

2024
Employee
Benefits Guide

SUMMARY OF MATERIAL MODIFICATION (SMM) FOR PLANS SUBJECT TO ERISA
• ANNUAL NOTICES

Welcome to CORMETECH!



The CORMETECH Mission. Our Core Values. Our Beliefs.

CORMETECH, Inc. has the expectation that all officers, managers, and employees will follow the company's Code of Conduct as they relate to integrity, competitive interactions, and business conduct, and we place the health, safety and security of all employees first.

One of the ways we seek to acknowledge your value to the company is by providing a program that is designed to allow you to tailor your benefits to meet the needs of you and your family. We believe you will find our comprehensive benefits package provides you with valuable tools and resources to care for your health, wealth and self-care needs. We recognize that one size does not fit everyone and our needs are as varied as our lifestyles.

We encourage you to be curious about your benefit choices by reviewing this Benefit Guide in full and enrolling in the benefits that will best fit your needs and the needs of your family for the year. If you have questions, please be sure to contact your Human Resources team. They are here to help.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies, or errors are always possible. In the case of a 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 Guide, contact Human Resources.

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Eligibility and Election Changes

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 also have the option to enroll your eligible dependents for medical, dental, vision, cancer and optional life/ad&d insurance coverage. Eligible dependents include:

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

Additional information on eligibility requirements is available in the Summary Plan Description(s) and Certificates of Coverage.

IRS Qualified Life Events/Change in Status

Once you have made your elections as a new hire or during the annual open enrollment period, you cannot make changes again until the next open enrollment period unless you experience a qualified life event. Examples of qualified life events include:

- 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 or 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 have 30 days from the date of a qualified life event to notify Human Resources and provide appropriate documentation to change your benefits. Requests received after 30 days will NOT be honored due to strict IRS regulations.

NOTE: Spouses of employees who have access to their own group coverage are ineligible for coverage under the CORMETECH Medical plans. This means that if your spouse has access to group coverage through their employer, even if they have not previously enrolled in that coverage, they are not eligible to enroll in the CORMETECH medical plans.

*Section 125 of the Internal Revenue Code (IRC) governs how employers provide benefits to employees on a pre-tax basis. After an employee has made an initial enrollment election, Section 125 does permit "change in status" changes outside of annual benefits Open Enrollment for certain, specific reasons in the Permitted Election Changes Regulation of Section 125 (1.125-4). CORMETECH is required to follow the Internal Revenue Code consistently, or all employees could become immediately responsible for paying taxes on benefits. To ensure this does not occur, we fully adhere to the requirements of the IRC for the protection of all employees.

Benefit Plan	Employment Status	New Hire Waiting Period	Effective Date
Medical and Prescription Drugs	Full-Time, 30+ hours/week	None	Date of Hire
Dental			
Vision			
Health Savings Accounts (HSA)			
Flexible Spending Accounts (FSA)			
Basic Life and AD&D			
Optional Life and AD&D			
Short-Term Disability			
Long-Term Disability			
EAP			
Cancer Insurance			
401(k) Retirement Savings Plan	Full-Time and 18+ years old; Part-Time once worked 1,000 hours and 18+ years old; Employees are automatically enrolled at 5% on the 1st of the month following 90 days of employment (unless opted out or he/she elects a different percentage).		

OUR PLAN YEAR RUNS ANNUALLY FROM JANUARY 1ST THROUGH DECEMBER 31ST

Helpful Terms

Beneficiary: A spouse, child, charity or any entity or person to whom the policyholder would like to leave his or her assets.

Copay: A fixed amount required by the insurance company to be paid by the Associate for each outpatient visit or drug prescription.

Coinsurance: An 80/20 coinsurance plan with a \$1,250 deductible requires the Associate to pay 20% of the covered costs after the deductible has been paid, while the insurance company will be liable for the remaining 80%.

Contribution: The amount paid by the Associate for insurance coverage, which is usually paid on a regular basis (each pay period).

Deductible: The amount an Associate pays out-of-pocket before the insurance company will pay for expenses.

Dependent: Legally married spouse. Dependent Child(ren): Medical coverage and dependent life insurance coverage up to age 26. Dental and Vision coverage up to age 19 or up to age 25, if a full-time student.

Full-time: CORMETECH Associates employed on a regular basis, working an average of at least 30 hours per week, every week of the year.

Generic Drug: When the patent protection for a brand-name drug expires, generic versions of the drug can be offered for sale if the FDA agrees; generic drugs are often less expensive than brand-name drugs. Inpatient: A patient who is admitted to a hospital or clinic for treatment that requires at least one overnight stay.

In-Network: Services rendered by a participating provider will be payable at the “preferred” benefit level.

Outpatient: A patient who receives treatment at a hospital, as in an emergency room or clinic, but is not hospitalized.

Out-Of-Pocket Maximum: The maximum amount that the covered Associate will pay for deductible, coinsurance and medical copays before the insurance company pays 100% of covered claims for the remainder of the calendar year (does not include excluded expenses).

Part-time: Associates employed to work on a regular schedule of less than 30 hours every week throughout the year. Occasional and temporary work weeks are not sufficient causes to change an Associate’s status to full-time. A part-time associate must average at least 30 hours per week over the last 12 months to qualify for benefits.

Per Confinement Deductible: The amount an Associate pays out-of-pocket each time he/she is admitted to the hospital.

Pre-certification: If pre-certification is not obtained, a penalty will apply and benefits will be reduced and/or denied. Hospital admissions, outpatient surgeries and other procedures require pre-certification.

Preferred Provider: A provider who has elected to participate in the Plan or through a network supplementary to the Plan.

Specialist: A physician whose practice is limited to a particular branch of medicine or surgery – usually separate from your Primary Care Physician.

Telehealth: Telehealth is a general term used to describe clinical services provided to patients through electronic communications not through a vendor. This can be patient-to-physician or physician-to-physician.

Telemedicine/Virtual Visit: Telemedicine or virtual visit are general terms used to describe clinical services provided to patients via electronic communications through a vendor such as Teladoc, MDLive or Doctor on Demand.

Where and When to Get Health Care

LOWER COST

Primary Care Physician – Scheduled 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

Virtual Visits – Average wait time: 5 minutes

- Basic care from a board certified physician from your phone, laptop or tablet
- Available 24/7, even on weekends and holidays
- See registration instructions for “virtual visits” through Teladoc on page 5

Retail Health Clinics – Average Wait Time: 15 minutes

- Basic care from a nurse practitioner on a walk-in basis with extended hours
- Used for minor health concerns that need care quickly:
 - Like 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/pharmacy/healthcare-clinic/locations



HIGHER COST

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

When your doctor is unavailable and retail clinics aren't sufficient, get immediate quality care from a doctor on a walk-in basis with extended hours. For immediate attention for minor to moderate issues: Like sports injuries, migraines, vomiting, sprains, back pain.

Emergency Room – Average Wait Time: 4 hours

If you are facing an issue that threatens your life or health, never hesitate to go straight to the emergency room or call 911.

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 consistent, preventive and quality care



Prepare for the **"What ifs"** by activating your Teladoc account today.
For convenient care that's ready to use when you need it the most.

All of the CORMETECH health plans include Virtual Visit services from Teladoc. Teladoc has enhanced their telehealth services, and is now referred to as Primary360 and they have expanded the type of services you can receive virtually to include: Acute (same as before), Preventive, Mental Health, Chronic and Specialty care.

Skip the waiting room and the germs! Virtual Visits offer these time-saving benefits:

- Video consults available 24 hours a day, seven days a week (even holidays)
- Takes just minutes to get connected with a board certified physician
- No appointment needed—though you can make one with a specific doctor
- Pediatricians are available, if your covered child gets sick
- If you need a prescription the doctor can electronically send your prescription to the pharmacy closest to you
- Whether you are on the couch, at work or traveling—you can use Teladoc anywhere in the USA

For non-specialty Virtual Visit with a Teladoc provider call: **1-800-teladoc (1-800-835-2362)**

Primary360 delivers more clinical expertise
Directly and through referrals to in-network specialist and other Teladoc health services.

Preventive Care

- Musculoskeletal pain
- Weight loss, diet and exercise
- Breast cancer screening
- Colorectal cancer screening
- Medications and Rx

Chronic Care

- Prediabetes/diabetes
- Prehypertension/hypertension
- Weight management

Mental Healthcare

- Anxiety
- Depression
- Trauma
- Stress

Specialty Care

- Dermatology
- Nutritional guidance and support
- Musculoskeletal support

Acute Care

- Cold and flu
- Food poisoning
- Nasal congestion
- Sunburn
- UTIs

For specialty care from Primary360 call: **1-888-732-5181**

Sign Up Today!

How To Register For Teladoc

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. Go to [Teladoc.com](https://www.teladoc.com)
2. Select *Set Up Account* and enter all required fields (Ex: first/last name, DOB, etc.). Next, select *No* for do you have a username and select that your employer or insurance provider gives access. Once your employer is selected from the drop-down, a field will appear to enter your insurance ID card information.
3. From there, the registration page will appear. You will be prompted to enter your basic information, contact information, address, login information and finally your electronic signature indicating that you accept the terms and conditions and privacy policy.
4. Finally, 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.

When scheduling a virtual care visit, you should have a form payment ready (HSA or FSA card or any credit/debit card of your choosing).

Primary360 Cost Share You Pay			
	Basic HDHP	Choice HDHP	PPO
Preventive			\$0
General Medicine			\$10
Behavioral Health	Deductible, 30%	Deductible, 20%	\$10
Medical			\$20
Dermatology			\$50



PROVIDE MEDICAL HISTORY



REQUEST A PHONE/VIDEO CONSULT



TALK WITH A CERTIFIED DOCTOR



RESOLVE MEDICAL ISSUES

Preventive Care List

The following services are covered without a co-pay, co-insurance or deductible when services are provided by an in-network provider and are billed with preventive care coding. The services listed may also be subject to age, gender and frequency guidelines. Visit <https://www.healthcare.gov/coverage/preventive-care-benefits/> for more details.

Services*	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
Immunization	X	X		X
Hepatitis A	X	X		X
Hepatitis B	X	X		
Herpes Zoster	X	X		X
Human Papillomavirus	X	X		X
Haemophilus 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 Ophthalmia 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		

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

Preventive Care List

Services*	Adults		Special Populations	
	Men	Women	Pregnant Women	Children
Abdominal Aortic Aneurysm	X			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	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 <https://www.healthcare.gov/coverage/preventive-care-benefits/>.

Healthy Living

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 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, a medical-based standard and a place to track your numbers. Once you know your numbers you can begin to work on improving your health.

Know Your Numbers		
Biometric Measure	National Standards	What Are Your Numbers
Cholesterol Ratio	< 4.0 or 200 mg/dl	
HDL	> 40 men > 50 women	
Blood Pressure	130/80 mm HG	
Fasting Blood Glucose	< 100 mg/dl	
Non-Fasting Blood Glucose	< 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	
Tobacco Use	None	

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 just have to get started with "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 setting the GPS in your car, before setting 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. Recent athletic activity is a precursor for selecting a proper training program.

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.

You can access the Smokefree website www.Smokefree.gov/, 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 Tobacco Free

Medical Plan

Provider: United Medical Resource (UMR) | Cost Share: Employer & Employee Paid | Network: United Healthcare (UHC) Choice Plus | Website: www.umar.com | Phone: 800-826-9781

CORMETECH offers three medical plan options – Basic Care HDHP, Choice Care HDHP and a PPO Copay plan. All three plans include prescription drug benefits, and each has in-network and out-of-network benefits. However, by utilizing in-network providers whenever possible, you will save on your out-of-pocket expenses. All plans use the UHC Choice Plus network, so be sure to ask your providers if they participate in the UHC Choice Plus Network. Review each plans’ benefits carefully so that you select the plan that best suits your and your family’s needs and lifestyle.

Below is a brief summary of the Basic Care HDHP Plan. If you enroll in this plan you may also open a Health Savings Account, or HSA. HSAs allow for pre-tax contributions which can be used to pay for qualified healthcare expenses. More information on HSA Accounts and CORMETECH contributions can be found in the Health Savings Account section of this guide. Details on how prescription drug benefits in our High Deductible Health Plans (Basic HDHP and Choice Care HDHP) can be found in the prescription drug section of this guide.

Basic Care HDHP		
Services	In-Network You Pay	Out-of-Network You Pay
Lifetime Maximum	Unlimited	
Aggregate Deductible*		
- Per Person	\$3,000	\$6,000
- Per Family (EE+1 or more)	\$6,000	\$12,000
(Aggregate means the full family deductible and out-of-pocket limits must be met if more than only the employee is covered by the plan)		
Aggregate Out-of-Pocket Maximum (OOPM)**	(Includes deductibles, coinsurance and copays)	
- Per Person	\$6,350	\$12,700
- Per Family (EE+1 or more)	\$12,700	\$25,400
- Individual Embedded OOPM	\$6,550	No Maximum
(Aggregate means the full family deductible and out-of-pocket limits must be met if more than only the employee is covered by the plan)		
Preventive Services*** (ACA mandated)	100% covered; no deductible	Deductible + 40%
Primary360 Virtual Visits	Deductible + 30%	N/A
Retail Clinics	Deductible + 30%	Deductible + 40%
Primary Care Office Visit	Deductible + 30%	Deductible + 40%
Specialist Office Visit	Deductible + 30%	Deductible + 40%
Urgent Care Center	Deductible + 30%	Deductible + 40%
Emergency Room	Deductible + 30%	
Inpatient & Outpatient Services	Deductible + 30%	Deductible + 40%
X-Ray and Laboratory Services	Deductible + 30%	Deductible + 40%
Coinsurance	Member pays 30% Plan Pays 70%	Member Pays 40% Plan Pays 60%

Basic Care HDHP	Bi-Weekly Deductions
Employee Only	\$27.37
Employee + Spouse	\$78.95
Employee + Child(ren)	\$45.51
Family	\$101.88

* HDHP Plan Deductible: The family deductible applies if the employee covers 1 or more dependents.

** HDHP Plan Out-of-Pocket: If you have family coverage (employee +1 or more dependents), no one covered family member will have to meet more than the individual “embedded” out-of-pocket maximum amount shown above. All covered family members will contribute to the aggregate family out-of-pocket maximum.

*** 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. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing applies.

Medical Plan

Provider: United Medical Resource (UMR) | Cost Share: Employer & Employee Paid | Network: United Healthcare (UHC) Choice Plus | Website: www.umar.com | Phone: 800-826-9781

Below is a brief summary of the Choice Care HDHP Plan. If you enroll in this plan you may also open a Health Savings Account, or HSA. HSA's allow for pre-tax contributions which can be used to pay for qualified healthcare expenses. More information on HSA Accounts and CORMETECH contributions can be found in the Health Savings Account section. Details on how prescription drug benefits are covered in our High Deductible Health Plans (Basic HDHP and Choice Care HDHP) can be found in the prescription drug section of this guide.

Services	Choice Care HDHP	
	In-Network You Pay	Out-of-Network You Pay
Lifetime Maximum	Unlimited	
Aggregate Deductible*		
- Per Person	\$2,000	\$4,000
- Per Family (EE+1 or more)	\$4,000	\$8,000
(Aggregate means the full family deductible and out-of-pocket limits must be met if more than only the employee is covered by the plan)		
Aggregate Out-of-Pocket Maximum (OOPM)**	(Includes deductibles, coinsurance and copays)	
- Per Person	\$4,000	\$8,000
- Per Family (EE+1 or more)	\$8,000	\$16,000
- Individual Embedded OOPM	\$6,550	No Maximum
(Aggregate means the full family deductible and out-of-pocket limits must be met if more than only the employee is covered by the plan)		
Preventive Services*** (ACA mandated)	100% covered; no deductible	Deductible + 40%
Primary360 Virtual Visits	Deductible + 20%	N/A
Retail Clinics	Deductible + 20%	Deductible + 40%
Primary Care Office Visit	Deductible + 20%	Deductible + 40%
Specialist Office Visit	Deductible + 20%	Deductible + 40%
Urgent Care Center	Deductible + 20%	Deductible + 40%
Emergency Room	Deductible + 20%	
Inpatient & Outpatient Services	Deductible + 20%	Deductible + 40%
X-Ray and Laboratory Services	Deductible + 20%	Deductible + 40%
Coinsurance	Member pays 20% Plan Pays 80%	Member Pays 40% Plan Pays 60%

Choice Care HDHP	Bi-Weekly Deductions
Employee Only	\$51.95
Employee + Spouse	\$139.43
Employee + Child(ren)	\$86.40
Family	\$193.45

* HDHP Plan Deductible: The family deductible applies if the employee covers 1 or more dependents.

** HDHP Plan Out-of-Pocket: If you have family coverage (employee +1 or more dependents), no one covered family member will have to meet more than the individual "embedded" out-of-pocket maximum amount shown above. All covered family members will contribute to the aggregate family out-of-pocket maximum.

*** 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. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing applies.

Medical Plan

Provider: United Medical Resource (UMR) | Cost Share: Employer & Employee Paid | Network: United Healthcare (UHC) Choice Plus | Website: www.umar.com | Phone: 866-868-7406

Below is a brief summary of the PPO Copay Plan. If you enroll in this plan you ARE NOT ELIGIBLE for a Health Savings Account (HSA). This is a traditional PPO Plan which includes office visit copays for example. Details on prescription drug coverage on this plan are in the prescription drug section.

Services	PPO Plan	
	In-Network You Pay	Out-of-Network You Pay
Lifetime Maximum	Unlimited	
Embedded Deductible - Per Person - Per Family	\$2,000 \$4,000	\$4,000 \$8,000
(Embedded means each covered family member cannot exceed the per person deductible and out-of-pocket limits)		
Embedded Out-of-Pocket Maximum (OOPM) - Per Person - Per Family	(Includes deductibles, coinsurance and copays)	
	\$5,000 \$9,500	\$7,500 \$15,000
(Embedded means each covered family member cannot exceed the per person deductible and out-of-pocket limits)		
Preventive Services* (ACA mandated)	100% covered; no deductible	Deductible + 40%
Primary360 Virtual Visits	See Primary360 Teladoc on page 6	N/A
Retail Clinics	\$40 copay per visit	Deductible + 40%
Primary Care Office Visit	\$40 copay per visit	Deductible + 40%
Specialist Office Visit	\$75 copay per visit	Deductible + 40%
Urgent Care Center	\$40 copay per visit	
Emergency Room	\$150 copay per visit	
Inpatient Hospitalization	\$250 copay per admission, then deductible + 30%	\$250 copay per admission, then deductible + 40% + 40%
Outpatient Surgery	\$150 copay per visit, then deductible + 30%	\$150 copay per visit, then deductible + 40%
Outpatient Services	Deductible + 30%	Deductible + 40%
X-Ray and Laboratory Services - Outpatient Lab & X-ray - Advanced Imaging (ex. MRI, CT Scan)	100% covered, deductible waived Deductible + 30%	Deductible + 40%
Coinsurance	Member pays 30% Plan Pays 70%	Member Pays 40% Plan Pays 60%

PPO Plan	Bi-Weekly Deductions
Employee Only	\$101.37
Employee + Spouse	\$414.48
Employee + Child(ren)	\$321.05
Family	\$575.10

*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. Additionally, when a preventive service turns into a diagnostic or therapeutic service in the same visit, the appropriate cost sharing will apply.

Plan Advisor

Provider: UMR | Plan Type: Customer Service | Cost Share: Employer Paid | Phone: 800-207-3172

Health care in the modern world calls for a sensitive, personal approach to service – one that's built on real relationships and trust.

Which is why Plan Advisor delivers an experience that's beyond traditional models of member support. UMR advisors partner with you so you feel more confident in the decisions you make about your health, and comforted by the steps you're taking to get there.

Connecting you to the care you need

Whether your question is common or complex, UMR makes it easier for you to get answers by ensuring you have the information you need.

Keeping it real

Your plan advisor is an actual person who's focused on serving you, equipped with knowledge and options to support and anticipate your unique needs and goals.

UMR is in it with you

If you need something that's out of UMRs reach, they'll connect you to the resources you need – and even stay on the call as long as you need.

To connect with your Plan Advisor, call the number on the back of your member ID card.

Below are some of the ways UMR can help:

Finding the right fit is important. We can help

Finding the right provider can feel daunting. They'll match you to high quality health care providers and the highest level of benefits – right where you live – to avoid paying more than you need to. They can schedule appointments with providers, and identify possible health screenings or preventive care.

Know your coverage – and costs

Navigating health care can be tricky, which is why no question is a bad one. Your plan advisor is ready to go over your benefit details with you, or connect you to the right person to find the answer you need, so you won't be caught by surprise.

Advisors can help you:

- Look into a recent medical claim to make sure it was paid correctly
- Check to see what your out-of-pocket costs are for services
- See how much you have paid – and how much you have left – of your individual or family deductibles and out-of-pocket limits
- Understand reward programs available to you
- Discover what services are available to you based on your plan

Give an Advisor a call

Plan advisors are available weekdays from 8 a.m. to 8 p.m. Eastern time. During off hours or weekends a representative can assist you with claims or benefits questions, and your plan advisor can follow up during regular business hours.

Call Your Plan Advisor Today at 800-207-3172

Prescription Drug Coverage

Provider: UMR / Optum Rx | Cost Share: Employer & Employee Paid | Website: www.OptumRx.com | Phone: 877-559-2955

CORMETECH's prescription drug program is administered by Optum Rx. If you elect medical coverage, prescription drugs are included. Prescriptions are the fastest growing healthcare cost segment. Your pharmacy benefit has clinical programs to ensure that you and your family members have access to safe, appropriate and effective medications. You can do your part by requesting the lowest cost drug available when you are at the pharmacy. There is **no** out-of-network coverage.

In-Network	Basic Care HDHP	Choice Care HDHP	PPO Plan
Retail (up to 34-day supply) Tier 1 - Mostly generics Tier 2 - Preferred brands Tier 3 - Non-Preferred brands Tier 4 - Specialty and Injectibles	Deductible + 30%	Deductible + 20%	\$10 copay \$35 copay \$60 copay 30% (\$60 min/\$250 max)
Mail Order (up to 90-day supply) Tier 1 - Mostly generics Tier 2 - Preferred brands Tier 3 - Non-Preferred brands Tier 4 - Not applicable	Deductible + 30%	Deductible + 20%	\$20 copay \$70 copay \$120 copay N/A
	(See below this chart for more detailed information on Mail Order. Restrictions apply to retail pharmacy usage for your maintenance medications.)		
Formulary	Premium Formulary: Some Tier 3 drugs are excluded from coverage, when lower costs drugs are available.		
Dispense As Written (DAW) Rule,	MAC B - Mandatory generics. When a generic is available and member chooses a brand, the member will pay the brand copay and the cost difference between the two drugs, except when the provider has indicated DAW (Dispense as Written).		
Compound Drugs	When filling a prescription for a compound drug it must be filled by one of Optum Rx's accredited pharmacies. For a list of pharmacies go to: www.OptumRx.com .		
Specialty Pharmacy	Limited to a 30-day supply; Briova, Specialty Smart Fill		
Out-of-Network	If you use a Non-Network Pharmacy, you are responsible for payment in full.		

OptumRx Mail Order/Home Delivery Program - Maintenance Drugs

Mail Order delivery is a service that helps you better manage the medication(s) you take on an ongoing basis. You can save both time and money by filling your prescriptions for maintenance medication through Optum Rx Mail Order. Using the delivery service allows you to obtain supplies up to 90-days, for the cost of 2 copays instead of 3, realizing an immediate savings.

Not only is Mail Order safe and reliable, it also offers the following advantages:

- Savings for less out-of-pocket costs
- Convenient with delivery right to your home
- 24/7 access and reminders

Save on cost and time, and avoid running out of medications!

How Mail Order Works for You

If you take maintenance medication(s) on a regular basis, you'll benefit from this service immediately! Our health plans do not allow for more than a 34-day supply at retail pharmacies. It is highly recommended you move to home delivery through OptumRx or you will continue to pay higher copay costs for your maintenance drugs. Whether you have a new prescription or need to transfer an existing one, it's easy to get started with OptumRx Mail Order/Home Delivery:

- **ePrescribe:** Your doctor can send an electronic prescription to OptumRx
- **Online:** Register at www.OptumRx.com
- **Phone:** Just call the member phone number on your plan ID card to talk with a customer service representative. It's helpful to have your plan ID card and medication bottle available. The representative can also contact your doctor directly if you need a new prescription

Please contact your OptumRx Customer Service team with any questions!

Prescription Drug Coverage

Provider: UMR / Optum Rx | Cost Share: Employer & Employee Paid | Website: www.OptumRx.com | Phone: 877-559-2955

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(s)
- 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 more than two 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 Optum Rx's 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 by Optum Rx. Generally a PA is authorized for 12 months.

How To Save on Your Drug Cost?

- Be sure to use a pharmacy that is in-network. Most major pharmacies are in the network. Use your local pharmacy for a 34-day supply or less. Simply show your ID card at the pharmacy
- Use home delivery (mail order) for prescriptions you use for longer periods of time, commonly referred to as maintenance medications (a supply of 90-days)
- Use Tier 1 and generic whenever possible. Generics are "copies" of brand drugs whose patent protection has expired and are approved by the FDA
- Discuss the preferred drug list (formulary) with your doctor. If a Tier 1 or generic drug is not an option, using formulary drugs will save you money over non-formulary brand drugs

Generics: Wal-Mart, Sam's Club, Target, and Walgreens - All offer generics that are on their "**approved**" list for a lower cost than your drug copay. Their lists are available on each of their respective websites (Walmart.com, Samsclub.com, Target.com, Walgreens.com).



Mobile Apps for Prescription Savings

There are free mobile apps for your iPhone, Android, or Windows phone. These apps will compare prescription drug costs in your area. Simply provide the drug name and quantity and it compares the costs at various pharmacies in your area. **Rx Saver** and **Good Rx** are just two available mobile apps.

Partnership for Prescription Assistance

As the cost of prescription drugs rise, Partnership for Prescription Assistance (PPA) is a free service that connects individuals with payment assistance programs for prescriptions and other medical supplies.

PPA provides a single point of access to more than 475 patient assistance programs. For a full list of patient assistance programs visit www.pparx.org/.

Dental

Provider: Guardian Life | Cost Share: Employer & Employee Paid | Website: www.GuardianAnytime.com | Phone: 888-600-1600

CORMETECH continues to offer two dental plans from which you may choose. The Base Plan offers solid basic benefits at a reasonable cost. The Plus Plan offers richer benefits and includes teeth whitening services which are not typically covered by dental plans. You may continue to seek treatment from the dentist of your choice but will realize your biggest out-of-pocket savings by using in-network providers. Visit the website to find a provider in your area. The chart below provides a brief summary of each plan's benefits. Restrictions and waiting periods may apply.

Services	Dental Base Plan	Dental PLUS Plan
Calendar Year Deductible (applies to basic & major services only)	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Calendar Year Maximum	\$1,000 per covered member (excludes Class 1 expenses)	\$1,500 per covered member (excludes Class 1 expenses)
Class I: Preventive Services	100% (not subject to deductible) oral exams, x-rays, basic cleanings, fluoride treatments (less than age 19), sealants (less than age 17)	100% (not subject to deductible) oral exams, x-rays, basic cleanings, fluoride treatments (less than age 19), sealants (less than age 17)
Class II: Basic Services	80% after deductible anesthesia, fillings, periodontal maintenance, simple and surgical extractions	80% after deductible anesthesia, fillings, periodontal maintenance, simple and surgical extractions
Class III: Major Services	50% after deductible bridges, dentures, inlays, onlays, veneers, perio surgery, crowns, root canals	50% after deductible bridges, dentures, inlays, onlays, veneers, perio surgery, crowns, root canals
Class IV: Orthodontic Services	50% up to a Lifetime Maximum of \$1,500	50% up to a Lifetime Maximum of \$1,500
Cosmetic Teeth Whitening Services (once every 24 months)	Not Covered	50% up to \$500, after \$50 deductible (included in annual \$1,500 maximum)
Reimbursement Rate	Fee Schedule	Fee Schedule

Late Entrant Limitations and Waiting Periods Apply

Bi-Weekly Deductions		
	Dental Base Plan	Dental Plus Plan
Employee Only	\$4.32	\$5.52
Employee + Spouse	\$10.21	\$11.42
Employee + Child(ren)	\$13.24	\$14.45
Family	\$19.14	\$20.35

Vision

Provider: Guardian Life / VSP Choice Network | Cost Share: Employer & Employee Paid | Website: www.vsp.com | Phone: 888-600-1600

CORMETECH's vision plan is be offered through Guardian, at affordable rates and with great benefits. Below is a brief summary of benefits and rates.

Services	Coverage Level	
	In-Network You Pay	Out-of-Network You Pay
Routine Eye Exam (Every 12 months from date of service)	\$20 copay	Plan pays up to \$39
Materials Copay (waived for elective contact lenses)	\$20 copay	(see applicable info within chart)
Lens (standard spectacle lenses - in lieu of contact lenses) (Every 12 months from date of service) - Single Vision - Bifocal - Trifocal - Lenticular	\$20 copay	Plan Pays up to \$23 Plan Pays up to \$37 Plan Pays up to \$49 Plan Pays up to \$64
Contact Lenses Fit/Follow-up (In lieu of lenses/frames, every 12 months from date of service) - Elective - Medically Necessary	Plan pays up to \$130 (Evaluation and fitting up to \$60) \$20 copay	Plan pays up to \$100 (includes evaluation & fitting) Plan pays up to \$210 (includes evaluation & fitting)
Lens Enhancements Cosmetic Extras	Average of 20-25% off retail price	Not Available
Frames (Every 24 months from date of service)	\$130 allowance for the frame of your choice and 20% off the amount over your allowance. \$70 allowance at Costco, Walmart, Sam's Club	Plan pays up to \$46
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off a promotional price	Not Available
Additional Pair of Glasses	20% off retail price	N/A

Coverage Type	Bi-Weekly Deductions
Employee Only	\$1.26
Employee & Spouse	\$2.53
Employee & Child(ren)	\$2.78
Employee & Family	\$4.03

Flexible Spending Accounts (FSA)

Provider: Flores & Associates | Cost Share: Employee Contributions | Website: www.flores247.com | Phone: 800-532-3327

CORMETECH offers Flexible Spending Accounts (FSA) which are administered through Flores & Associates. You are not eligible to participate or contribute to the FSA if you are enrolled in any HDHP, with CORMETECH or elsewhere. If you are enrolled in a HDHP medical plan, you may only enroll in the Limited Health Care FSA. If you are enrolled in a PPO plan, you may enroll in the standard Health Care FSA. The differences in these accounts are defined below.

You can INCREASE your take-home pay while paying for eligible health care and/or dependent care expenses. The Flexible Spending Accounts help you save money by providing a way to pay for certain types of health care and dependent care on a pre-tax basis.

How an FSA Works: During your open enrollment period you decide how much money you want to contribute to each account for the year, up to the IRS limits. The amount you designate for the year is taken out of your paycheck in equal installments each pay period and placed in the appropriate FSA account of which you enrolled. The contributions you make to an FSA are deducted from your pay BEFORE your Federal, State, or Social Security taxes are calculated, therefore saving on your taxable income.

You do not need to be enrolled in CORMETECH's medical plan to take advantage of an FSA account. You may enroll in just one of the accounts or both – you decide.

Health Care FSA

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to pay for certain out-of-pocket health care expenses. By anticipating your family's health care costs for the next year, you can actually lower your taxable income while increasing your take-home pay. Your Healthcare FSA account for the 2024 plan year will run from January 1st through December 31st, 2024.

Eligible expenses may include items such as:

- Medical and Rx copays
- Deductible/coinsurance
- Hearing expenses
- Smoking cessation programs and prescriptions
- Dental and Orthodontia payments
- LASIK surgery, eye exams, eye glasses, contacts

Health Care Flexible Spending Accounts – Standard or Limited?

If you are enrolled in a PPO plan, you may enroll in the **Standard Health Care FSA**. However, if you are enrolled in a HDHP, whether through CORMETECH or elsewhere, you will only be eligible to enroll in the **Limited Purpose Health Care FSA**. Here is the difference:

Standard FSA: Eligible expenses include dental and vision, as well as medical and prescription drug out-of-pocket costs generally not covered by your medical and drug plan.

Limited FSA: Eligible expenses include dental and vision out-of-pocket costs. This does not include medical and prescription drug expenses.

Flexible Spending Account – Carryover Feature

Your healthcare FSA has a carry over or roll-over feature that allows you to carryover funds that remain at the end of each year. The IRS sets the amount that may be carried over each year. Any balance remaining above the IRS carry over threshold will be forfeited. See the chart on the next page for details.



Plan Carefully! The IRS has a “Use it or Lose it Rule.” Check your FSA balance throughout the year!

Flexible Spending Accounts (FSA)

Provider: Flores & Associates | Cost Share: Employee Contributions | Website: www.flores247.com | Phone: 800-532-3327

Debit MasterCard

All Health Care FSA participants (Standard and Limited) will receive a debit card to be used to pay for eligible expenses.



Just a simple card swipe will access available funds without having to pay first and then submit a claim for reimbursement (in most cases). The card is **secure**, with transactions provided by MasterCard, and will only work to purchase eligible and authorized expenses. In many cases the claim will be completed at the point of purchase; in others participants may receive a request for receipts after the claim has been paid. Therefore, **please be sure to save all receipts** in the event Flores requests them to validate certain purchases. While the debit card reduces the majority of the “paperwork” required with FSAs, it does not eliminate the “paperwork” completely. Flores may need to request documentation in order to comply with IRS regulations and documentation is ultimately your responsibility.

Dependent Care FSA

Dependent Care FSA’s allow you to use pre-tax dollars to pay for eligible, employment-related dependent care and supervision expenses of your child (to age 13), or adult dependent on your tax return so that you can work. Typical eligible expenses for child care include:

- Before and after school care
- Extended day programs
- Preschool or nursery school
- Summer day camp for your qualifying child under the age of 13

Employees with young children or a dependent who is considered a “qualifying individual” can benefit from a dependent care FSA. Setting aside pre-tax dollars means you pay less taxes and increase your take-home pay because of your tax savings. You save money on expenses that you are paying for out of your pocket. The amount you save depends on your tax bracket. Please consult with your tax advisor to determine the benefits in your personal situation.

Annual IRS Contribution Limits	Minimum	Maximum
Health Care FSA (Standard or Limited)	\$100	\$3,200
Health Care FSA Rollover (Funds above the rollover amounts are forfeited)	\$100	Up to \$610 2023 funds into 2024 Up to \$640 2024 funds into 2025
Dependent Care FSA	\$100	\$5,000 (If married and filing separate tax returns, \$2,500)

Important Dates		
2023 Plan Year Expenses	Expenses Incurred	Submit Expenses for Reimbursement
Health Care FSA	January 1, 2023 – December 31, 2023	January 1, 2023 – March 31, 2024
Dependent Care FSA	January 1, 2023 – December 31, 2023	January 1, 2023 – March 31, 2024
2024 Plan Year Expenses	Expenses Incurred	Submit Expenses for Reimbursement
Health Care FSA	January 1, 2024 – December 31, 2024	January 1, 2024 – March 31, 2025
Dependent Care FSA	January 1, 2024 – December 31, 2024	January 1, 2024 – March 31, 2025

Health Savings Account (HSA)

Provider: Flores & Associates | Cost Share: Employer & Employee Contributions | Website: www.flores247.com | Phone: 800-532-3327

For those enrolling in one of our two qualified medical HDHP's (high deductible health plan), the Basic or Choice Care, we urge you to also elect to contribute to a Health Savings Account (HSA) to reap the full benefit of the tax-saving vehicle. Those who enroll in the PPO medical plan are not eligible for the HSA.

For those of you who currently hold an HSA banking account through Optum Bank (or elsewhere), it is recommended to transfer, or consolidate, all of your HSA accounts into one for ease of managing your account. Simply go to the Flores247.com portal to download the HSA Form, complete & sign, and submit to Flores' custodian partner, Avidia Bank as instructed on the form. It's as easy as that! Be sure to contact HR or Flores with any questions or concerns.

Who is Eligible for an HSA?

- You are covered under one of CORMETECH's qualified HDHP - Basic or Choice Care
- You are NOT enrolled in Medicare
- You can NOT be claimed as a dependent on someone else's tax return

Why Have an HSA ?

- CORMETECH contributes annually to your account to help offset the plan deductible:
 - Employee only tier = \$600; Employee+ tiers = \$1,200
- Your contributions are tax deductible
- Withdrawals to pay for eligible expenses are never taxed
- There is no "Use it or Lose it Rule" and your account accumulates interest
- The balance in your account can be invested, much like your 401(k) funds, once you reach the designated balance (typically \$2,000)
- Your HSA account fully belongs to you and is fully portable

How does the HSA work?

Each calendar year, you elect how much to contribute to your HSA (up to the maximums shown below). Equal payroll deductions will be taken from your pay and deposited into your HSA. You will receive a Welcome Kit (if you are newly enrolling) and need to complete the signature/beneficiary form to activate your new account. After you return your completed forms, you will receive a debit card and checks to use in paying your qualified expenses. Your account will earn interest too!

Contributions into your HSA "roll over" year to year because there is no "use it or lose it" rule with HSAs. Any funds you do not use in a given year remain in your account and are available for future health care expenses. If you leave CORMETECH for any reason, your HSA goes with you.

NOTE: For any one hired during the year, your annual elected amount will be deducted over the remaining pay periods left in the year. For example, an employee is paid on a bi-weekly basis and makes a \$1,500 annual contribution election with 19 out of 26 bi-weekly pay periods left in the year, the employee's contribution will be \$78.95 per paycheck. (\$1,500/19).

Annual IRS HSA Contribution Limits

The IRS places limits on the total amount you can contribute to an HSA account each year. When determining how much you want to contribute, you will need to take into consideration the amount that is contributed by CORMETECH towards the IRS limits.

Type of Coverage	2023	2024	CORMETECH Contribution
Employee-only HDHP	\$3,850	\$4,150	\$600
Family HDHP	\$7,750	\$8,300	\$1,200
Catch-Up Contributions (age 55+)	\$1,000	\$1,000	N/A

NOTE: While PPACA allows parents to add dependent children up to age 26 to health plans, the IRS has not changed its definition of a dependent for HSAs. This means an employee can have their 25 year old child covered on their High Deductible Health Plan, but the employee would not be able to use their HSA funds to pay for medical bills for that 25 year old. The IRS defines a qualifying child dependent as: (1) daughter, son, stepchild, (2) having same principal place of abode for more than ½ of the taxable year AND (3) not yet age 19 (or age 24 if student), OR permanently disabled.

If you will be age 65 in 2024 but do not enroll in Medicare, you can continue to use your HSA as you did before age 65. If you choose to enroll in Medicare, you will not be permitted to contribute to an HSA, but you can continue to use the funds you have in your HSA for qualified expenses, including certain Medicare premiums. If you withdraw funds before age 65 for non-qualified health care expenses, regular income taxes plus a 20% penalty will apply. At age 65 you may withdraw your HSA funds, tax free, to pay health expenses and certain insurance premiums, and distributions for non-medical expenses will be treated as gross income, without incurring tax penalties. At death, any remaining HSA funds will pass to your named beneficiary, in accordance with current estate guidelines.

Disability Income Protection

Provider: CORMETECH | Cost Share: Employer Paid | Phone: Local Human Resources Department

CORMETECH is pleased to provide all eligible, full-time employees with Salary Continuation and Short-Term Disability Income Benefits. This benefit is provided at no cost to employees. Benefits for qualified work related injury or illness are payable under Worker's Compensation.

There is a 4 day waiting period, you must exhaust any unused accrued PTO, and based upon the years of service, you will receive a percentage of your salary as income replacement in the event that you become disabled due to a non-work related injury or illness.

Employees receive 100% of total weekly earnings for the duration listed below, based upon years of service.

Salary Continuation	
Elimination Period 4 days	
Years of Service	Duration of Benefits
Less than 1 year	4 weeks
1 but less than 5 years	6 weeks
5 but less than 10 years	8 weeks
10 but less than 15 years	16 weeks
15 or more years	26 weeks

Once Salary Continuation ends, benefits then transition into Short-Term Disability for continued qualifying disabilities. The weekly Short-Term Disability benefit is 60% of your total weekly earnings.

Short-Term Disability	
Benefit Duration	Picks up when Salary Continuation ends, up to 26 weeks (see chart above)
Benefit Percent	60% of total weekly earnings

Income Replacement/STD Example

Employee has been with the company for less than a year, has one week unused accrued PTO and suffers a broken ankle. He will need to be out of work for 2 months.

For the 4 day waiting period the employee uses PTO to cover the time out, plus exhausts the PTO.

The employee will receive 4 weeks at 100% of regular earnings, and then the last 3 weeks will be 60% of regular earnings.

For additional questions please contact your local Human Resources Department.



Disability Income Protection

Provider: Guardian Life | Cost Share: Employer Paid | Website: www.GuardianAnytime.com | Phone: 888-600-1600

In the event your qualified disability continues once Salary Continuation and/or Short-Term Disability Benefits are exhausted, you are also provided with Long-Term Disability coverage, at no cost to you.

See chart below for a brief summary of benefits.

Benefit Detail	Long-Term Disability
Elimination Period	180 days
Benefits Duration	Social Security Normal Retirement Age (SSNRA)
Benefit Percent	60% of your total monthly earnings
Maximum Benefit	\$10,000 per month
Minimum Benefit	\$100 per month
Definition of Disability	2 year Own Occupation/Any Occupation thereafter
Rehabilitation Services	Mandatory participation
Mental Health & Substance Abuse	24 Month lifetime payment limit, combined
Limitations	See Certificate of Coverage for limitations and exclusions
Pre-Existing Conditions	3 months Lookback, 12 months after Exclusion, Continuity of Coverage



Basic Life and AD&D Insurance

Provider: Guardian Life | Cost Share: Employer Paid | Website: www.GuardianAnytime.com | Phone: 888-600-1600

CORMETECH provides all eligible full-time employees with Basic Group Term Life and matching Accident Death & Dismemberment (AD&D) insurance, which is administered by Guardian Life Insurance Company. This coverage is paid for by CORMETECH.

Please remember to review and update your beneficiaries annually.

Benefit	Basic Life and AD&D Insurance
Employee Life	1.5 times Basic Annual Earnings (maximum \$500,000)
Employee AD&D	1.5 times Basic Annual Earnings (maximum \$500,000)
Basic Annual Earnings	The employee's regular earnings or wage from CORMETECH and includes: base, commissions, bonuses and deductions for pre-tax contributions to a qualified deferred compensation plan, section 125 plan or flexible spending accounts
Reduction	Age 65 to 67%; Age 70 to 50% (spouse terminates at age 70)
Conversion & Portability	Employees who terminate employment must contact Guardian Life directly, and within 30 days from their last day worked to take advantage of the conversion and portability options of the policy.



Optional Life Insurance and AD&D

Provider: Guardian Life | Cost Share: Employee Paid | Website: www.GuardianAnytime.com | Phone: 888-600-1600

In addition to the Basic Life and AD&D Insurance coverage provided by CORMETECH, all employees have the opportunity to purchase additional coverage through Guardian Life.

You may purchase Optional Life and AD&D coverage for yourself, and Optional Life coverage for your spouse and/or child(ren). Employee election is required to enroll a spouse and/or dependent child(ren). Employee AD&D coverage is the amount equal to the Optional Life Insurance elected.

During the Annual Open Enrollment (OE) period, employees who elect to re-enroll in Voluntary Term Life may increase the amount of Voluntary Life insurance up to an additional \$50,000, not to exceed the Employee Guarantee Issue amount. If your election is for an amount above \$50,000 or goes above the Guarantee Issue amount, you will be subject to EOI and Guardian may decline the request. EOI is required for any additional amount of Voluntary Term Life requested for a dependent.

Any employee who previously declined to elect Voluntary Term Life for themselves or their dependents will be subject to EOI regardless of the amount requested at Open Enrollment. Guardian may decline the request.

The charts below and on the following page provide a summary of benefits, monthly rates and a sample calculation for your convenience.

Benefit	
Employees	\$10,000 increments up to \$500,000
Spouse	\$5,000 increments up to the lesser of 50% of Employee amount or \$250,000
Dependent Child	Option 1 - \$2,000 life benefit Option 2 - \$10,000 life benefit - Age 0-13 days = \$500 - Age 14 days and up = \$2,000 or \$10,000 (Option 1 or 2) (or up to age 26 if full-time student)
Guarantee Issue	
- Employee under age 65	\$180,000
- Employee age 65-69	\$50,000
- Employee age 70+	\$10,000
- Spouse under age 65	\$50,000
- Spouse age 65+	\$10,000
- Children	\$10,000
Age Reduction	Age 65 to 67%; Age 70 to 50% (spouse terminates at age 70)
Grandfathered Provisions	If you were hired on or after December, 31, 2011 - certain provisions were grandfathered - see HR for details.
Conversion & Portability	Employees who terminate employment must contact Guardian directly, and within 30 days from their last day worked to take advantage of the conversion and portability options of the policy.

Optional Life Insurance and AD&D (cont'd)

Provider: Guardian Life | Cost Share: Employee Paid | Website: www.GuardianAnytime.com | Phone: 888-600-1600

Age Banded Rates Per \$1,000*	Employee Life/AD&D Rate Per \$1,000 Benefit	Spouse Life Rate Per \$1,000 Benefit
<30	0.134	0.104
30-34	0.138	0.108
35-39	0.173	0.143
40-44	0.233	0.203
45-49	0.354	0.324
50-54	0.547	0.517
55-59	0.830	0.800
60-64	1.220	1.190
65-69	2.112	2.082
70-74	3.749	3.719
75+	7.230	7.200
Child(ren) Life (children unit, not per child)	Option 1: \$2,000 \$0.36/month Option 2: \$10,000 \$1.79/month	

*Spouse rate is based on spouse age.

Sample Employee Premium Calculation

Supplemental Life/AD&D:

Benefit Elected ÷ 1,000 = B

Step 1: Benefit Elected ÷ 1,000 = B >

Step 2: B x Monthly Rate = Monthly Premium

Step 3: Monthly Premium x 12 ÷ 26 = Bi-weekly Premium

Sample Spouse Premium Calculation

Supplemental Life:

Benefit Elected ÷ 1,000 = B

Step 1: Benefit Elected ÷ 1,000 = B >

Step 2: B x Monthly Rate = Monthly Premium

Step 3: Monthly Premium x 12 ÷ 26 = Bi-weekly Premium



Cancer Insurance Benefits

Provider: Guardian Life | Cost Share: Employee Paid | Website: www.GuardianAnytime.com | Contact Info: Human Resources for further detailed coverage information.

CORMETECH offers you the option of purchasing Cancer Insurance for yourself and your family through Guardian Life. If you did not elect this coverage when it was initially offered or at your initial eligibility period, you will need to submit Evidence of Insurability (EOI) to elect this coverage and Guardian may decline your request for this coverage.

Financial confidence for when you need it most

When you hear that you have cancer, you think about a lot of things. The one thing you don't want to think about is how to pay for all the expenses that come from your medical care and recovery. Medical insurance plans may cover many of the expenses associated with a cancer diagnosis. However, there are many non-medical costs associated with your recovery such as transportation to treatment, child care and lost wages due to your inability to work. If you were diagnosed with cancer, are you confident that you have enough savings to cover all the expenses?

Helps protect your savings from the high cost of cancer treatment

- Guardian® Cancer Insurance pays you in addition to your medical insurance, no matter what type of plan you have
- The plan pays you cash benefits based on diagnosis, certain procedures, screenings and treatments
- The cash benefits are paid directly to you — you decide how to use them

Just a few features to the plan are:

Ambulance	\$200/trip, limit 2 trips per hospital confinement
Blood/Plasma/Platelets	\$100/day up to \$5,000 in 12 months
Bone Marrow/Stem Cell	- Bone Marrow: \$7,500 - Stem Cell: \$1,500 - 50% benefit for 2nd transplant \$1,000 benefit if a donor
Experimental Treatment	\$100/day up to \$1,000/month
Extended Care Facility / Skilled Nursing Care	\$100/day up to 90 days per year
Government or Charity Hospital	\$300 per day in lieu of all other benefits
Hospital Confinement	\$300/day for first 30 days; \$600/day for 31st and thereafter
ICU Confinement	\$400/day for first 30 days; \$600/day for 31st and thereafter
Prosthetic	- Surgically Implanted: \$2,000/device, \$4,000 lifetime max - Non-Surgically: \$200/device, \$400 lifetime max
Second Surgical Opinion	\$200/surgical procedure
Outpatient and family member lodging - Lodging must be more than 50 miles from	\$75/day up to 90 days per year
Waiver of Premium - If you become disabled due to cancer that is diagnosed after the employee's effective date, and you remain disabled for 90 days, Guardian waives the premium due after such 90 days for as long as you remain disabled. See Certificate for details.	

Advantage Plan	
Coverage Tier	Bi-Weekly Deductions
Employee	\$6.00
Employee + Spouse	\$9.23
Employee + Child(ren)	\$7.39
Family	\$10.62

Retirement Savings

Provider: Transamerica | Cost Share: Employer & Employee Contributions | Website: www.transamerica.com/portal/home | Phone: 800-401-TRAN (8726)

The company sponsored CORMETECH, Inc. 401(k) Plan represents one of the best opportunities available for building your retirement nest egg. The plan makes investing easy, convenient and flexible. Eligible employees are automatically enrolled at 5% contribution rate to maximize the match provided by CORMETECH, unless you choose a different percentage or to opt-out.

Employees make contributions on a pre-tax basis reducing current federal, state, and Social Security taxes. Taxes are deferred until you are ready to withdraw from the account. You may elect to contribute up to the maximum amount allowed by law.

Internal Revenue Service (IRS) regulations or the retirement plan may limit the annual amount of your salary deferral contributions. If you meet a salary deferral contribution limit, you may continue to defer up to the catch-up contribution limit if you are eligible (you must be age 50 or older by the end of the current calendar year).

Please see below for the annual IRS salary deferral limits:

Annual IRS Contribution Limits	2023	2024
Contributions	\$22,500	\$23,000
Catch-Up (Age 50+)	\$7,500	\$7,500

	401(k) Retirement Plan
Eligibility	18 years old and 3 months of service
Enrollment	Automatic at 5%
Contributions	Up to 100% of annual salary up to IRS Maximums
Match	100% on the first 3% of eligible pay 50% on the next 2% of eligible pay By participating at 5%, the employee receives a 4% company match
Vesting Schedule - Employee Contributions - Employer Safe Harbor Match	100% immediately 100% immediately
Withdrawals	Amounts may be withdrawn upon the attainment of age 59 1/2, death, disability or retirement.

EAP / WorkLifeMatters

Provider: Guardian Life / Uprise Health/ WorkLife | Cost Share: Employer Paid | Website: <https://worklife.uprisehealth.com> | Phone: 800-386-7055

CORMETECH is pleased to provide resources to its employees and their family members in various areas of their life through our partnership with Guardian Life and Uprise Health WorkLifeMatters EAP.

(Note: Confidentiality is an important part of any Employee Assistance Program (EAP), and CORMETECH will not know of your accessing any of these services without your explicit consent.)

We all face difficulties in our lives. During those times, having outside help can make the difference between solving a problem and continuing to struggle through periods of confusion, indecision and personal crisis. The reasons people seek assistance might include, but are not limited to, marital or relationship issues, parenting, stress, financial worries, legal issues, depression, grief, substance abuse (drug & alcohol), elder care and crisis events — essentially anything interfering with your happiness and well-being.

The program offers services to help in promoting just that, your well-being and to enhance the quality of life for you and your family. For help in managing your time and locating resources as well as connecting you with experts, their licensed professionals can help with:

- Healthy Living
- Stress Management
- Mental Health
- Diet and Fitness
- Parenting Support
- Child and/or Elder Care
- Learning Programs
- Special Needs Help
- Legal Issues
- Will Preparation
- Taxes and Debt
- ID Theft Services
- Financial Planning Tools and Assistance

Support and guidance for you online, or by email or phone

- You have unlimited access to support and helpful resources on our website, and you can consult with a professional counselor via telephone.
- Face-to-face counseling sessions with an Uprise Health provider — and up to three sessions are free of charge as part of WorkLifeMatters.
- Free initial 30 minute consultation with an attorney, with a 25% discount on attorney services thereafter.
- Unlimited telephonic support for financial problems or planning needs, and referral for face-to-face for more complex issues are provided for a fee.

Connect to a counselor for free support services:

- By phone at 800-386-7055 (24 hours a day 7 days a week)
- Visit <https://worklife.uprisehealth.com> (Access Code: Worklife)



Verizon Discount Program

Provider: Verizon | Contact Info: Please call 1-800-922-0204 to have your discount added.

CORMETECH employees can save big on the best network! We have an exclusive discount with Verizon which can save you up to 18% on your mobile phone costs. Register your phone today!

To register for the employee discount or to validate your employment if you're already enrolled in the program, please follow the instructions below.

Two ways to validate:

By email address:

1. Visit verizonwireless.com/discounts.
2. Enter your mobile phone number or My Verizon User ID in the Existing Verizon Customer field.
3. Click Login and Validate by Email with your work email.

By paystub:

1. Visit verizonwireless.com/discounts.
2. Enter your mobile phone number or My Verizon User ID in the Existing Verizon Customer field.
3. Click Login and Validate by Paystub and follow the instructions upload your paystub.

Check the status of your validation at:

verizonwireless-employmentvalidation.com

Have questions? Call **800-922-0204**.

Get a discount of up to 18%

Register your lines for a 15% discount and receive a 3% bonus discount by enrolling in My Verizon and paperless billing.

Discount applies to monthly account access fee for most voice and data plans with a monthly access fee of \$34.99 or higher. Monthly Line Access Fees are not eligible for discounts. Features \$24.99 or higher may be eligible for discounts. See plans for more information.

Not a Verizon Customer yet?



Go to verizonwireless.com/discounts

and under "Not yet a Verizon customer?" Enter and confirm your work email address. We'll send you an email so you can start shopping.

Once approved, the qualifying discount will appear within 1 to 2 billing cycles. Please note that periodically we will ask you to validate your current employment or affiliation status. Our Surcharges (incl. Fed. Univ. Svc. of 18.8% of interstate & int'l telecom charges (varies quarterly), 21¢ Regulatory & \$1.23 Administrative/line/mo., & others by area) are not taxes (details: 1-888-684-1888); gov't taxes & our surcharges could add 7% – 46% to your bill. Activation/upgrade fee/line: Up to \$40. IMPORTANT CONSUMER INFORMATION: Subject to VZW Agmts, Calling Plan & credit approval. Up to \$350 early termination fee; data overage is \$15/GB. Coverage, varying by svc, not available everywhere; see vzw.com. Max 10 lines. © 2019 Verizon.



Working Advantage

More perks. More savings. More of what makes you happy.

We're here to support your personal and financial well-being through exclusive deals and limited-time offers on the products, services and experiences you need and love.

Start Saving on:

- Electronics
- Appliances
- Apparel
- Cars
- Flowers
- Fitness Memberships
- Gift Cards
- Groceries
- Hotels
- Movie Tickets
- Rental Cars
- Special Events
- Theme Parks
- And More!

New to Working Advantage? Getting Started is Easy.

Maximize your time away from the workplace and start saving today!

1. Visit www.WorkingAdvantage.com
2. Click Become a Member
3. Enter your company code or work email to create an account

Your Company Code:
CormetechPerks

Need help? Email us: customerservice@workingadvantage.com



Other Benefits



CORMETECH reimburses employees for required safety shoes and prescription safety glasses. Receipts are required for reimbursement. The amounts reimbursed are:

- Safety Shoes - \$150
- Prescription Safety Glasses - Amounts vary, contact Safety Department for current value(s)

Contact the **Safety Department** for additional information.



CORMETECH values, encourages and supports the continuing education and development of employees. All full-time employees who have been continuously employed by CORMETECH for a minimum of 12 months are eligible for the program.

You may be reimbursed for up to \$1,000 per course up to tax exempt limits per IRS rules and regs. In addition you must meet the following:

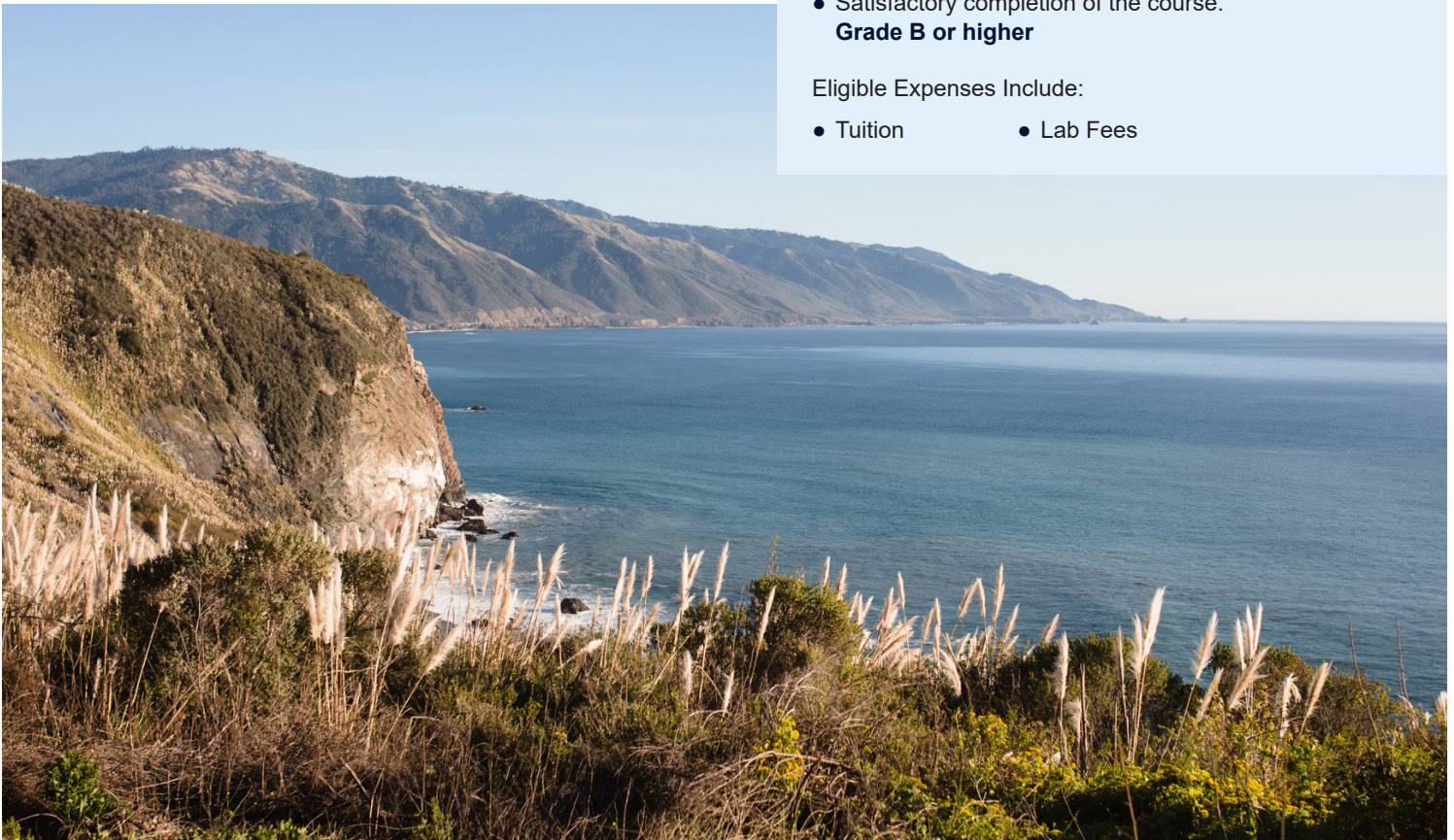
Pre-approval of the course by Human Resources Director:

- The course is taken on your own time
- The course will improve your skills in your current position or prepare you for a promotional opportunity with the company.
- Satisfactory completion of the course.

Grade B or higher

Eligible Expenses Include:

- Tuition
- Lab Fees



Values Line

Communication is a Two-Way street.

If you're willing to do the right thing - to speak up when any of these situations arise, we'll promise you a safe, simple, effective means of doing so.

- Theft or Fraud
- Safety or Environmental Violations
- Harassment or Discrimination
- Conflicts of Interest
- Threats or Violence
- Any other violation of our policies
- Substance Abuse or procedures

Report any violations or get more information by contacting the hotline.

Mobile: cormetech.navexone.com

Online: cormetech.ethicspoint.com

Phone: 844-995-4879



Holidays and PTO

Holidays

Employees whose shift schedule requires them to work on any of the following company holidays will receive holiday pay in addition to the hours worked on that day.



Paid Holidays

1. New Years Day (January)
2. Dr. Martin Luther King, Jr. (January)
3. Good Friday, Easter (March or April)
4. Memorial Day (May)
5. Independence Day (July)
6. Labor Day (September)
7. Thanksgiving Day (November)
8. Day After Thanksgiving (November)
9. Christmas Eve (December)
10. Christmas Day (December)

Paid Time Off (PTO)

CORMETECH recognizes the need for time off and provides employees with PTO for vacation and sick days, personal days or simply a day to recharge and get away.

The amount of PTO that an employee receives is based on the length of service and is provided on a calendar year basis, and is accrued on a quarterly basis.

Salaried PTO

Accrue Date	Service Years 1 to 5 years	Service Years 6+ years
Jan 1st	44	50
Apr 1	44	50
July 1st	44	50
Oct 1st	44	50
Total Hours	176	200

Hourly PTO

Accrue Date	Service Years 1 to 2 years	Service Years 3 to 9 years	Service Years 10 - 14 years	Service Years 15 - 19 years	Service Years 20+ years
Jan 1st	34	44	50	56	62
Apr 1	34	44	50	56	62
July 1st	34	44	50	56	62
Oct 1st	34	44	50	56	62
Total Hours	136	176	200	224	248

New Hires Follow a Pro-Rated Schedule Based on Date of Hire.

Parental Leave Policy

Purpose

To allow parents to take a partial paid leave to bond with a newborn child, or newly placed adopted or foster child.

Eligibility

All full-time company employees with a minimum of one year of service are eligible.

Procedures

Employees on parental leave for bonding with newborns, adoption, or foster care are eligible for 60% of their weekly salary (regular earnings, no overtime) for six of the twelve weeks of what is considered bonding time. Parental leave will run concurrently with FMLA. The additional six weeks would be taken unpaid. Employee will have the option to use PTO for the unpaid portion of leave or take to it unpaid.

For mothers who will be going out for the birth of a child, the first 6-8 weeks, depending upon length of service, will be covered under salary continuation or short-term disability. If eligible, the additional 4-6 weeks will be considered bonding time and will fall under the parental leave.



Paid Parental Leave Policy FAQ

Q. What is paid parental leave?

A. Paid parental leave is for employees who will be taking a leave of absence, covered under FMLA, for bonding time. The bonding time includes newborns, newly placed adoption or foster care. This allows the employee to take six weeks of leave paid at 60% of the employee's weekly salary.

Q. Is paid parental leave for mothers only, or are fathers included as well?

A. Paid parental leave is for any parent who would be eligible and is taking a leave of absence to bond with a child.

Q. Do I need to exhaust my PTO for the parental leave?

A. No. You will have the option to use your PTO for the rest of the bonding time or take it unpaid. For example:

- If eligible, you will receive 12 weeks of bonding time.
- The first six weeks would be covered under the paid parental leave. The remaining six weeks can be taken either unpaid or use your PTO.

Q. What about maternity leave?

A. Please see the HR department. The options vary based on your length of service.

Q. Don't I receive 12 weeks of maternity leave based on FMLA regulations?

A. The first 6-8 weeks are considered medical leave, the remaining 4-6 weeks are considered bonding time. The 4-6 weeks of bonding time will be covered under the paid parental leave.

Required Notices

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, as both documents must be read together for a full understanding of your benefits. A copy of each SPD is posted in the library on Web Benefits in Paylocity, or you may request a hard copy by contacting your local Human Resources 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 July 31, 2023. Contact your State for more information on eligibility –

State	Program	Website	Phone Number
Florida	Medicaid	https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html	877-357-3268
Indiana	Medicaid	http://www.in.gov/fssa/hip/ https://www.in.gov/medicaid/	877-438-4479 800-457-4584
North Carolina	Medicaid	https://medicaid.ncdhhs.gov/	919-855-4100
South Carolina	Medicaid	https://www.scdhhs.gov	888-549-0820
Tennessee	Medicaid	https://www.tn.gov/tenncare.html	855-259-0701
Texas	Medicaid	https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program	800-440-0493

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

Required 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 Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

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 following deductibles and coinsurance that apply can be found on [pages 9, 10 and 11](#) of this guide.

If you would like more information on WHCRA benefits, contact the Claims Administrator, United Medical Resources (UMR).

Required 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;
 - 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:

1. Post the revised Equal Employment Opportunity (“EEO”) poster, which includes GINA information and can be found at <http://www1.eeoc.gov/employers/poster.cfm>.
2. Update medical requests, such as Family and Medical Leave Act (“FMLA”) and fitness for duty forms, to include the new safe harbor language.
3. Review and revise employee handbooks or other EEO statements and anti-discrimination/ anti-retaliation policies to include genetic information in the list of protected traits.
4. Review and revise, as necessary, social media policies to prevent GINA liability for inadvertent acquisition of information from employee social media profiles.
5. Train managers about casual conversations/communications with employees concerning their health or the health of their family members.
6. 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.
7. 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>.

Vendor Contacts

For questions on Medical & Prescription Drug benefits,
(Group #76-410497)

call **UMR** at **800-207-3172**

Or visit www.umar.com for Medical benefits,

call **OptumRx** at **877-559-2955**

Or visit www.OptumRx.com for Prescription Drug benefits

Note: When searching for medical providers, select
"United Healthcare Choice Choice Plus Network"



For questions on Dental, Vision, Life or Disability benefits,
(Group #578822)

call **Guardian Life** at **888-600-1600**

Or visit www.GuardianAnytime.com



For questions on HSAs or FSAs,

call **Flores & Associates** at **800-532-3327**

Or visit www.flores247.com



To contact the EAP confidentially,

call **Uprise Health** at **800-386-7055**

Or visit <https://worklife.uprisehealth.com>

Access Code: worklife



For questions on Cancer benefits,
(Group #578822)

call **Guardian Life** at **888-600-1600**

Or visit www.GuardianAnytime.com



For questions on the 401(k) Plan,
(Contract #513162)

call **Transamerica** at **800-401-TRAN (8726)**

Or visit www.transamerica.com/portal/home



For confidential contact to the

Values Line, call **844-995-4879**

(24 hours a day, 7 days a week)



Questions?

Contact Human Resources

KINGS MOUNTAIN, NC

Lisa Ownbey

l.ownbey@CORMETECH.com

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Jennifer Taylor

j.taylor@CORMETECH.com

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Rose Griffin-High

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919-864-0413

Use CORMETECH's Values Line to anonymously report what you believe may be illegal or unethical behavior by calling: **844-995-4879 / Available 24/7**