put yourself at risk of a preventable disease or condition because of the cost of a medication or a deductible. That's why the IRS allows certain preventive medications to be covered at 100% under High Deductible Health Plans. You don't have to meet the deductible before these medications are covered in full.

To get these preventive drugs, including over-the-counter drugs or products:

- You must meet the recommended treatment age
- You need a prescription from your doctor
- You must use your Anthem ID card to fill the prescription at your pharmacy

REMINDER

Saving Money with GoodRx

GoodRx is a website and mobile app that tracks prescription drug prices and offers drug coupons in the United States. GoodRx checks more than 75,000 pharmacies in the United States. No sign-up required and no fees.

WAYS TO SAVE ON RX

- **Choose generic drugs** for you and your family to pay the lowest out-of-pocket cost
- **Select drugs from Anthem's formulary** (preferred drugs) to pay less and maximize your plan's benefits
- **Save by using 90-day prescription** fill at participating 90-day retail pharmacies or Home Delivery pharmacy
- **Log in to Anthem's Pharmacy Cost Comparison Tools** at Anthem.com or the Sydney app and compare costs for 30-day retail vs. 90-day retail vs. home delivery for the lowest cost to fill your medication

It's true that good health is its own reward but getting something extra feels good too. That's how Anthem Health Rewards works. It rewards you for taking part in employer-sponsored health and wellness programs.

EARN UP TO $200 IN HEALTHY REWARDS

Team members and their spouse are eligible to earn up to $200 each through participation in the Anthem Wellness program.

Upon completing your first healthy activity, you and/or your spouse will receive an e-gift card. Digital gift card options include MasterCard, Amazon, Target, Bed Bath & Beyond, TJ Maxx, The Home Depot, Gap Options, and Staples.

The activities and reward amounts for 2023 are listed below.

Preventive Care	Annual eye exam	Claims	$25
	Annual adult wellness exam or well woman exam	Claims	$25
	Cholesterol test	Claims	$20
	Colorectal cancer screening	Claims	$25
	Flu shot	Claims	$20
	Mammogram	Claims	$25
Condition Management	ConditionCare	Completion	$50
	Future Moms	Completion	$40
	Well-being coach telephonic - Tobacco	Completion	$25
	Well-being coach telephonic – Weight	Completion	$25
Wellness	Action plan	Tracked	$25
	Connect a device	Tracked	$5
	Health Assessment	Tracked	$20
	Log into website or app	Tracked	$5
	Track steps	Tracked	$60
	Update contact information	Tracked	$10
	Well-being coach digital	Tracked	$20

We hope our healthy rewards give you some extra motivation to help you stay healthy!

HEALTH SAVINGS ACCOUNT (HSA)

Fidelity is the 2023 Health Savings Account (HSA) vendor. For more information go to www.netbenefits.com or call 800-835-5097.

An HSA is an individual account you own that can be used to pay for out-of-pocket qualified medical expenses that your health plan doesn't cover. You decide how much to contribute, when to tap into your HSA, and how to invest your savings. You can use your HSA to pay for qualified medical expenses incurred by you, your spouse, and your dependents—including health plan deductibles and out-of-pocket maximums, most medical care and services, dental and vision care, and prescriptions. The entire balance is yours to keep—even if you change jobs, change medical coverage, or retire.

HSA ELIGIBILITY

To be eligible to participate in an HSA, you must have medical coverage under an IRS qualified High Deductible Health Plan (HDHP). The HDHP offered through TN Americas qualifies as an HSA-eligible plan.

- You cannot be covered by other health insurance that is not a HDHP
- You are not eligible to continue contributing to an HSA after you have enrolled in Medicare
- If your spouse has an FSA through their employer, you cannot use the money in the FSA to pay for anything that is covered under your HDHP. In order for you to be HSA eligible, you must not be covered under your spouse's FSA

MAXIMIZE YOUR TAX SAVINGS

- Contributions to an HSA are tax-free and can be made through payroll deduction on a pre-tax basis when you open an HSA through Fidelity
- The money in your HSA (including interest and investment earnings) grows tax-free
- As long as you use the funds to pay for qualified medical expenses, the money is spent tax-free

TN AMERICAS' HSA CONTRIBUTIONS IN 2023

TN Americas will match your contribution amount up to $1,500 dollars annually. Deposits to your account are made after each bi-weekly pay date. Once deposited into your account this money is available to use for qualified expenses. You have the option of depositing additional funds into your account on a pre-tax basis through payroll deduction up to annual limits. Annual limits include contributions made by TN Americas.

2023 IRS Annual Limits:

- $3,850 for single
- $7,750 for family

If you are 55 or older, you can make an additional $1,000 catch-up contribution each year until you enroll in Medicare.

THREE EASY WAYS TO ACCESS YOUR HSA MONEY

- **Debit card**—Draws directly from your HSA and can be used to pay for eligible expenses at your doctor's office, pharmacy, or other locations where you purchase health-related items or services
- **Pay bills online**—Send payments directly to your health care providers, pharmacy, or other payees
- **Reimburse yourself**—Request a check or schedule an electronic account transfer to pay yourself back for eligible expenses you paid out of your pocket

HEALTH SAVINGS ACCOUNT (HSA)

YOUR HSA IS AN INDIVIDUALLY OWNED ACCOUNT

- You own and administer your HSA
- You determine how much you will contribute to your account and when to use the money to pay for eligible health care expenses
- You can change your contribution at any time during the plan year without a qualifying event
- Like a bank account, you must have a balance in order to pay for eligible health care expenses
- Keep all receipts for tax documentation
- An HSA allows you to save and roll over money from year to year
- The money in the account is always yours, even if you change health plans or jobs
- Participants have the opportunity to invest in a variety of mutual funds once they have reached a minimum balance

COMMON QUALIFIED MEDICAL EXPENSES INCLUDE

- Amounts not covered under another health plan
- Doctor office visits
- Surgery (excludes elective cosmetic surgery)
- Medicines (prescribed and over the counter)
- Artificial limbs/teeth
- Birth control pills/prescription contraceptives
- Therapy
- Post-mastectomy breast reconstruction surgery
- Chiropractor
- Crutches
- Dental treatments, orthodontia
- Eyeglasses/eye surgery, optometrist, contact lenses
- Hearing aids
- Long-term care expenses
- Nursing home/services
- Smoking cessation programs
- Medicare/COBRA premiums

Qualified medical expenses are designated by the IRS. They include medical, dental, vision, and prescription expenses. See IRS publication 502 for a list of specific examples.

TAX REPORTING

Because your HSA is a tax-advantaged account, the IRS requires you to report how you use the account on your income tax return, typically on Form 8889. Fidelity provides two tax statements as applicable each year: 1099-SA and 5498-SA.

FLEXIBLE SPENDING ACCOUNT (FSA)

With a flexible spending account (FSA), you can set aside money on a pre-tax basis from your paycheck to cover health care (medical, dental, and vision) and dependent care.

TN Americas offers these flexible spending accounts through iSolved, whose services include:

- The iSolved Benny Card provides immediate access to the funds in your FSA
- Automatic direct deposit in your bank or savings account

HEALTH CARE FSA

If you enroll in the health care FSA, you can contribute up to a maximum of $3,050 in 2023. An advantage of enrolling in the health care FSA is that your full election is available for use on qualified expenses on the day your plan starts, even though your contributions are spread out over the plan year. You cannot change your election during the plan year unless you have an IRS-qualified event. The health care FSA is only available for employees enrolled in a Traditional plan.

Please note: If you choose to use a health care FSA, remember to plan your contributions carefully. Due to IRS rules, you'll forfeit any unused funds. This is known as the "use it or lose it" rule. FSA elections do not automatically roll over from year to year. You must actively enroll each year.

The following list provides examples of expenses eligible for reimbursement under IRS guidelines:

- Non-covered medical expenses that qualify under Section 217 of the IRS code
- Deductibles
- Office visit copays
- Prescription medication
- Over the counter medications
- Vision and dental expenses

Examples of non-eligible expenses include:

- Cosmetic surgery
- Electrolysis
- Toiletries
- Vitamins
- Health club dues

For a complete list of eligible medical and dependent care expenses, you may access publications #502 (health care) and #503 (dependent care) on the web at www.irs.gov.

FLEXIBLE SPENDING ACCOUNT (FSA)

DEPENDENT CARE FSA

If you have child or elder care expenses, consider taking advantage of the dependent care FSA. You can use the dependent care FSA to set aside up to $5,000 per year pre-tax dollars ($2,500 if married and filing separate tax returns) for childcare expenses while you work. Examples of eligible dependent care expenses include:

- Adult and child daycare
- Nursery school
- Before- and after-school programs
- Summer day camps

The dependent care FSA is subject to the same reimbursement rules as the health care FSA, including the “use it or lose it” rule. Important tax rules also apply to the dependent care FSA. You can’t be reimbursed from your FSA for any expense that is also covered by a tax credit on your federal tax return. However, unlike the health care FSA, your full election for the plan year is not available on the day your plan starts. For the dependent care FSA, you can only be reimbursed for qualified expenses up to the amount you have contributed to your FSA up to that point in time. As your contributions accrue, claims for reimbursement can be processed.

EXAMPLE

Here’s a look at how much you can save when you use an FSA to pay for your health care and dependent care expenses.

	WITH FSA	WITHOUT FSA
Your taxable income	$50,000	$50,000
Pretax contribution to health care and dependent care FSA	$2,000	$0
Federal and Social Security taxes*	$14,256	$14,850
After-tax dollars spent on eligible expenses	$0	$2,000
Spendable income after expenses and taxes	$33,744	$33,150
Tax savings with the health care and dependent care FSA	$594	N/A

*This is an example only; not your actual experience. It assumes a 22% federal income tax rate marginal rate and a 7.7% FICA marginal rate. State and local taxes vary and are not included in this example. However, you will save on any state and local taxes as well.

DENTAL - ANTHEM

TN Americas' dental plan provides 100% coverage for routine exams and cleanings and pays for a portion of other services as shown in the chart below. You have the option to select in- or out-of-network providers; however, you will save money when you utilize providers who participate in the network.

It's important to have regular dental exams and cleanings so that problems are detected before they become painful and expensive. Keeping your teeth and gums clean and healthy can help prevent most tooth decay and periodontal disease and is an important part of maintaining your medical health. Did you know that your dentist can detect up to 120 different diseases, including diabetes and heart disease? Early detection is one of the best ways to prevent further complications.

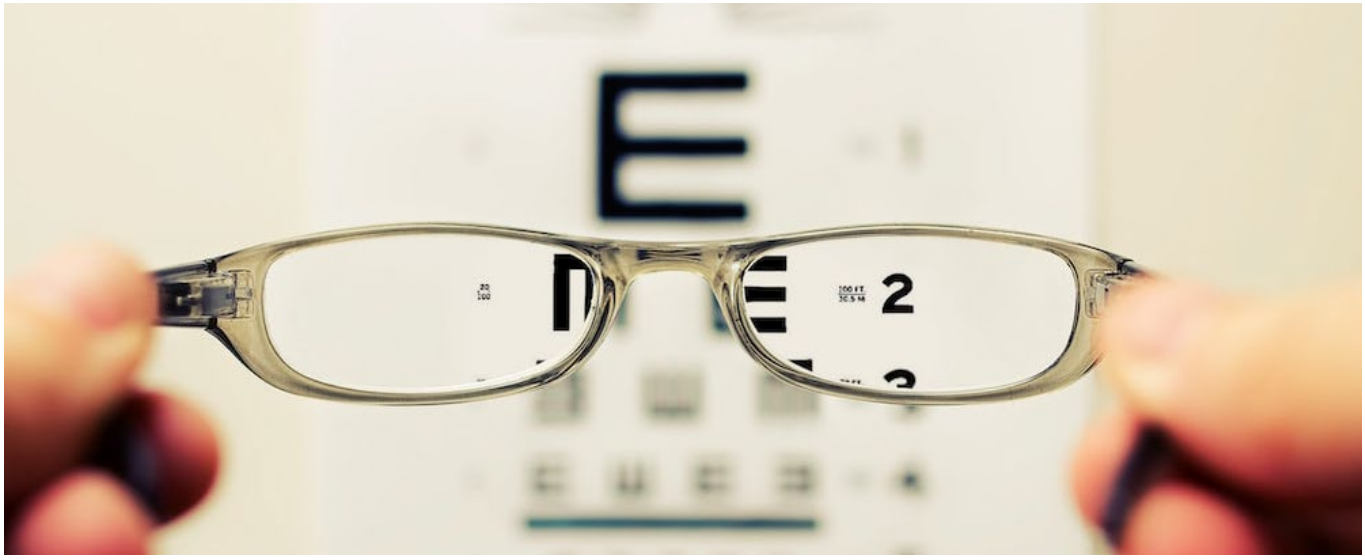
	ANTHEM	
	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible (Individual / Family)	$50 / $150	$50 / $150
Annual Maximum Per Person	$1,500	$1,500
Diagnostic & Preventive (Applies to Annual Max): exams, routine cleanings, fluoride treatments and x-rays	100% covered; no deductible	100% covered; no deductible
Basic Services: fillings, periodontics, root canals, oral surgery	80% after deductible	80% after deductible
Major Services: crowns, bridges, full and partial dentures	50% after deductible	50% after deductible
Orthodontia (Child only up to age 19)	50%; $1,500 lifetime maximum	50%; $1,500 lifetime maximum

Note: This is a summary only of your coverage. In-network services are based on negotiated charges; out-of-network services are based on reasonable and customary (R&C) charges.

ANTHEM PROVIDER LOOK-UP

- Go to www.anthem.com
- Select **Find a Doctor** in the top right-hand corner
- On the next screen select **Search as a Member** or **Search as a Guest**
- If you select **Search as a Member,** enter your **ID Number** from your card; click Continue
- If you select **Search as a Guest,** on the next screen select which type of care you are searching for, select the state, select the **"Dental Complete"** plan/network option
- On the next page, complete the applicable information and results of your search will display

VISION - EYEMED



TN Americas' vision plan provides coverage for routine eye exams, frames, lenses, and/or contact lenses.

An annual eye exam is about much more than healthy vision. It can help you manage your overall health and well-being, too. An eye exam can spot the early signs of serious health conditions like diabetes and high blood pressure. Scheduling regular eye exams for you and your family is important.

Our vision plan is provided through EyeMed. You have the option to select in- or out-of-network providers; however, your benefits are greater when you use in-network providers. To locate an in-network provider, follow the instructions below.

	EYEMED	
	IN-NETWORK	**OUT-OF-NETWORK**
Exam	$10 copay	Up to $32
Frames	$120 allowance; 20% off balance over $120	Up to $60
Lenses	100% after $25 copay	
• Single vision lenses	100% after $25 copay	Up to $7
• Bifocal lenses	100% after $25 copay	Up to $21
• Trifocal lenses	$90 copay	Up to $46
• Standard Progressive Lens	$90 copay, 80% of charge less $120 allowance	Up to $21
• Premium Progressive Lens		Up to $21
Medically Necessary Contact Lenses	$0 copay, Paid in Full	Up to $200
Elective Contact Lenses in Lieu of Glasses	Up to $135 allowance; 15% off balance over $135 (copay does not apply)	Up to $108
Contact Fitting Fee and Follow Up	Standard Contacts: up to $55 Premium Contacts: 10% off retail price	N / A
Frequency		
• Exam	12 months	12 months
• Frames	24 months	24 months
• Lenses or Contacts	12 months	12 months

EYEMED PROVIDER LOOK-UP

- Go to www.eyemedvisioncare.com
- Click on **Find an eye doctor** in the upper right-hand corner of the page
- Select the **Access Network** and click on **Use My Location** or enter your zip code to **Search By Zip**
- You can narrow your search criteria on the search results page

2023 VISION RATES	YOUR COST PER PAY PERIOD (BI-WEEKLY)
EE Only	$2.60
EE + Spouse	$4.95
EE + Child(ren)	$5.21
Family	$7.66

LIFE & DISABILITY

BASIC TERM LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Life insurance is an important part of your financial security, especially if you support a family. Accidental Death & Dismemberment (AD&D) insurance provides a benefit in the your death was the result of an accident or you lose a limb due to an accident. TN Americas provides Basic Life & AD&D insurance to all eligible team members at no cost. Benefits are subject to age reductions.

BASIC LIFE AND AD&D	BENEFIT
Basic Life and AD&D (AD&D Employee Only)	• Salary: 1.5x your base annual earnings • Hourly: 1x your base annual earnings • Minimum of $50,000 • Maximum of $500,000
Dependent Life	• Spouse – $10,000 • Child – $5,000

DISABILITY

Disability insurance provides income replacement should you become disabled and unable to work due to an illness or injury. TN Americas provides eligible team members with disability income benefits at no cost as shown below. Coverage is automatic.

DISABILITY	BENEFIT
Short Term	• Covers 60% of your base annual earnings, up to a $2,000 weekly maximum • Benefit begins after a 7 day elimination period • Maximum benefit of 12 weeks

Long Term	• Covers 60% of your base annual earnings, monthly benefit maximum of:
	  • Salary – $10,000
	  • Hourly – $5,000
	• Benefit begins after 90 days of disability
	• Maximum benefit to normal social security retirement age if you qualify

GROUP VOLUNTARY TERM LIFE

Team members may purchase additional Voluntary Term Life insurance coverage for yourself, your spouse, and your dependent children.

- Team member can elect in $10,000 increments up to a maximum of $500,000
- Spouse can elect in $5,000 increments up to 100% of team member election, to a maximum of $150,000
- Child(ren) can elect in $2,000 increments up to $12,000

Team member must elect coverage in order to have spouse or child(ren) coverage. When you enroll in this benefit, you pay the entire cost through payroll deduction. Benefits are subject to age reductions.

GROUP VOLUNTARY AD&D

Team members may purchase additional Voluntary AD&D insurance coverage for yourself, your spouse, and your dependent children.

- Team member can elect in $10,000 increments up to a maximum of $700,000
- Spouse can elect in $5,000 increments up to a maximum of $350,000
- Child(ren) can elect in $1,000 increments up to $10,000

Team member must elect coverage in order to have spouse or child(ren) coverage. Team member benefits will reduce to 67% at age 70 and 50% at age 75.

2023 OPEN ENROLLMENT AND NEW HIRES:

The Guarantee Issue amount for Voluntary Life coverage is $150,000 or 5x your salary and $50,000 for your spouse. This is the most coverage you can elect without submitting evidence of insurability (a medical questionnaire).

TRAVEL CONNECT (THROUGH LINCOLN)

What would happen if you got sick in another city or country? Who would you call if you couldn't speak the language? Lincoln Financial Group provides vital travel services when you or your family are 100 miles or more from home — whether personal or business travel.

You can feel safe knowing that you can use the travel assistance services 24 hours a day. When needed, here is a brief list of services the Travel Connect Program can assist with:

- Medical referrals and case reviews
- Medical evacuation/return home
- Replacing medicine and eyeglasses
- Finding lost items
- Emergency messages
- Emergency travel arrangements
- Cash and legal help/bail
- Interpretation/translations

You can also get help before you travel with things like visa requirements, passports and immunizations, finding an embassy or consulate, and foreign exchange rates.

Call anytime, anywhere in the U.S. and Canada **(866-525-1955)** or anywhere else in the world, you can call collect **(603-328-1955**) or visit **mysearchlightportal.com**.

CLIENT ADVOCATE

Our employee benefits consulting partner, NFP provides benefits assistance services for you and your family members. The Client Advocate is your one point of contact for assisting you with:

- Interpreting Explanation of Benefits (EOBs) received from the insurance carriers
- Escalated claims issues
- Navigating through the appeals process
- Network provider issues

401(K) RETIREMENT SAVINGS PLAN

The TN Americas Retirement Savings Plan offers an easy way to save for your future through payroll deductions.

Eligibility: You are eligible to participate in the plan as of the first of the month following your hire date with TN Americas.

Employee Deferrals: Contributions from your pay can be made on a pre-tax or post-tax basis up to the IRS annual limit. If you are 50 years of age or older, (or if you will reach age 50 by the end of the year), you may make catch-up contributions in addition to the normal IRS annual limit. Refer to the Summary Plan Description for deferral-eligible earnings.

Vesting: Vesting refers to your right of ownership to the money in your account. You are immediately vested in all contributions and earnings.

Employer Matching Contribution: TN Americas will match employee deferrals up to a set limit each year. Catch-up contributions are not eligible for employer matching. Please refer to your 2023 Benefits Rate Sheet for formula match.

EMPLOYEE ASSISTANCE PROGRAM (THROUGH MAGELLAN)

When you feel pressure from everyday problems like work-related stress or family issues, the EAP can help you get emotional, legal, and financial support and there's no extra cost to you.

Support is available 24/7. Call or go online.

- Marriage and family problems
- Job-related issues
- Stress, anxiety and depression
- Parent and child relationships
- Legal and financial counseling
- Financial Planning
- Various other related issues
- Includes up to 8 face-to-face counseling sessions at no cost to you

Call **1-800-523-5668** or visit **MagellanAscend.com**

LINCOLN VOLUNTARY BENEFITS

VOLUNTARY ACCIDENT INSURANCE

Voluntary Accident insurance protects you from the unexpected. This benefit offers coverage for injuries due to an accident and provides a cash benefit in one lump sum. Coverage includes a $1,000 hospital admittance benefit for accidents as well as $200 daily hospital benefit, doctor and emergency room visits, injuries, therapy, testing, and much more. An AD&D benefit is also included. You may cover yourself, spouse, and children.

VOLUNTARY HOSPITAL INDEMNITY PLAN

Hospital stays are never the same. Yet whether they are planned or unexpected, long or short, the costs can quickly add up. Some of the costs may be covered by your medical plan, but you can expect to pay some of the costs out-of-pocket. Protect yourself from these unexpected expenses by enrolling a Hospital Indemnity plan.

Hospital Indemnity provides a lump-sum, tax-free cash benefit to help pay for costs that can come with a hospital stay that your health plan doesn't cover. Think of it as a bit of financial assistance when you need it most.

You can use the lump-sum payment however you want.

You might use it to help pay for out-of-pocket medical costs related to a hospital stay such as hospital bills, medical tests, or rehab due to accident or illness. Or you might choose to use it for daily expenses like rent, food, transportation, childcare, or help around the house.

If you are enrolled in a Voluntary Benefit through Lincoln (Accident, Hospital Indemnity or Critical Illness), you and your covered dependents can each earn a $50 health screening benefit when you get preventive tests.

Qualifying health screening tests include: annual physical, child immunizations, child sports/school physicals, dental preventative exams, depression screening, eye exam, hearing exams and more.

VOLUNTARY CRITICAL ILLNESS INSURANCE

Voluntary Critical Illness insurance provides an added layer of protection that you need and want when you are diagnosed with a critical illness. You can decide how to use the benefits to best support recovery for you and your family.

This plan pays a lump sum cash benefit of your choosing at diagnosis of a covered critical illness. You may select a benefit for yourself in increments of $10,000 up to $40,000. (All amounts are Guaranteed Issue – no medical questions asked). Your spouse and children are covered for 50% of your benefit.

Covered critical illnesses include heart attack, cancer, stroke, renal failure, major organ transplant, paralysis, Alzheimer's, severe burns, ALS, loss of vision/speech/hearing, benign brain tumor, and more.

VOLUNTARY BENEFITS

VOLUNTARY PERMANENT LIFE INSURANCE - ATLANTIC AMERICAN

This form of life insurance provides you a benefit that you can carry with you into retirement or take with you should you leave the company, at the same premium cost. Whole Life Insurance builds cash value and is designed to provide long-term protection. Your benefit amounts and rates are guaranteed. You are able to insure yourself, spouse, children and grandchildren (legal tax dependents). Employees must elect coverage in order for dependents to enroll.

Coverage is contingent upon TNA achieving minimum participation requirements.

Some key features of these plans include:

- **Flexible Benefit Amounts** up to $100,000 on employee, $20,000 on spouse and $10,000 on children.
- **Chronic Illness Benefit Rider** (Living Benefit Rider) pays a benefit if you have a qualifying chronic illness or cognitive impairment and are unable to perform at least two activities of daily living for yourself, such as dressing, bathing, eating, toileting, continence or moving from one activity to another. The benefit pays 4% of your face value for up to 50 months.
- No physicals or medical questionnaires required.

VOLUNTARY BENEFITS

GROUP VOLUNTARY IDENTITY THEFT - LEGALSHIELD

To fight America's fastest growing crime, TN Americas has partnered with IDShield through LegalShield to offer identity theft protection. TN Americas' team members can enroll themselves and household members in IDShield's program via payroll deduction. Benefits include:

- Monitoring your personally identifiable information
- Providing preventive consultations with a licensed investigator
- Should an identity theft occur, assigning a licensed investigator to work with you to fully restore your identity back to its pre-theft status

GROUP VOLUNTARY LEGAL PLAN - LEGALSHIELD

LegalShield is an insurance plan that provides support and protection from unexpected personal legal issues. LegalShield provides access to advisors and attorneys that can represent and advise you for a wide variety of legal and financial matters including:

- Legal advice on unlimited topics, even on pre-existing situations
- Family, financial, home, auto, and estate issues
- 24/7 emergency assistance
- Forms service center
- Letters and phone calls on your behalf
- Contract and document review
- Standard will preparation
- Estate planning

GLOSSARY

BRAND NAME DRUGS
Drugs that have trade names and are protected by patents. Brand name drugs are generally the costliest choice.

COINSURANCE
The percentage of a covered charge paid by the plan.

COPAYMENT (COPAY)
A flat dollar amount you pay for medical or prescription drug services regardless of the actual amount charged by your doctor or health care provider.

DEDUCTIBLE
The annual amount you and your family must pay each year before the plan pays benefits.

FLEXIBLE SPENDING ACCOUNT (FSA)
A fund you can contribute to, to pay for eligible out-of-pocket medical, dental, and vision expenses. Contributions are made on a pre-tax basis.

GENERIC DRUGS
Generic drugs are less expensive versions of brand name drugs that have the same intended use, dosage, effects, risks, safety, and strength. The strength and purity of generic medications are strictly regulated by the Federal Food and Drug Administration.

HEALTH SAVINGS ACCOUNT (HSA)
A fund you can contribute to, to pay for eligible out-of-pocket medical, dental, and vision expenses when covered under a qualified High Deductible Health Plan. Both employers and team members may contribute to this fund; team members do so through pre-tax payroll deductions.

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP)
A medical plan that qualifies under IRS rules and may be used in conjunction with a health savings account (HSA).

IN-NETWORK PROVIDER
A health care provider that participates in the plan's network. When you use providers in the network, you lower your out-of-pocket expenses because the plan pays a higher percentage of covered expenses.

INPATIENT
Services provided to an individual during an overnight hospital stay.

MAIL ORDER PHARMACY
Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.

OUTPATIENT
Services provided to an individual at a hospital facility without an overnight hospital stay.

OUT-OF-NETWORK
A health care provider that does not participate in a plan's network.

OUT-OF-POCKET MAXIMUM
The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year.

PRIMARY CARE PHYSICIAN (PCP)
Physician (generally a family practitioner, internist, or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions and refers patients to specialists as necessary.

SPECIALIST
A physician who has specialized training in a particular branch of medicine (e.g., a surgeon, gastroenterologist, or neurologist). You do not need a referral to a specialist from a PCP.

IMPORTANT NOTICES

MEDICARE PART D 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 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. TN Americas has determined that the prescription drug coverage offered by Anthem 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 through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two-month Special Enrollment Period 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 TN Americas coverage will not be affected. See Annual Creditable Coverage Notice, which outlines the prescription drug plan provisions / options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D. If you do decide to join a Medicare drug plan and drop your current TN Americas 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 TN Americas 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 human Resources 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 TN Americas 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, log onto www.medicare.gov, call 1.800.MEDICARE (1.800.633.4227) or call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number).

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For more information, visit socialsecurity.gov or call 1.800.772.1213.

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

PATIENT PROTECTION MODEL DISCLOSURE

TN Americas Health and Welfare Plan generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the plan administrator. For children, you may designate a pediatrician as the primary care provider.

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

IMPORTANT NOTICES

HIPAA SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or 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). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as 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.

Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

Note: The 60-day period for requesting enrollment applies only in these last two listed circumstances relating to Medicaid and state CHIP. As described above, a 30-day period applies to most special enrollments.

To request special enrollment or obtain more information, contact Human Resources.

NOTICE OF AVAILABILITY TN AMERICAS HEALTH AND WELFARE PLAN NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW YOU MAY OBTAIN A COPY OF THE PLAN'S NOTICE OF PRIVACY PRACTICES, WHICH DESCRIBES THE WAYS THAT THE PLAN USES AND DISCLOSES YOUR PROTECTED HEALTH INFORMATION.

TN Americas Health and Welfare Plan (the "Plan") provides health benefits to eligible employees of TN Americas (the "Company") and their eligible dependents as described in the summary plan description(s) for the Plan. The Plan creates, receives, uses, maintains and discloses health information about participating employees and dependents in the course of providing these health benefits. The Plan is required by law to provide notice to participants of the Plan's duties and privacy practices with respect to covered individuals' protected health information, and has done so by providing to Plan participants a Notice of Privacy Practices, which describes the ways that the Plan uses and discloses protected health information. To receive a copy of the Plan's Notice of Privacy Practices you should contact Human Resources, for all issues regarding the Plan's privacy practices and covered individuals' privacy rights.

NOTICE REGARDING WELLNESS PROGRAM

Anthem Get Strong is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you will be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You will also be asked to complete a physical, which will include a blood test for total cholesterol, HDL, LDL, triglyceride levels, glucose levels and GGT. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

Additional incentives may be available for employees who participate in certain health-related activities. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Human Resources at 770-781-6239.

The information from your HRA and the results from your biometric screening will be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as group education. You also are encouraged to share your results or concerns with your own doctor.

IMPORTANT NOTICES

CHILDREN'S HEALTH INSURANCE PROGRAM

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage but need assistance in paying their health premiums. If you or your dependents are already enrolled in Medicaid or CHIP, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1.877.KIDS.NOW or insurekidsnow.gov to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

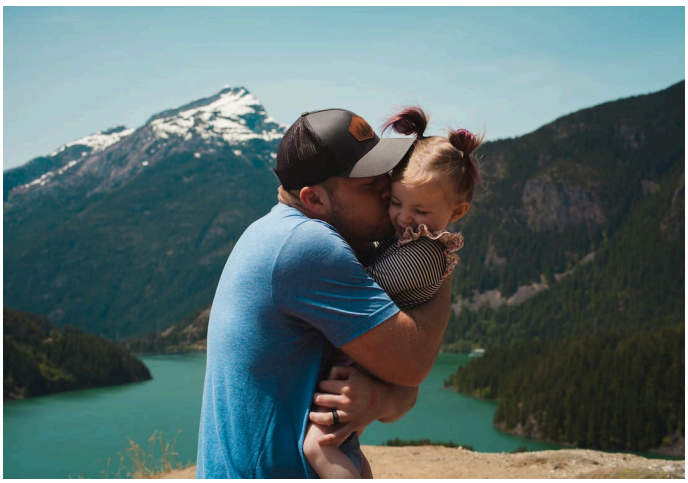
Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan– as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance.

WOMEN'S HEALTH AND CANCER RIGHTS

Under the Women's Health and Cancer Rights, any plan participant who elects breast reconstruction in connection with a covered mastectomy is also entitled to the following:

- All states 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 lymphedemas.

Health plans must provide coverage of mastectomy-related benefits in a manner determined in consultation with the attending physician and the patient. Coverage for breast reconstruction and related services are subject to deductibles and coinsurance amounts that are consistent with those of other benefits under the plan.



IMPORTANT NOTICES

CONTINUATION COVERAGE RIGHTS UNDER COBRA

This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it. When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child".

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days [or enter longer period permitted under the terms of the Plan] after the qualifying event occurs.

CONTACT INFORMATION

If you have any questions regarding our benefits, feel free to contact any of our providers directly.

MEDICAL

Anthem (Group #: GA9888)

www.anthem.com
855-397-9267

DENTAL

Anthem (Group #: GA9888)

www.anthem.com
877-604-2158

VISION

EyeMed (Policy #: VC-19)

www.eyemedvisioncare.com
866-939-3633

FLEXIBLE SPENDING ACCOUNT (FSA)

iSolved

www.isolvedbenefitservices.com
fbaemail@isolvedhcm.com
866-370-3040

HEALTH SAVINGS ACCOUNTS (HSA)

Fidelity

www.netbenefits.com
800-835-5097

BASIC LIFE AND AD&D

Lincoln Financial Group

www.lfg.com
866-783-2255

SHORT/LONG TERM DISABILITY

Lincoln Financial Group

www.lfg.com
disabilityclaims@lfg.com
866-783-2255

401(K) RETIREMENT SAVINGS PLAN

Fidelity

www.401k.com
800-890-4015

LEGAL PLAN & IDENTITY THEFT PROTECTION

LegalShield

legalshield.com/info/americasts
memberservice@legalshield.com
866-288-5229

WELLNESS PROGRAM

Anthem Get Strong

www.anthem.com
855-397-9267

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Magellan

www.MagellanAscend.com
800-523-5668

VOLUNTARY BENEFITS – LIFE INSURANCE

Atlantic American

www.aaemployeebenefits.com
groupcustomercare@atlam.com
866-458-7502

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