MetroTech Chemicals Benefit Enrollment Guide and Annual Notices

April 1, 2024 - March 31, 2025

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We Appreciate You!

Dear Partners,

At **MetroTech Chemicals,** we appreciate our Partners and the valuable contributions you make to our success. One way this appreciation is expressed is through a competitive company sponsored benefit program.

We consider the benefits package to be an extension of the compensation program as it provides you financial security through medical, dental, vision, FSAs and life benefits. You should refer to the complete benefit booklets for detailed plan information for each benefit as this guide is a base summary of those benefits that we offer.

With choice comes responsibility and planning. In order to maximize your benefits and minimize your costs, please take the time to:

- Enroll on time
- Read and understand each benefit offering
- Ensure that you and your family are educated consumers of healthcare services
- Plan thoughtfully regarding the level of health coverage necessary for you and your family for the benefit year

Thank you for your commitment to MetroTech Chemicals, Inc.

Summary of Material Modification (SMM)

Please keep a copy of this Guide (also considered a Summary of Material Modifications) with your Summary Plan Description (SPD) for each plan that is subject to ERISA.
All documents must be read together for a full and clear understanding of your benefits.
A copy of each SPD is available by contacting Human Resources at 704-525-3600.

Benefits described in this Guide are effective April 1, 2024 through March 31, 2025

2024 Open Enrollment Period

Friday, March 1, 2024

through

Monday, March 11, 2024

Eligibility & IRS Change In Status Rules

Am I Eligible?

To determine the benefits for which you may be eligible, please refer to the chart below. You are eligible to participate in these plans upon meeting each plan's eligibility requirements. You may also have the option to enroll your eligible dependents in certain benefits.

Eligible dependents may include:

- Your legal spouse
- Your dependent children to age 26, regardless of full-time student status or marital status
- Your unmarried children of any age who, prior to age 26, are incapable of self-support due to a mental or physical disability and who are totally dependent upon you for support

Additional information on the eligibility requirements is available in the Summary Plan Description (SPD) or Certificate of Coverage for each benefit.

Change in Status

Once you have made your elections and your enrollment opportunity has closed, you cannot make changes until the next annual open enrollment period unless you experience a qualified change in status, such as:

- A change in your legal marital status (such as marriage, divorce, or death of a spouse)
- A change in the number of dependents (such as birth, adoption of a child, or death of a dependent)
- A change in your spouse's employment status (including commencement or termination of employment, a change from full-time to part-time status, or vice versa)
- Your dependent satisfying or ceasing to satisfy an eligibility requirement for coverage as a dependent
- You or your dependent becomes eligible for Medicare or Medicaid

You have **30 days** from the date of the qualifying event to notify Human Resources and provide appropriate documentation to change your benefits. Requests received after **30 days** will not be accepted.

Note: A change in status does not necessarily permit a change in benefit elections. A change in election is permitted only when determined that the change in status affects eligibility for coverage of the employee, spouse, or a dependent under a benefit plan.

Benefit Plan	Employment Status	New Hire Waiting Period
Medical & Prescriptions	Full-Time ≥ 30 hours per week	30 day waiting period, benefits effective on the 31st day of continuous employment
Dental		
Vision		
Flexible Spending Accounts		
Employer Paid Life and AD&D		

Annual Open Enrollment—How to Make Changes

Friday, March 1st – Monday, March 11th, 2024
ALL Eligible Employees MUST submit a form that confirms your decision to ELECT or WAIVE coverage for the Plan Year starting 4/1/2024.

PLEASE do not wait until the last day to submit your form.

2024—2025 Benefit Highlights

There is NO increase to you again this year, for the new benefit year!

Bundled Benefit Package - Medical, Dental and Vision Plans remain with BCBS NC.

Making Benefit Elections

- Take your materials home and review the benefits with your family (if applicable)
- Make thoughtful decisions on your benefit choices
- When adding a dependent, a social security number is required for medical coverage
- Call the HR Department if you have questions
- Return your election form **no later than Monday, March 11th, 2024, before 4:30 pm EST.** **Please DO NOT wait until the last day to submit your form!**

Medical, Dental and Vision (bundled benefits package):

- You may enroll, change or cancel coverage
- You may drop dependents from coverage
- You may add dependents to coverage with evidence of their eligibility (birth certificate, marriage license, etc.) and you must have SSNs for the medical coverage with BCBSNC

ID cards:

- Everyone enrolled in the bundled benefits package will receive a new BCBSNC Medical/Rx at their home address on file with BCBS NC

Voluntary Life:

- USAble Life remains the provider for this coverage

- Current employees that elected this coverage when it was initially offered may increase their benefit amount by one increment for themselves or their dependent spouse (if Spouse is already covered) WITHOUT having to go through the Evidence of Insurability (EOI) process. Any amount elected ABOVE one increment will be subject to EOI and may be declined by USAble Life

Flexible Spending Accounts:

- Our Flexible Spending Accounts plan runs on a calendar year **(NOT 4/1 to 3/31)**. This means OPEN ENROLLMENT for the Health Care and Dependent Care accounts happens at a different time (usually the later part of fall). ***Human Resources will provide separate enrollment information and the Open Enrollment dates for this benefit.***

Reminder:

After open enrollment ends, you **cannot** make benefit changes until the next annual open enrollment period, unless you experience a *qualifying* Qualified Life Event (QLE) / Change In Status as per IRS regulations. You have **30 days** from the date of the qualifying event to notify Human Resources and provide appropriate documentation to change your benefits.

Requests received after **30 days** will not be accepted due to strict IRS Regulations, **exceptions** cannot **be granted.**

Healthy Lifestyle

At **MetroTech Chemicals**, we want to encourage our employees to live a healthy lifestyle. There are many variables in our lives and in our world that we can't control. But we make choices everyday about things we can control: what we eat, how much we move, and whether or not we use tobacco products. These choices directly impact our health. While sometimes it's hard to see the correlation, over time the evidence is clear: health and quality of life is improved when we put the right food in our bodies, when we move the way we're supposed to move, and when we steer clear of tobacco – essentially when we take care of ourselves and treat our bodies well. Although that may sound easy, we know leading a healthy lifestyle can be anything but easy.

A first step in making better choices is "Knowing Your Numbers." The chart below gives you key biometric measures, national standards and a place to track *your* numbers. Once you know your numbers, you can begin to work with your healthcare provider on improving your health.

Know Your Numbers		
Biometric Measure	**National Standards**	**What Are Your Numbers?**
Tobacco Use	None	
Cholesterol Ratio	< 4.0 or 200 mg/dl	
HDL	> 40 men > 50 women	
Blood Pressure	120 / 80 mm HG	
Blood Glucose **Fasting** **Non-Fasting**	 < 100 mg/dl < 140 mg/dl	
Waist Circumference	< 40 inches men < 35 inches women	
Body Mass Index (BMI) **Underweight** **Healthy Weight** **Overweight** **Obese**	 < 18.5 = 18.5 – 24.9 = 25.0 to 29.9 > 30	

Healthy Lifestyle

Not using Tobacco is another key to your health, but quitting can be very challenging even for the best of us. If you are a tobacco user, there are resources to help you quit.

Our medical plan includes coverage for specific tobacco cessation products to help you or your spouse kick the habit.

You can also access the **Smokefree.gov** website **www.Smokefree.gov/QuitWithUs**, which has information you need on the best ways to quit smoking and the tools to make it happen. You can build a "quit plan," read articles, take quizzes and get quick links to other resources like:

- **Smokefree TXT** is a text message program that provides daily encouragement, advice and tips to quit smoking successfully.
- **The QuitGuide** is a free smartphone app that teaches you the steps to quit and the skills you need to become and stay Smokefree. The app gives you extra support when you need it most. You can track your progress, cravings, triggers, and tag the times and places that make it hard for you to stay Smokefree.

Regular exercise is a key step in improving your numbers! Whether that's walking in your neighborhood, following a "couch to 5k" exercise schedule, taking the stairs, or joining a gym, you have to get started with "just one thing."

It takes about six to eight weeks to form a habit, regardless of whether it is a healthy habit or one that's not so noble. And while we are forming that new, healthy habit, many folks sabotage themselves by being too aggressive in training, selecting the wrong training program, or not developing a plan to maintain an exercise program.

First, visit your physician for a check-up. Be sure your body is ready for exercise, especially if you haven't exercised in a long time. Some of us have latent conditions which need to be addressed before starting an exercise program.

Second, figure out where you are. Like using the GPS in your car, and before setting the course on your destination, you need to know where you begin the journey. Don't compare yourself to a friend, significant other, co-worker or even the "you," you were 20 years ago when you were in high school. Don't compare yourself to the "you," you will be, or want to be, in six months. Rather, honestly assess how much exercise you have had in the last six months to a year. Your recent physical activity is a good indicator for selecting the most appropriate exercise program.

Preventive Care Services

The following services are covered without a co-pay, co-insurance, or deductible when services are coded and provided by an in-network provider. The services listed may be subject to age, gender, and frequency guidelines.
Note: *Source - USPSTF A and B Recommendations and www.healthcare.gov/preventive-care-benefits/

Services*	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
Immunizations				
Hepatitis A	X	X		X
Hepatitis B	X	X		X
Herpes Zoster	X	X		
Human Papillomavirus	X	X		X
Hemophilic Influenza Type b				X
Influenza (flu shot)	X	X		X
Inactive Poliovirus				X
Mumps, Measles & Rubella	X	X		X
Meningococcal	X	X		X
Pneumococcal	X	X		X
Rotavirus				X
Tetanus, Diphtheria, Pertussis	X	X		X
Varicella	X	X		X
Prevention & Preventive Medications				
Aspirin for the Prevention of Cardiovascular Disease	X	X		
Breast Cancer, medications		X		
Folic Acid Supplementation		X		
Gonococcal Ophthalmic Neonatorum, Medication				X
Iron Deficiency Anemia, Prevention				X
Tobacco Use in Children and Adolescents, Primary Care Interventions				X
Counseling				
Alcohol Misuse Screening & Behavioral Counseling	X	X	X	
Breastfeeding, Counseling		X	X	
Falls in Older Adults, Counseling & Medication	X	X		
Sexually Transmitted Infections, Counseling	X	X		X
Skin Cancer, Counseling	X	X	X	X
Tobacco Use in Adults, Counseling and Interventions	X	X		

Preventive Care Services

Services*	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
Screenings				
Abdominal Aortic Aneurysm	X			
Bacteriuria			X	
BRCA-Related Cancer in Women		X		
Breast Cancer		X		
Cervical Cancer		X		
Chlamydial Infection		X	X	
Colorectal Cancer	X	X		
Congenital Hypothyroidism				X
Depression in Adults	X	X		
Diabetes Mellitus	X	X		
Gestational Diabetes Mellitus			X	
Gonorrhea		X	X	
Hearing Loss in Newborn				X
Hepatitis B Virus in Pregnant Women			X	
Hepatitis C Virus Infection in Adults	X	X		
High Blood Pressure in Adults	X	X		
HIV Infection	X	X	X	X
Intimate Partner Violence and Elderly Abuse		X		
Iron Deficiency Anemia			X	
Lipid Disorders in Adults	X	X		
Lung Cancer	X	X		
Major Depressive Disorder in Children & Adolescents				X
Obesity in Adults	X	X		
Obesity in Children and Adolescents				X
Osteoporosis		X		
Phenylketonuria (PKU)				X
Sickle Cell Disease in Newborns				X
Syphilis Infection (Pregnant Women)			X	
Visual Impairment in Children Ages 1 to 5				X

Note: *Source - USPSTF A and B Recommendations and www.healthcare.gov/preventive-care-benefits/

Where and When to Get Healthcare

Virtual Visits via Teladoc – Average Wait Time: 5-20 minutes

- **$10 Copay**
- Basic care from a board certified healthcare professional from your mobile phone, laptop, or tablet
- Available 24/7, even on weekends and holidays
- See page 10 for how to register before you need care

Primary Care Physician – Scheduled Visits

- **$35 Copay (NC Residents *may* qualify for $0 copay for their first 3 PCP visits)**
- Helps you prevent disease and stay healthy
- Diagnose and treat a full range of health issues
- Refer you to the right care when you need a specialist
- Help with the healthcare needs of your whole family
- Costs less than the emergency room or urgent care centers

Retail Health Clinics – Average Wait Time: 15-20 minutes

- **$35 copay**
- Basic care from a nurse practitioner on a walk-in basis with extended hours
- Used for minor health concerns that need care quickly:
  - ◊ Sore throats, ear infections, pink eye, skin rashes, bladder infections and those last minute sports physicals.

Find the nearest Retail Health Clinic locations at:
www.ccaclinics.org/membership/clinic-locations
www.cvs.com/minuteclinic/clinic-locator
www.walgreens.com/findcare/services

Urgent Care Clinics – Average Wait Time: 15 - 45 minutes

- **$70 Copay**
- When your doctor is unavailable, get immediate quality care from a doctor on a walk-in basis with extended hours
- For immediate attention for minor to moderate issues: sports injuries, migraines, vomiting, sprains, back pain

Emergency Room – Average Wait Time: 4 hours

- **$300 Copay**
- Care available 24/7 for severe emergencies from trained clinicians
  - ◊ If you are facing an issue that threatens your life, never hesitate to go straight to the emergency room

Things to think about

- Non-emergency care delivered in the ER costs 5 times more than in a doctor's office or clinic.
- Research studies indicate that between 8-27% of ER visits are inappropriate and should have been treated in a less expensive care setting.
- ER doctors rarely have relationships with the patients they see, nor do they typically have your full medical history, so they must order expensive tests to determine a diagnosis and course of treatment.
- Patients, when possible, should be treated by their primary care physician for non-emergency conditions in order to promote preventive and consistent quality care.

Register for *Teladoc* Virtual Visits

Be sure to register for Telehealth Services, now offered through Teladoc!

Prepare for the "what ifs" by activating your telehealth account today.

For convenient care that's ready to use when you need it most.

Your Blue Cross and Blue Shield of North Carolina (Blue Cross NC) health plan includes telehealth services from Teladoc.* Because telehealth is such a convenient and effective option, Blue Cross NC encourages you to set up your account today.

Convenient care for your total health

- **Range of services.** Your telehealth offering includes acute care as well as mentalhealth services and substance abuse support.
- **Affordable care.** Costs vary depending on your company's benefits and whetheryou have a copay or deductible/ coinsurance plan. Telehealth is typically less expensive than a visit to urgent care.
- Available 24 hours a day, seven days a week (even holidays) for acute care
- Low wait times and no appointment needed
- Prescriptions sent electronically to your local pharmacy if needed
- On the couch, at work, or traveling -- you can use Teladoc anywhere in the U.S.
- Pediatricians available if your child gets sick

Virtual Visits can handle many non-emergency health problems, such as:

Acne	Cough, cold, flu	Headache	Pink eye
Allergies	Diarrhea	Insect bites	Rash
Asthma	Ear problems	Joint aches & pains	Sinus and throat problems
Constipation	Fever	Nausea & Vomiting	Urinary problems

Getting Started—Don't Wait Until you're Sick—Sign Up Today!

HOW TO REGISTER FOR TELADOC

Registering for Teladoc is a quick and easy process. Once registered, you are four steps away from being well!

> Provide medical history > Request a phone/video consult > Talk with a certified doctor > Resolve issue

We suggest registering once you have access to the Teladoc service. Registration takes less than 10 minutes and saves vital time when you're not feeling well.

TO REGISTER, FOLLOW THESE EASY STEPS:

1. Download the Teladoc mobile app (iOS- / Android-supported)
2. Go to Teladoc.com and click "**Log in/Register**" and have your Member ID handy from your ID card.
   Or call 1-800-835-2362 and have your Member ID handy from your ID card.
3. Select "**Get started**" and enter all required fields (Ex: first/last name, DOB, member ID.). Next, your account information will show and you can complete the remaining fields, and click **"Complete Registration"** to create your Teladoc member account.
4. Next, you will be presented with the option to complete your medical history, or go to the home page to register eligible dependents or perform any other account functions.

**Helpful Hint: If scheduling a consult, have your credit card handy (if copay applies).*

BCBSNC Member Resources

Provider
BCBSNC

Network
Blue Options

Website
BlueCrossNC.com

Resources	Getting the Most out of your Plan
Blue Connect	Your on-line source for tools and information about your health plan is at BlueConnectNC.com
Meds Your Way— **BCBS NC** Mail order program by BCBS of NC and Amazon Pharmacy	**Meds Your Way**— A Convenient Way to have your Prescirptions delivered at home! Amazon Pharmacy lets you easily order and quickly get non-Specialty medicines delivered at home. Visit **www.amazon.com/bluecrossNC** for more information. Call Amazon Pharmacy Customer Care at 855-963-4546
Health NAV	Find the right care, read reviews and get cost estimates for care at BlueConnect.com and click on "HealthNAV"
Blue Card program	Find in-network care when you are away from home on-line at BlueConnectNC.com, click on HealthNAV and select "Find a Doctor, Facility" or call BlueCard Access at 800-810-BLU (2583)
Wellness	Find health & wellness programs at BlueConnectNC.com, click on "Wellness"
Diabetes Free NC	Free educational resources for anyone residing in NC. You do NOT have to be covered by a BCBS plan to access the information, programs and resources. Visit: www.DiabetesFreeNC.com
Blue 365	Find discounts and other deals at bcbsnc.com/blue365
Blue Distinction Centers & Blue Distinction Centers *Plus*	Blue Distinction Centers are "centers of excellence" for when you or a family member are experiencing a major or complicated health event. Find a center near you at BlueConnectNC.com

Setting Up a Blue Connect Account

- Go to www.bluecrossnc.com
- Select the Members tab
- Click on Register for Blue Connect
- Enter your subscriber ID, Date of Birth, and zip code (your subscriber ID is on your ID card)
- Create a USER ID and password
- Retype your password
- Choose a security question and answer
- Enter your preferred email address
- Click Finish

Medical

MetroTech Chemicals offers quality Medical and Prescription Drug coverage administered by **BCBSNC**, and their prescription drug partner, **Prime Therapeutics**. A brief summary of benefits is shown in the chart below, changes in red font.

Provider
BCBSNC

Network
Blue Options

Cost Share
Employer & Employee Paid

Website
BlueCrossNC.com

Group #
#10020779

Services (Plan Year = April 1st - May 31st)	BCBS of NC—Blue Options	
	In-Network (You Pay)	Out-of-Network (You Pay)
Plan Year Embedded Deductible **-Individual** **-Family**	$2,500 $5,000	$5,000 $10,000
Plan Year Embedded Out-of-Pocket Maximums **-Individual** **-Family**	**(includes deductibles, coinsurance & copays)** **$9,450** **$18,900**	**$18,900** **$37,800**
Preventive Services *	For the most updated list of services, visit **www.bluecrossnc.com/preventive**	
	Covered at 100%	30% after deductible
Office Visits** **-Telehealth (MDLive)** **-Retail Clinic** **-Primary Care** **-Specialist**	$10 Copay $35 Copay $35 Copay $70 Copay	(No Coverage for Telehealth) Deductible, then 30%
Urgent Care Center	$70 Copay	$140 Copay
Emergency Room	$300 Copay Waived when admitted	
Hospitalization **-Inpatient** **- Outpatient**	Deductible, then 30% Deductible, then 30%	Deductible, then 50% Deductible, then 50%
Coinsurance	Member pays 30% Plan Pays 70%	Member pays 50% Plan Pays 50%

NC RESIDENTS:
You are invited to go online and select your NC PCP, and in doing so your copay will be waived for your first 3 visits to that PCP. Log in to your account at: www.***BlueCrossNC.com/members***

NOTE: *When both preventive and diagnostic or therapeutic services occur at the same visit, members will pay a cost share for the diagnostic or therapeutic services portion of the visit. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply. **If you receive services in addition to / during an office visit, additional copays, deductibles or coinsurance may apply .

Prescription Drug Coverage

The cost of prescription drugs continues to be the fastest growing segment of healthcare. Our healthcare plan has several clinical programs and edits to help hold down the inflationary costs of prescriptions — see the next page for additional information. You can do your part by requesting the lowest cost drug when you visit your pharmacy.

Provider
BCBSNC with Prime Therapeutics

Cost Share
Employer & Employee Paid

Website
BlueCrossNC.com

	Up to a 30 day Supply	Up to a 31 – 60 day Supply	Up to a 61- 90 day Supply
Preventive OTC Drugs	No Charge Go on line or call BCBSNC Customer Service 877-275-9787		
Tier 1	$15 copay	$30 copay	$45 copay
Tier 2	$25 copay	$50 copay	$75 copay
Tier 3	$50 copay	$100 copay	$150 copay
Tier 4	$90 copay	$180 copay	$270 copay
Tier 5	75% ($50/min-$200/max)	N/A	N/A
Pharmacy Network	Essential Broad Network		
Formulary Drug List	Broad Network Formulary		
Dispense As Written (DAW)	MAC B Pricing - Brand Penalty applied when a Generic equivalent is available and Provider does not require a brand to be dispensed. Penalty does not apply to members' maximum out-of-pocket limit.		
Specialty Pharmacy Info	800-706-4365 Prime/Alliance/Walgreens		
Out-of-Network Benefit	Tier cost above, plus charges over the allowed amount		

How to Save on Your Prescription Drug Costs

- Use a pharmacy that is in-network, and most major pharmacies are in the network. Use your local pharmacy for a 31-day supply or less.
- Use mail order for prescriptions of maintenance medications at a lower cost— Maintenance drugs are those that are taken every day.
- Use Tier 1 drugs (usually generics) whenever possible. Generics are "copies" of brand name drugs whose patent protection has expired, are approved by the FDA and are typically less expensive to you.
- Discuss the preferred drug list (aka formulary) with your doctor. If a Tier 1 or generic drug is not an option, using preferred formulary prescription drugs will save you money over non-preferred brand name drugs.

MAIL ORDER PROGRAM—Meds Your Way— A Convenient Way to Save!

Amazon Pharmacy lets you easily order and quickly get non-Specialty medicines delivered at home.
Visit **www.amazon.com/bluecrossNC** for more information.
Call Amazon Pharmacy Customer Care at **855-963-4546**

Prescription Drug Programs

Drug Utilization Review (DUR) Drug Utilization Review is a program to assist your healthcare provider and pharmacist in identifying inappropriate prescribing, dispensing and drug consumption that could cause a potential risk to your health. The following are examples of DUR edits:

- Taking two or more drugs that when taken together can cause undesirable side effects
- Taking medications that may worsen your medical condition
- Age edits are designed to ensure that medications are used for appropriate age groups, e.g., not for use by infants or the elderly
- Receiving controlled substance prescriptions from two or more healthcare providers or pharmacies

Prior Authorization (PA) Certain drugs require additional information from your healthcare provider before your prescription can be filled. This process is called Prior Authorization. If you receive a prescription for a medication that requires a Prior Authorization, your healthcare provider will need to provide information to Prime Therapeutics Prior Authorization Dept. before your prescription can be filled and covered under the prescription drug plan. IMPORTANT: Each drug has a different length of time that it is authorized. Generally, a PA is authorized for 12 months, but it could be longer or shorter.

Step Therapy Step Therapy helps you choose the most cost effective and appropriate medicine for certain medical conditions. A first-line therapy is usually a generic drug in the same therapy class. If the first-line therapy does not work, the next step is to try a second-Line therapy, and then perhaps a third-line therapy. You may be subject to Step Therapy guidelines if you are filling a prescription used to treat one of the following conditions: High Blood Pressure, High Cholesterol, GI Acid-Peptic disorders.

Other Ways to Save on Prescriptions

Mail Order — MedsYourWay from BCBS NC BCBS NC partners with Amazon Pharmacy to provide their members a covenient way to save on prescriptions. MedsYourWay is just like shopping on Amazon. The MedsYourWay program offers the convenience of having your non-specialty medicines for 90+ fills delivered at home, and manage your medicine and order history. They have pharmacists available 24/7. Unlike other mail order programs, when you use Amazon pharmacy for prescribed and covered prescriptions automatically count towards the out of pocket maximums. For questions, call Amazon Pharmacy Customer Care at **855-963-4546** Monday through Friday, 8 a.m. – 10 p.m. and 10am to 8pm ET.

Generics Outside of the MetroTech healthcare plan, Wal-Mart, Sam's Club, Target, and Walgreens have pharmacies where you can get generic drugs that are on their "**approved"** list for a lower cost than your drug copay with BCBSNC/Prime Therapeutics. Some may offer $4.00 prescriptions. For information about which drugs may be offered at this very low cost, visit their websites **(Walmart.com, Samsclub.com, Target.com, Walgreens.com).**

Prescription Savings Mobile Apps There are many tools online you can use to save on prescription costs. One being **GoodRx.com**, is an online Rx database that allows you to find what pharmacy offers the lowest cost for your prescription. Additionally, you may be able to find a coupon that could greatly reduce you cost. It is important to remember that many of the coupons can only be used outside of your plan. (will not count towards your maximums). **Rx Saver.com** is another website that offers similar discounts and information on coupons to lower the cost of your prescriptions.

Patient Assistance Programs are programs set up by drug companies that offer savings cards or coupons that reduce the cost of expensive brand medications. Each drug company has their own program rules around who is eligible. While the programs can significantly reduce your cost, they can end at any time without warning. One website that may be helpful in navigating coupons and savings cards is **www.rxpharmacycoupons.com.**

Many times there is a lower cost drug alternative—so check with your provider first!

Dental

MetroTech Chemicals' dental plan is offered through **BCBSNC.** You may seek treatment from the dentist of your choice. You may be balance billed when receiving services from an out-of-network dentist. The chart below provides a brief summary of benefits. Please refer to the certificate for detailed benefits.

Provider
BCBSNC

Cost Share
Bundled with Medical and Vision

Website
www.bluecrossnc.com

Group #
#10020779

Services Benefit Period is April 1 - March 31	Dental Blue PPO Plan	
	In-Network (You Pay)	Out-of-Network (You Pay)
Benefit Period Deductible **Individual** **Family**	$50 $150	
Combined Benefit Period Maximum	$1,000	
Preventive Care Routine oral exams, cleanings, bitewing x-rays, Fluoride application, sealants, space maintainers	Covered at 100% (deductible waived)	
Basic Care Routine fillings, oral surgery, endodontics, periodontics	80% after deductible	
Major Care Crowns, inlays, onlays, dentures	50% after deductible	
Implants	**Not covered**	
Orthodontia Services	**Not Covered**	
Benefit Waiting Periods for Late Enrollees	Preventive Services—None **Basic and Major Care—12 months**	
Reimbursement Rate	Based on Negotiated Rate	90th percentile of Usual & Customary Fee. You may be balance billed.
Limitations and Restrictions	Consult Certificate of Coverage for details.	

Vision

MetroTech Chemicals continues to include a full vision plan for employees and their dependents, offered through **BCBSNC**. You may seek treatment from the provider of your choice, however you will realize your biggest savings with in-network providers. You may be balance billed when receiving services from out-of-network providers. The chart below provides a brief summary of benefits.

Provider
BCBSNC

Cost Share
Bundled with Medical and Dental

Website
www.bluecrossnc.com

Group #
#10020779

	Vision - Blue 20/20 Exam Plus Plan	
Services	In-Network (You Pay)	Out-of-Network (You Are Reimbursed)
Routine Eye Exam	$10 copay	Up to $39
Frames (instead of contact lenses)	Up to $130 allowance, then you pay 80% of balance	Up to $65
Lenses for Frames (instead of contact lenses)		
Single	$25 copay (Standard progressive lenses @ $25 copay plus $65)	Up to $25
Bifocal		Up to $39
Trifocal		Up to $63
Lenticular		Up to $63
Standard Progressive		Up to $39
Contact Lenses - Materials Only (instead of glasses/spectacles)		
Conventional Lenses	Up to $130 allowance, 15% discount on balance	Provider's billed charge, or 80% of the in-network allowance for contact lenses, *whichever is less*
Disposable Lenses	Up to $130 allowance	
Medically Required Lenses	$0 copay	Up to $200
Frequencies	(Based on date of service)	
Exam	Once every 12 months	
Frame Lenses	Once every 12 months	
Frames	Once every 24 months	
Contact lenses	One order every 12 months	

Basic Life and AD&D Insurance

MetroTech Chemicals provides full-time employees with Group Term Life and matching Accidental Death and Dismemberment (AD&D) Insurance coverage, administered through **USAble**. Dependent life insurance is also provided as shown in the chart below.

***Please remember to review and update your beneficiary designation annually.**

Provider
USAble

Cost Share
Employer Paid

Website
www.USAble.com

Group #
20088799

Benefit	Basic Life and AD&D Insurance
Employee Life Insurance **Employee AD&D** **Spouse Life Insurance** **Child(ren) Life Insurance**	$25,000 $25,000 $10,000 $10,000 ($1,000 age birth to 6 months)
Child(ren) Eligibility	Unmarried, up to age 19 Unmarried, full-time student up to age 26 Handicapped prior to age 19, covered prior to age 19
Age Reduction Schedule	65% of original amount at age 65 50% of original amount at age 70 (All coverage terminates upon retirement)
Accelerated Death Benefit	50% of life insurance amount (available to insured employee only)
Waiver of Premium	Total disability begins before age 60, and total disability has continued uninterrupted for 6 months with premiums paid
Conversion (application must be received by USAble within 31 days after termination of employment/eligibility)	Yes, Conversion is available (Refer to the USAble Certificate of Coverage or contact Human Resources for details)

Voluntary Life and AD&D Insurance

Employees who would like to supplement their Basic Term Life and AD&D coverage may purchase additional coverage through **USAble Life.** If you elect Voluntary Life Insurance, it comes with a matching AD&D benefit. Employees pay the total cost through convenient payroll deductions. Employee participation is required to enroll a spouse or dependent child(ren).

If you elect this coverage at your initial eligibility period, you may elect coverage amounts up to the Guaranteed Issue (GI) levels without providing Evidence of Insurability (EOI) sometimes called a medical questionnaire. If you want to elect an amount higher than GI, EOI is required. Amounts above GI will not be effective or payroll deducted until approval is received from **USAble Life**. Until approval is received, you will see deductions for the amount that is equivalent to the GI level.

At Open Enrollment, employees that elected this coverage at their initial eligibility period may increase their coverage amount by $10,000 for employee and $5,000 for spouse up to the maximum benefit **WITHOUT providing EOI.**

Current eligible employees or New Hires that **DIT NOT** elect this coverage at their initial eligibility period can elect up to 1 increment for themselves and their dependents **without providing EOI**. EOI will be required for any amount above 1 increment.

Provider
USAble

Cost Share
Employer Paid

Website
www.USAble.com

Benefit Plan Summary	Voluntary Life and AD&D Insurance
Employee Amount **Includes matching AD&D**	Increments of $10,000 up to the lesser of $300,000 or 5x annual salary
Employee Guarantee Issue	$80,000
Spouse Amount (Includes Matching AD&D)	Increments of $5,000 up to the lesser of 50% of Employee amount or $150,000
Spouse Guarantee Issue	$30,000
Age Reduction Schedule	Reduces to 65% at age 65, 50% at age 70
Child(ren) Amount Includes matching AD&D	Increments of $5,000 Minimum coverage $5,000 Maximum coverage $10,000 (Birth to 6 mos.: $1,000)
Conversion & Portability	You must contact USAble Life within 30 days of your coverage being terminated to take advantage of either of these options

Please refer to the Voluntary Rate Grid Flyer for premium (semi-monthly payroll deductions) information. (Available from Human Resources)

Additional Benefit from USAble Life—Dignity Planner

FUNERAL PLANNING SERVICES

Plan today to ease your family's burden later — the loss of a loved one is already unbearable

Plan for the future

USAble Life proudly provides The Dignity Planner℠ to groups with life insurance. The Dignity Planner gives your employees the option to easily create personalized funeral plans for themselves and their loved ones by answering a few questions. Your local Dignity Memorial® affiliate will take care of the rest.

The Dignity Planner lets you:

- Customize any funeral plan to be the unique end-of-life celebration you or your loved one deserves
- Build a complete plan by choosing a location for a memorial and specifying desires for burial, cremation, memorial services, charitable donations, flowers, obituaries, and death notices
- Share plans with loved ones and funeral homes and update the plan at any time if wishes or circumstances change

Are you ready to start planning?

Visit thedignityplanner.com/USAbleLife to learn more.

PRODUCT HIGHLIGHTS

- *Lets you plan ahead*
- *Easily create custom funeral plans*
- *Plans can be shared*

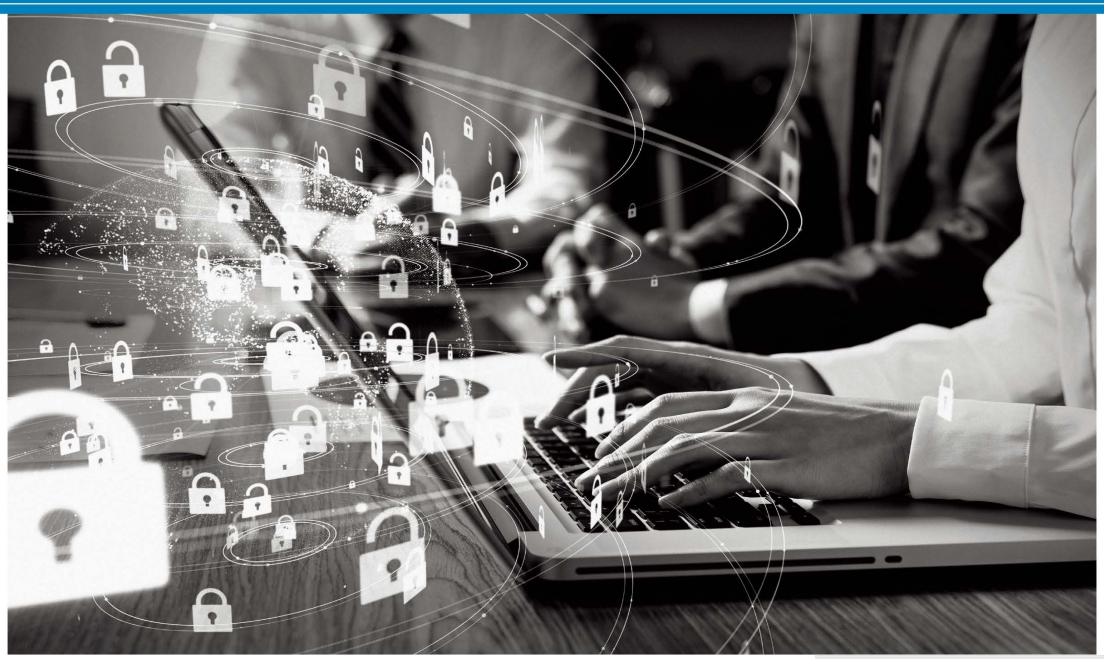
USAble Life℠

23L-USAL-0603

P.O. Box 1650 | Little Rock, AR 72203-1650 | (800) 370-5856 | USAbleLife.com

Additional Benefit from USAble Life— Identify Theft Assistance

IDENTITY THEFT ASSISTANCE



Identity theft is a growing threat — USAble Life will help you be better prepared

Awareness and education

In 2020, there were 4.7 million identity theft and fraud reports[1]. Identity Theft Assistance, from AXA Assistance[2], helps you understand the growing threat by:

- Promoting awareness of identity theft
- Answering questions about identity theft and how to know if you've become a victim
- Providing educational information and a guide to help you and your dependents understand how to avoid identity theft

Recovery assistance

If you or your dependents' identity is compromised, the most important thing you can do is act quickly.

We're here to assist by:

- Directing and connecting you to fraud departments, like your banks and credit card companies
- Facilitating access to credit bureaus and helping you get a complimentary credit report
- Helping you contact federal government and local law enforcement agencies, and filing reports and complaints

PRODUCT HIGHLIGHTS

- *Identity Theft Assistance helps you and your dependents know the risks, learn how to prevent theft, and offer step-by-step help if you become a victim of identity theft*
- *Service is available 24 hours a day, seven days a week, 365 days a year*
- *A resolution guide is provided during the recovery process*

How can we help?

If you have any questions or require assistance, please contact AXA Assistance USA Inc. at 866-384-2786 or 630-616-4536 (collect), or email medassist-usa@axa-assistance.us.

[1] *Federal Trade Commission (2021); retrieved from ftc.gov.*

[2] *USAble Life has contracted with AXA Assistance USA Inc. to offer the service to our Group Term Life policyholders.*

A.M. BEST®
Consecutively ranked "A" (excellent) by A.M. Best

WARD'S 50
Recognized as one of the "Ward's 50" U&H Top Performers

USAble Life℠

Additional Benefit from USAble Life— Travel Assistance Program

TRAVEL ASSISTANCE SERVICES

Live life. You're covered.®

USAble Life understands that unexpected events can occur whether your employees are traveling for business or pleasure. That's why we've partnered with AXA Assistance USA Inc.[1] to provide global emergency response and everyday travel assistance to our members, their spouses, and dependent children at no additional cost.

This program offers you a broad range of valuable travel and medical support services 24 hours a day, seven days a week, 365 days a year. With one simple phone call to our response center, you will be connected to a global network of providers to assist you when you travel 100 miles or more from home.

Travel Eye information portal

Travel Eye offers useful intelligence designed to provide necessary knowledge throughout the life cycle of your trip. Through this dedicated information portal, you have access to the most accurate, real-time information on global events, security and medical risks per country, as well as access to AXA's global medical network.

Register by visiting: accounts.travel-eye-axa.com/en/registration/usa_life_emp

Travel assistance helps when unexpected events happen while traveling

Program guidelines and services

Travel services

- *Lost document and luggage assistance*
- *Emergency cash/bail assistance*
- *Emergency message transmission*
- *Telephone interpretation*
- *Legal referrals*
- *Pre-trip and cultural information*
- *Vaccination recommendations*
- *General travel information*
- *Vehicle return*[2]

Medical transportation services

- *Emergency medical evacuation*[2]
- *Medical repatriation*[2]
- *Return of mortal remains*[2]
- *Return of traveling companion*[2]
- *Visit of a family member or friend*[2]
- *Return of minor children*[2]
- *Dispatch of physician*[2]

Medical assistance services

- *Medical and dental referrals*
- *Coordination of hospital admission*
- *Critical care monitoring*
- *Dispatch of prescription medication*

Services will not be provided or available for any loss or injury that is caused by, or a result of a mental nervous condition or diagnosis, traveling against the advice of a physician, traveling for medical treatment, pregnancy *(except complications of pregnancy)* and childbirth, or voluntary-induced abortion.

How can we help?

If you have any questions about the services or require assistance, please contact AXA Assistance USA Inc. at 866-384-2786 or 630-616-4536 (collect), or email medassist-usa@axa-assistance.us.

This is not a medical insurance card. Reference this flyer for a list of covered services. All services must be authorized and provided by AXA Assistance USA Inc. No reimbursements will be accepted.

AXA Assistance USA Inc. Travel Assistance Program

**Call AXA Assistance USA Inc.
if you require travel, medical, and/or
medical transportation assistance.**

**866-384-2786
630-616-4536 collect**

Carry this card with you when you travel. Assistance is available 24 hours a day, seven days a week, 365 days a year.

Cost of Coverage

MetroTech Chemicals is pleased to continue to provide a valuable benefits package option for full-time employees and their dependents. **There is NO increase to you again this year, for the new benefit year!**

Please obtain an Enrollment Form from Human Resources if you are changing your election or electing benefits for the first time. You may also name your Life and AD&D Insurance beneficiaries on that form.

Please see payroll deductions below that are effective April 1, 2024:

Bundled Medical/Rx, Dental, Vision	Semi-Monthly Deduction
Employee Only	$50.00
Employee + Spouse	$250.00
Employee + Child(ren)	$200.00
Family	$400.00

My Benefits Notes:

_____

_____

_____

_____

_____

_____

The information in this Enrollment Guide is presented for illustrative purposes and was taken from various summary plan de- scriptions and benefit information. While every effort was made to accurately report your benefits, discrep- ancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Enrollment Guide, contact Human Resources.

Flexible Spending Accounts (FSAs)

Provider
Health Equity

Cost Share
Employee Funded

Website
www.healthequity.com

How an FSA works: During the open enrollment period you decide how much money you want to contribute to your FSA account for the year - see below for limits. The amount you designate for the year is taken out of your paycheck in equal installments each pay period and placed into your FSA account, while the entire annual allocation is available on day one of the calendar year. The contributions you make to an FSA are deducted from your pay **BEFORE** your Federal, State, or Social Security taxes are calculated.

*Our FSA plan year runs from **January 1st to December 31st.** If you wish to participate, you must make elections EVERY YEAR.* **Human Resources will provide the information on the Open Enrollment Period for this plan.**

2024 Annual IRS Contribution Limits	Minimum	Maximum
Health Care FSA	$100	$3,200
Health Care FSA Rollover	$1.00	$640
Dependent Care	$100	$5,000 (or $2,500 if married & filing separately)

Health Care FSA's may be used to pay for eligible expenses related to healthcare expenses that are not fully covered by your medical, dental or vision plan(s) for you or your eligible dependents. Use the worksheet on the next page to estimate your healthcare expenses for the coming year.

Your Healthcare FSA plan has a **Rollover provision**. If at the end of each plan year you may "rollover" the balance in your account, or **$640**, whichever is less. See the chart below for important dates.

If you are enrolling for the first time in the healthcare FSA, you will receive an **FSA debit card**, which will allow you to pay for services directly out of your FSA account and not out of your pocket. Otherwise, your existing debit card is still valid. However, it is important to remember to keep your receipts - Health Equity may request them to validate certain purchases in order to comply with IRS regulations. While the debit card reduces the majority of the "paperwork" required with health spending, it ***does not eliminate*** the "paperwork" completely.

Plan Carefully! The IRS has a "Use it or Lose it Rule" for any unused balance above the carry over amount allowed. Check your FSA balance throughout the year!

Dependent Care FSAs may be used to pay for eligible expenses related to the care and supervision of your child (to age 13) or adult dependent who are claimed as exemptions on your federal income tax return.

Important Dates		
Flexible Spending Accounts	**Expense Incurred**	**Submit Expenses for Reimbursement**
Healthcare	January 1 2024 – March 31, 2024	January 1 2024 – March 31, 2025
Dependent Care	January 1 2024 — March 31, 2024	January 1 2024 – March 31, 2025

Flexible Spending Accounts Worksheet

Use the worksheets below to estimate you and your family's health care and dependent care expenses for the coming year. Remember, you can elect a Flexible Spending Account even if you have not elected to be covered under the MetroTech Chemicals' medical plan. You may use the FSA plan funds to pay for eligible healthcare and day care expenses for anyone in your family that you claim on your federal tax return.

Health Care Expense Worksheet					
Medical/Rx		**Vision**		**Dental**	
Deductibles	$	Exams	$	Routine Exams	$
Copays	$	Eye Surgery	$	Filling/Crowns	$
Prescriptions	$	Lenses & Frames	$	Orthodontia	$
Other	$	Contacts	$	Other	$
Total	$	Total	$	Total	$
Up to $640 Rollover				**Health Care Total:**	$

Dependent Day Care Expense Worksheet				
	Dependent 1	Dependent 2	Dependent 3	Total
Child Care Centers	$	$	$	$
Before/After School Care/Day Camps	$	$	$	$
Adult Daycare	$	$	$	$
Other	$	$	$	$
Estimate Carefully			**Dependent Care Total:**	$

Legislative Notices

Summary of Material Modification (SMM) for Benefit Plans that are subject to ERISA

This Benefit Enrollment Guide is your Summary of Material Modification (SMM). Please keep a copy of the SMM with your Summary Plan Description (SPD) for each plan, as these documents must be read together for a full understanding of your benefits. Printed or electronic copies are available upon request from the Human Resources/Benefits Department.

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-**877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272).**

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility—

State	Phone Numbers	Web Sites
North Carolina	919-855-4100	https://medicaid.ncdhhs.gov/
South Carolina	888-549-0820	https://www.scdhhs.gov
Virginia	800-432-5924 800-432-5924	https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp
Georgia	678-564-1162, Press 1 678-564-1162, Press 2	https://medicaid.georgia.gov/health insurance-premium-payment-program-hipp https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra

To see if other States have a premium assistance program since January 31, 2023, or for more information on special enrollment rights, you can contact either: U.S. Department of Labor, Employee Benefits Security Administration at **www.dol.gov/ebsa** or **1-866-444-EBSA (3272)**, or contact U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services at **www.cms.hhs.gov** or **1-877-267-2323, Menu Option 4, Ext. 61565.**

Legislative Notices

HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). 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).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while on Medicaid coverage or covered under a state children's health insurance program, you may be able to enroll yourself and your dependents in this plan, if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

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

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

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act Annual and Enrollment Notice

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

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

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under our plans. Therefore, the deductibles and coinsurance that apply can be found on page 12 of this guide. If you would like more information on WHCRA benefits, contact the Claims Administrator, Blue Cross Blue Shield of NC.

Legislative Notices

Genetic Information Nondiscrimination Act "GINA"

On November 9, 2010, the Equal Employment Opportunity Commission ("EEOC") issued the final rule implementing Title II of the Genetic Information Nondiscrimination Act ("GINA"), which applies to all employers with fifteen or more employees, as well as unions, employment agencies and labor management training programs. This final rule is effective January 10, 2011, and prohibits the use of genetic information in the employment context, restricts an employer's deliberate acquisition of genetic information, requires employers to maintain employee genetic information as confidential, and strictly limits employers from disclosing genetic information.

Prohibition on Use of Genetic Information by Employers

According to GINA, an employer may not discriminate against an applicant, employee or former employee on the basis of genetic information in hiring, compensation, promotion or demotion, seniority, discipline, employment termination, or any other term, condition or privilege of employment. GINA also prohibits employers from limiting, segregating, or classifying employees based on genetic information and prohibits entities from causing an employer to discriminate based on genetic information.

What is Genetic Information?

- Genetic information is defined broadly to include:
- Genetic tests of an individual or a family member;
- The manifestation of a disease or disorder in an individual's family medical history;
- An individual's request or receipt of genetic services;
- Participation in genetic clinical research by an individual or a family member; and
- The genetic information of a fetus carried by an individual or a pregnant family member using assisted reproductive technology. Information about the sex or age of an individual or a family member, however, is specifically excluded from the definition of genetic information.

The Practical Effects of GINA

The following guidelines are designed to help employers comply with GINA's requirements:

- Post the revised Equal Employment Opportunity ("EEO") poster, which includes GINA information and can be found at http://www1.eeoc.gov/employers/poster.cfm.
- Update medical requests, such as Family and Medical Leave Act ("FMLA") and fitness for duty forms, to include the new safe harbor language.
- Review and revise employee handbooks or other EEO statements and antidiscrimination/ anti-retaliation policies to include genetic information in the list of protected traits.
- Review and revise, as necessary, social media policies to prevent GINA liability for inadvertent acquisition of information from employee social media profiles.
- Train managers about casual conversations/communications with employees concerning their health or the health of their family members.
- Maintain all genetic information in a separate and confidential medical file. However, there is no need for a separate GINA section if a medical file already exists, as genetic information can be kept in an ADA file.
- Confirm that all company sponsored wellness programs are compliant with the final rule. To learn more information regarding GINA please refer to the following website: designed to help employers comply with GINA's requirements: http://www.eeoc.gov/laws/statutes/gina.cfm

Legislative Notices

Health Care Reform Requirements

Under the 2010 Patient Affordable Health Care Act, SIE is required to provide a Summary of Benefits and Coverage (SBC) to all Associates. As an employee, the health benefits available to you represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury. Your plan offers a series of health coverage options. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a SBC, which summarizes important information about any health coverage option in a standard format, to help you compare across options. You are responsible for providing a copy of the notice to your dependents who are covered under the plan.

The SBC contains:
- Comparison of medical plans
- Glossary of terms
- Claim examples

A paper copy is available, free of charge, by calling Human Resources. Reviewing the SBC is an important part of selecting or renewing your health care choices.

Women's Preventive Services

Non-grandfathered plans and issuers are required to provide coverage without cost sharing consistent with these guidelines in the first plan year that begins on or after August 1, 2012.

A. Gestational diabetes screenings for pregnant women
B. Human Papilloma Virus (HPV) DNA testing for women >29 every three (3) years
C. Counseling on Sexually Transmitted Infections (STIs) for sexually active women
D. Annual HIV screening and counseling for sexually active women
E. At least one (1) Wellness Preventive Care visit annual for adult women. More if needed to cover all preventive services.
F. Annual screening/counseling for interpersonal/domestic violence for women
G. Breastfeeding counseling for pregnant/post-partum women
H. Certain breast pumps for pregnant/post-partum women
I. Contraceptives/Sterilizations for women with reproductive capacity
J. The following contraceptive methods (with a prescription) for women with reproductive capacity:

Cervical caps
Diaphragms
Injections
Implantable Rods
IUDs
Generic oral contraceptives
Transdermal contraceptives
NuvaRing ®
Emergency contraception (aka "the Morning After pill")

Legislative Notices

Continuation of Coverage Rights

Your group health plan may contain certain options to continue your and/or your dependent's health benefits following termination of coverage. These continuation options may include federal COBRA rights, conversion rights, and/or state mandated continuation rights. Commencing January 1st, 2014, State and Federal Marketplace exchanges can also provide medical coverage with no health questions, plus you may be eligible to qualify for a subsidy to make the coverage affordable to you. Additionally, your group life insurance certificates or booklets may also include and describe certain continuation options that may be available to you. Please examine your options carefully before declining this coverage. You should be aware that companies selling individual health insurance typically require a review of your medical history that could result in a higher premium, or you could be denied coverage entirely.

Important Notice About Your Prescription Drug Coverage and Medicare

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).

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join in a Medicare Advantage Plan (like an HMO or POS) 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. Kendrion has determined that the prescription drug coverage offered by the Kendrion plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

Legislative Notices

Notice About Your Prescription Drug Coverage and Medicare — Continued

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 (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage may be affected. Your current coverage pays for other health expenses in addition to prescription drugs. If you enroll in a Medicare prescription drug plan, you and your eligible dependents may still be eligible to receive all of your current health and prescription drug benefits. If you do decide to join a Medicare drug plan and drop your current company coverage, be aware that you and your dependents may be able to get this coverage back by enrolling back into the company benefit plan during the Open Enrollment period under the company benefit plan.

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

For More Information About This Notice or Your Current Prescription Drug Coverage:

Contact HR 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 the company changes. You also may request a copy of this notice at any time. More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For More Information about Medicare Prescription Drug Coverage:

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

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at **www.socialsecurity.gov**, or call them at **800.772.1213 (TTY 800.325.0778).**

Contact Information

Human Resources Department **Name: Shannon Townley** **Email**: stownley@metrotechauto.com **Phone: 704-525-3600** **Name:** Sharon Jackson **Email:** sjackson@metrotechauto.com **Phone:** 704-525-3600	
For questions on **Medical benefits, Prescription Drugs, Dental and Vision**, Call **BCBSNC** at: **877-258-3334** or Log on to **www.BlueConnectNC.com** or Download the Mobile App	
For questions on Prescription Drugs, (NOT MAIL ORDER) Call Prime/Alliance/Walgreens at: 877-357-7463 or Log on to myprime.com	
For questions about the **Mail Order** program Meds Your Way, please contact Amazon Customer Care at **855-963-4546.** Monday through Friday 8am — 10pm ET Saturday and Sunday 10am - 8pm ET	
For questions on **Life Insurance,** Call **USAble** at: **800-370-5856** or Log on to **www.usablelife.com**	

IMPORTANT NOTICE:

The information in this Enrollment Guide is presented for illustrative purposes and was taken from various summary plan descriptions and benefit information. While every effort was made to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Enrollment Guide, contact Human Resources.