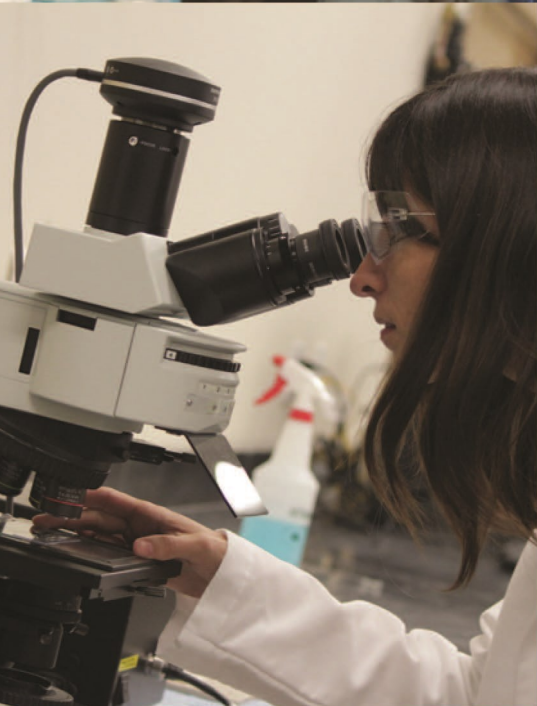


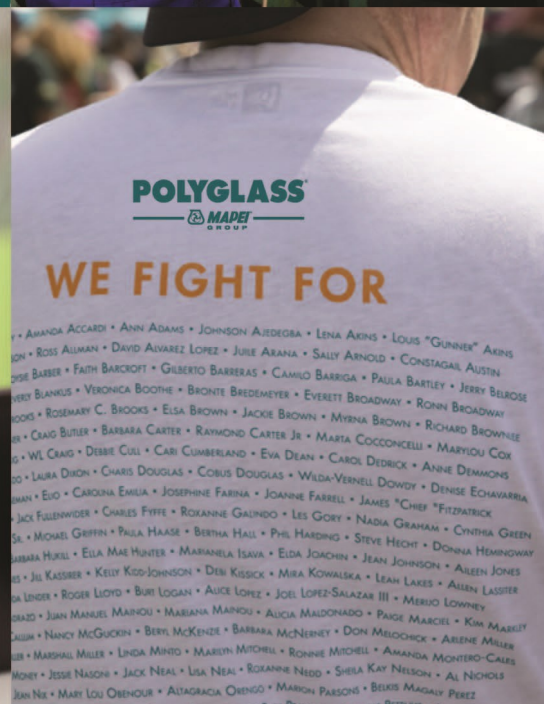


POLYGLASS®
MAPEI GROUP

superior benefits
FOR YOU



2024



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WE FIGHT FOR

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• JACK FULLENWIDER • CHARLES FIFFE • ROXANNE GALINDO • LES GORE • NADIA GRAHAM • CYNTHIA GREEN
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DISTRICT

**This Year, Everyone
Must Enroll!**

Open Enrollment:

Begins: October 30, 2023

Ends: November 17, 2023

**Your current elected benefits will not carry
over to 2024. They will end on
December 31, 2023.**

Be Prepared to Enroll:

1. See what's new for 2024 benefits on page 3.
2. Review your current benefit elections.
3. Decide what to keep what to change.
4. Complete the enrollment worksheet to use when enrolling online (available from HR).
5. Collect the information you need to add eligible dependents (see page 7).
6. Add your life insurance beneficiaries.
7. Go to the Oracle website to enroll and add dependents.

**Don't Miss the November 17 Enrollment
Deadline or You Will Not Have the
Benefits You Want for Next Year!**

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Our employees are our greatest asset. You provide valuable skills and knowledge that are essential to Polyglass USA's continued growth and future success. That's why we honor your efforts and commitment by providing a best-in-class total compensation benefits package.

The safety and well-being of our employees, their families, our customers, and the communities in which we live and work is our top priority.

Thank you so much for being an integral part of the Polyglass USA family! Our over 30 years of success has been largely due to our commitment to constant innovation and new product solutions for the industry. The real secret to our success is our people, the entire Polyglass community.

Thank you!

A handwritten signature in black ink, appearing to read "Antonio M. M." with a stylized flourish at the end.

Read First

Do you have to enroll?

Yes

Enrollment Begins Monday, October 30th
and ends Friday, November 17th, 2023

Why? Because we are replacing the ADP enrollment system with Oracle (see page 8).

What if you miss the enrollment deadline? Your next enrollment opportunity will be next year's Open Enrollment (in October/November). However, if you have a Qualifying Life Event during the year, you can make limited changes to your elections and add new dependents (see page 9).

What should you do? Please carefully read this guide, watch the benefits video, and see the other benefits materials available to you. To watch the video, scan this QR code or copy this link, [Polyglass Benefits Open Enrollment](#), into your browser.



What's New for 2024 Benefits?

- **Medical Benefits:** The out-of-pocket maximums for in-and out-of-network charges in both plans will increase slightly. This is the maximum amount you pay for eligible charges during a year.
A copay will be added for using an outpatient lab facility (see page 11).
No changes to the medical plans' paycheck contribution rates (see page 10).
- **Supplemental Health Benefits:** Supplemental Health Benefits, administered by Prudential, replaces MetLife's Worksite Benefits—Accident Insurance, Critical Illness Insurance, and Hospital Indemnity Insurance. During Open Enrollment you will have two options for each benefit, the High Plan or the Low Plan. Each pays cash benefits to you after an accident, if diagnosed with a covered critical illness, or if admitted to a hospital or Intensive Care Unit. Also get cash payments after a wellness exam (see pages 14-16).

(What's New continues on the next page)

Important Information

This benefits summary provides selected highlights of the Polyglass USA employee benefits program beginning January 1, 2024 through December 31, 2024. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment at Polyglass USA. All benefit plans are governed by master policies, contracts and plan documents available from Human Resources. Any discrepancies between any information provided through this summary and the actual terms of such policies, contract, and plan documents shall be governed by the terms of such policies, contracts, and plan documents. Polyglass USA reserves the right to amend, suspend, or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

This Benefits Guide also serves as the 2024 Summary of Material Modifications to supplement the Polyglass USA Summary Plan Description. Full versions of all required notices, disclosures, and plan documents can be found on the Polyglass Intranet and the Employee Benefits at Polyglass App (to download the app see the instructions on page 6.)



What's New for 2024 Benefits?

Continued from previous page

- **Employee Assistance Program (EAP):** New York Life's Group Benefits Solutions replaces LifeWorks Employee Assistance Program (EAP) through MetLife. The new program expands services to include more personalized help with your personal and family issues, including financial, legal, and estate guidance (see page 18).
- **Dental Benefits:** Delta Dental replaces MetLife for dental benefits with two plan options, the High Plan and the Low Plan) and offers expanded coverage for expectant mothers. Check that your dentist is in the Delta Dental network.
Also see the resources available through Delta Dental (see page 44).
- **Vision Benefits:** EyeMed replaces MetLife for Vision Care benefits. The frequency that the plan covers frames will improve from once every two years to once a year. New "PLUS" in-network providers will offer better cost savings, \$0 copay for exams and up to \$180 allowance for frames (see page 23). EyeMed also offers more resources for help in managing your eye health (see page 45).
- **Life Insurance Benefits:** New York Life Insurance replaces MetLife as the administrator for Life and AD&D Insurance (both company-paid and voluntary).
 - **Company-paid coverage:** will increase to 1 ½ times annual salary up to \$250,000 from 1 times annual salary (see page 25).
 - **Voluntary, employee-paid coverage:** As the new carrier for our Voluntary Life and AD&D Insurance, New York Life will waive the Evidence of Insurability (proof of good health) requirement for your and your spouse's voluntary life insurance coverage up to the "guaranteed issue," which is \$200,000 for employees, \$40,000 for spouses (see page 26).
- **Disability Insurance Benefits:** New York Life Insurance replaces MetLife as the administrator for company-paid Disability Benefits (see page 28).
- **New Resources:** See the Resources section where you will find many helpful tools, resources, and information to help you manage your benefits and health. Many are new services from our new benefit carriers (see page 33).



Benefits at a Glance and Contacts

Please review the following summary of benefits. If you have questions or need information, contact Human Resources or visit the websites listed in the table. Each of these benefits are summarized on the next pages.

Benefits at a Glance and Contacts		
Benefits	Administrator	Contact
Medical Benefits Enroll in or waive coverage.	Florida Blue Plan #65143	800-664-5295 floridablue.com
Prescription Drugs Included with your medical plan.	RxBenefits Plan #RXBMAPE	800-334-8134 Email: customercare@rxbenefits.com
Telemedicine Access online doctors.	SwiftMD	833-794-3863 Passcode: POLYGLASS19 swiftMD.com
Medical and Dependent Care Flexible Spending Accounts (FSAs) Contribute pre-tax earnings from paychecks to pay and save on eligible expenses.	HealthEquity	866-346-5800 healthequity.com/fsa-qme
Supplemental Health Benefits Enroll in or waive coverage in: <ul style="list-style-type: none"> • Accident Insurance • Critical Illness Insurance • Hospital Indemnity Insurance 	Prudential Plan #71863	844-455-1002 prudential.com/mybenefits Claims filing: Fax: 844-929-9780
Employee Assistance & Wellness Program (EAP) For help with personal and family issues.	New York Life	800-344-9752 guidanceresources.com Web ID: NYLGBS
Dental Benefits Enroll in or waive coverage.	Delta Dental Plan #22443	800-521-2651 deltadentalins.com
Vision Benefits Enroll in or waive coverage.	EyeMed	866-939-3633 eyemed.com
Basic and Voluntary Life and AD&D Insurance Company-paid Basic Life and AD&D Insurance; Employee-paid Voluntary Life and AD&D Insurance	New York Life	Claims: 888-842-4462 Mon-Fri, 8am-8pm EST https://www.newyorklife.com
Polyglass-paid Disability Benefits Company-paid Short-Term Disability (STD) and Long-Term Disability (LTD) insurance.	New York Life	Claims: 888-842-4462 Mon-Fri, 8am-8pm EST https://www.newyorklife.com
Legal and Identity Theft Protection Enroll for legal assistance and protection for yourself and family from fraud and ID theft.	Legal Shield	561-584-0307 legalshield.com/info/polyglass
Homeowners and Auto Insurance Compare rates and coverage with your current plans.	MetLife	800-438-6388 metlife.com/mybenefits
Credit Union Free checking, low interest rates loans.	iTHINK	800-873-5100 ithinkfi.org
Pet Insurance Enroll for 100%-paid vet bills, 24/7 access to telehealth.	MetLife	800-438-6388 metlife.com/mybenefits
COBRA Continuation of Coverage	HealthEquity	888-678-4861 healthequity.com
Resources for Managing Your Benefits (no cost to you) <ul style="list-style-type: none"> • Healthcare, wellness, and prescription drugs • Dental and vision care • Life insurance 		

Download the Employee Benefits at Polyglass App Today!

To download the app and stay connected to your benefits, follow these steps:

Step 1: From the camera on your smartphone, scan the QR code.

Step 2: Follow the steps to complete the registration and create a username and password.

Step 3: Choose your app store.

Step 4: Download and open your app. Sign in with your newly created username and password. **Enjoy!**

If you have questions, email: app-support@ingaged.me.



My Polyglass Portal
polyglass.ingaged.me

Electronic Distribution of Plan Documents, Benefit Materials, and Legal Notices

Polyglass USA ensures you have access to the documents that describe the benefits available to you, including informational documents and required legal notices (such as a Summary Plan Description or SPD, Plan Documents, and the notices in the back of this Benefits Guide). All of these documents are available to you and your family members on the Polyglass Intranet and on the Employee Benefits at Polyglass App. Click or scan the above QR code to download the App today.

You have the right to request and receive a paper copy of any benefits-related documents free of charge by contacting your HR manager.

Medicare Notice

If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please refer to the Medicare Part D notice on pages 48 for details and state contact information on pages 51-53.

Eligibility

Except where otherwise noted, if you are a regular employee who works at least 30 hours a week, you are eligible for benefits (as described below) on the first of the month following a full month of employment.



If You Are Newly Hired

You become eligible for benefits on the first of the month following a full month of employment. You must enroll within 30 days of your date of hire to have benefits.

Dependent Eligibility

If you enroll, you can enroll your legal spouse and eligible dependents up to age 26 in the medical, dental, and vision benefit plans. Dependent children are your:

- Naturally born child(ren)
- Dependent child(ren) of your spouse
- Stepchild(ren)
- Child(ren) who you or your legal spouse have adopted or who are placed with you for adoption
- Child(ren) for whom legal guardianship has been awarded to you or your spouse or for whom you are required to provide coverage under a *Qualified Medical Child Support Order* (QMCSO) or other court or administrative order
- Unmarried child(ren) of any age who become mentally or physically disabled before reaching the benefit eligibility age limit. You must provide medical certification that the child became disabled before reaching the benefit eligibility age limit. They must also be dependent upon you for support.



Verifying Dependent Eligibility

If you enroll dependents, you will need to verify their legal relationship to you. Verification documents include (but not limited to):

- Marriage certificate
- Birth certificates
- Adoption papers
- Tax returns
- Others, as requested

The company may request updates to dependent eligibility from time to time for coverage to continue.

Please contact HR if you have any questions.

When Dependent Eligibility Ends



Your dependents are eligible for benefits until the end of the birthdate month in which they reach the maximum age (26) or otherwise become ineligible. To drop a dependent from coverage, see *Changing Elections after You Enroll* on page 9.



Enrollment Instructions

To enroll, go to the Oracle enrollment portal at:

[Oracle Fusion Cloud Applications \(oraclecloud.com\)](https://oraclecloud.com).



Once on the enrollment portal, follow the prompts to add your personal information (name, address, etc.).



Then, using your *Benefits Guide* and completing the Open Enrollment Worksheet (available by request from HR) as a guide, elect your benefits, add eligible dependents, and beneficiaries.

During the year, you may be able to add new eligible dependents or make limited changes to your benefit elections if you experience a qualifying life event. Contact HR for details and page 7 for dependent eligibility requirements.

If you have questions, please contact HR.

Enrolling Dependents

When adding dependents, you must provide their dates of birth, Social Security numbers (by law), and be able to verify that they are legal dependents (see page 9 for eligibility details).

Designating Beneficiaries for Life Insurance

As you enroll in your benefits, you will be prompted to add at least one beneficiary for some benefits, including both company-paid and voluntary life insurance. Your beneficiary is who you designate to receive your benefit if you die. A beneficiary can also be an entity, such as a trust. If you do not have a beneficiary, the benefit will not be paid until ruled by a probate court.

Do You Have to Enroll?

Yes, everyone must enroll to have benefits and to cover your dependents for next year.

If you miss the enrollment deadline, your next enrollment opportunity will be the next Open Enrollment in 2024.

However, during the year, you may be able to add new eligible dependents or make limited changes to your benefit elections. See page 9.

Please note: All benefit elections and dependent coverage will begin January 1, 2024.

Know This!

- ☑ **Before you enroll**, be sure you understand your benefit options. In addition to this Guide, refer to Docebo for training on how to enroll using Oracle.
- ☑ If you have any questions, contact HR.
- ☑ **After you enroll**, check your first paycheck in January 2024 to confirm deductions are correct.



Changing Elections after You Enroll

The elections you make cannot be changed until the next Open Enrollment unless you have a *qualifying life event* as defined by the IRS. These include:

- Marriage, divorce, or legal separation
- Loss of eligibility by a dependent
- Losing or gaining other health coverage (you or a dependent)
- The birth, adoption, guardianship, or placement for adoption of a child
- Change in your child's dependent status
- Death of a spouse or dependent
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

If you experience a qualifying life event, please contact your HR Manager or Benefits Manager to process a change in Oracle within 30 days of the event. Your change must be consistent with the qualifying event.



For example, if you get married, you can drop your medical coverage (if your spouse adds you to his or her plan) or you can add your spouse to your current coverage.

For help or more information, contact Human Resources.



Enrollment Deadline

You have **30 days** following a qualifying event to make changes to your benefit elections. You are required to provide documentation to verify the qualifying event.

Your benefit change or election will begin retroactive to the event date.

If you miss the 30-day deadline, you cannot enroll new dependents or change benefit elections until the next Open Enrollment or qualifying event.



Medical Benefits

Florida Blue 

You can enroll in or waive coverage in either Blue Options Medical Plan. The plans cover more of your expenses when you use members of the Blue Options network.

See below for contribution rates per paycheck and the next page to compare how the plans cover selected costs.

See your Florida Blue materials for a more complete summary.

To Find Network Providers

To find members of the Blue Options Plan network, go to floridablue.com and click on *Find a Doctor and More* as shown in the box below. Then select the Blue Options Plan network. Or, call 800-664-5295.

Find a Doctor & More

Already a Member? Log in

Log in to access pharmacies and providers in your plan's network, along with features like online appointment scheduling, virtual care and provider ratings and photos, when applicable and based on your plan.

[Secure Login](#)

Not a Member?

[Member Registration](#)

[Forgot User Name or Password](#)

[Click here](#) to start searching for doctors within Florida who participate in one or more of Florida Blue's plans.

Carefully consider each plan's coverage, features, and costs before choosing a medical plan for your healthcare needs and budget.

Both medical plans offer the same coverage and include prescription drug benefits through RxBenefits (see page 12). The differences are described below and on the next pages.

- **The Gold Plan (3769)** is free to employees for employee-only coverage, has deductibles and higher copays for some services, but contribution rates are lower for covering dependents compared to Plan 3748.
- **The Platinum Plan (3748)** features no deductibles in-network and lower copays for some services but higher contribution rates compared to Plan 3769.

Contribution Rates (Premiums)

Contribution rates for your medical plan are deducted from paychecks before payroll taxes are withheld, saving you money. Polyglass pays more than 90% of this cost for either medical plan for you and your family.

Medical Plan Bi-weekly Contribution Rates 26 paychecks per year

Coverage Tier	Gold Plan (3769)	Platinum Plan (3748)
Employee only	\$0.00	\$23.18
Employee + Spouse	\$24.30	\$53.92
Employee + Child(ren)	\$20.59	\$50.16
Family	\$51.66	\$77.14



For More Information

Scan this QR code with your cellphone to learn more about your medical benefits and resources from Florida Blue (floridablue.com).

Resources

When you enroll in either medical plan, many special resources are available at no additional cost to you. See the summary on page 33.

Comparing Medical Plan Options

Use this table to compare how the plans cover your medical expenses.

Comparing Medical Plan Options What You Pay for In-Network Expenses*		
Plan Features	Gold Plan (3769)	Platinum Plan (3748)
Annual Deductible (CYD)	Individual	\$ 750**
	Family	\$1,500**
Coinsurance (where applicable)	10%	0%
Annual Out-of-Pocket Maximum (new for 2024)	Individual	\$2,500
	Family	\$5,000
Preventive Care	\$0	\$0
Doctor's Office Copays/Visit Primary Care Physician (PCP)	\$35	\$25
Doctor's Office Copay/Visit	Specialist	\$70
	Maternity	\$35
Telehealth SwiftMD	\$0	\$0
Urgent Care Facility Copay/Visit	\$70	\$50
Emergency Room Copay/Visit	\$350	\$300
Diagnostic Facility Copays (new for 2024)	Outpatient Lab Facility	\$25
	X-Ray	\$50
Major Imaging Services Copays (CT/PET/MRI)	\$125	\$75
Inpatient Hospital Copays	10% after deductible	\$250

*See the Summary of Benefits Coverage (SBC) and your Employee Benefits at Polyglass App for information on how the plans cover out-of-network expenses. You can also contact Member Services 24/7 at **800-664-5295**.

**The deductible only applies to durable medical equipment, orthotics/prosthetics, outpatient surgeries and inpatient hospitalization. Office visits, labs, x-rays, and prescription drugs do not have a deductible!





Prescription Drug Benefits

When you enroll in a Blue Options medical plan, prescription drug benefits through Express Scripts are included. Your share of the cost for medications depends on:

- The drug classification and
- Whether filled at a retail pharmacy, for a 30-day supply, or through the mail-order pharmacy or Smart90 program (Walgreens), for a 90-day supply

RxBenefits

800-334-8134

7am to 8pm CT

Email: CustomerCare@rxbenefits.com

Prescription Drug Classifications

Prescription medications have four classification tiers for pricing:

1. Generic Drugs
2. Preferred Brand-Name Drugs
3. Non-Preferred Brand-Name Drugs
4. Specialty Drugs



Saving Money

Ask your doctor or pharmacists to check if a generic is available for any brand-name drugs you are prescribed.

Manage Prescriptions on the Express Scripts Website

Register at express-scripts.com or through your Employee Benefits at Polyglass App to:

- Manage your prescriptions
- Price and compare medications
- Connect with prescription specialists for help with chronic health conditions
- Find information on your prescriptions
- Set up home-delivery and automatic refills
- View your claims and prescription history
- Manage your account settings and payment methods

Member Services through RxBenefits

RxBenefits offers services to answer your questions and concerns on your pharmacy benefits, to understand:

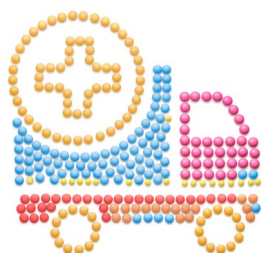
- Benefit details
- If a drug is covered
- How to start home delivery
- How to get Prior Authorization
- Answer benefit questions
- Status on claims
- Finding network pharmacies
- Help with specialty and home-delivery orders
- Pharmacy information





When to Use Home Delivery

Fill maintenance medications, such as for diabetes or hypertension, in 90-day supplies through the home-delivery pharmacy. As shown in the prescription drug table below, one 90-day supply of a maintenance



prescription filled at the home-delivery pharmacy costs less than three 30-day fills at a retail pharmacy. See page 43 for ordering and other details.

Many diabetic drugs require refrigeration and Home Delivery will ensure that your drugs are refrigerated for transport when required.

Smart90 Program through Walgreens

You can choose to have your 90-day medication supply filled at a Walgreens pharmacy rather than the home-delivery pharmacy by calling RxBenefits.

Saving Money on Maintenance Medications

You pay less when filling maintenance medications in 90-day supplies through the Home-Delivery pharmacy or Smart90 Program.

For example in Plan 3748, a *preferred brand-name drug* would cost \$120 if filled in *three* 30-day supplies at a retail pharmacy. But the cost is \$60 if filled in *one* 90-day supply through the Home-Delivery pharmacy or the Walgreen's Smart90 program.

That's a savings of \$240 for the year.

Prescription Drug Benefits In-Network Copays				
Classification	Gold Plan (3769)		Platinum Plan (3748)	
	Retail Pharmacy	Home Delivery Pharmacy	Retail Pharmacy	Home Delivery Pharmacy
Generic	\$10	\$20	\$5	\$10
Preferred Brand Name	\$40	\$80	\$30	\$60
Non-Preferred Brand Name	\$60	\$120	\$50	\$100
Specialty	\$100	Not covered	\$100	Not covered

RxBenefits

800-334-8134

7am to 8pm CT

Email: CustomerCare@rxbenefits.com

3 Ways to Get Started with Home Delivery



1. **Online:** Login or Register



2. **Mobile:** Choose home delivery using the Express Scripts mobile app



3. **Ask Your doctor:** Ask your doctor to prescribe a 3-month supply for Home Delivery or for Smart90

Resources

Special resources are also available at no additional cost for help in managing your medications. See the summary on page 43.



Need Help? Call an Rx Plan Specialist

Discuss your prescriptions with a plan specialist at **800-334-8134**, Mon-Fri, 7am-8pm CT. If calling after hours or on weekends, you will be transferred to Express Scripts.

Supplemental Health Benefits

Polyglass offers three supplemental health benefits (voluntary benefits) through Prudential. Elect one, two, or all three and add eligible dependents. Each provides cash payments directly to you to help pay medical expenses such as deductibles, copays, transportation, and lodging expenses, as well living expenses. How you spend the money is up to you.

These benefits are portable, meaning If your employment ends, you may take your plan with you. File claims online at prudential.com/mybenefits or from your phone after scanning the QR code. When filing a claim, identify yourself as a Polyglass employee and provide plan #71863.



Prudential Insurance

800-475-4052

Mon-Fri, 8am-8pm ET

prudential.com/mybenefits

Claims filing: 844-455-1002

Scan the code
and submit a
claim right
from your
mobile device



Accident Insurance

Pays a set cash benefit to you based on the injury and its treatment after an accident on or off the job. You can elect either the High Plan or the Low Plan. The table to the right compares each plan's cash benefits payable for selected treatments resulting from a covered accident.



For 2024, you have the option to enroll in either the High or the Low Plan.

The Prudential summary lists more benefit amounts for other covered injuries and for transportation, and lodging.

Before enrolling, review the Prudential summary of benefits for policy limitations, exclusions, and other details.

Selected Accident Insurance Benefits

Covered Injuries	Benefit Amount per Calendar Year	
	High Plan	Low Plan
Fractures	Up to \$10,000	Up to \$1,500
Dislocations	Up to \$8,000	Up to \$1,500
Coma	Up to \$15,000	Up to \$5,000
Emergency room	\$200	\$100
Hospital admission	\$2,000	\$1,000
Daily confinement benefit	\$200	\$100
Intensive Care Unit Admission	\$4,000	\$2,000
Daily confinement benefit	\$400	\$200
Wellness Benefit Payable once per year for each covered person completing a wellness visit with their doctor.	\$75	\$75

Per-paycheck contribution rates are listed in the table below and on the Oracle enrollment site.

Wellness Benefit

In either plan, each covered family member can receive a \$75 annual benefit for completing a health screening (preventive test), such as cholesterol screening or a mammogram exam.

Accident Insurance Contribution Rates Bi-weekly paychecks (26 per year)

Coverage Tier	High Plan	Low Plan
Employee Only	\$4.86	\$2.79
Employee + Spouse	\$9.06	\$3.95
Employee + Child(ren)	\$10.46	\$4.36
Employee + Family	\$15.64	\$6.08

Critical Illness Insurance

No one expects the unexpected, but you can be prepared. Critical Illness Insurance is one way to be prepared. It pays you a lump sum at the first diagnosis of a covered illness. You can use the money as you choose to pay medical or living expenses. It's up to you.

You can elect employee-only or family coverage in either the High Plan or the Low Plan as shown in the following table.



For 2024, you have the option to enroll in either the High or the Low Plan.

Proof of good health is not required, and the plan pays benefits without regard to pre-existing conditions.

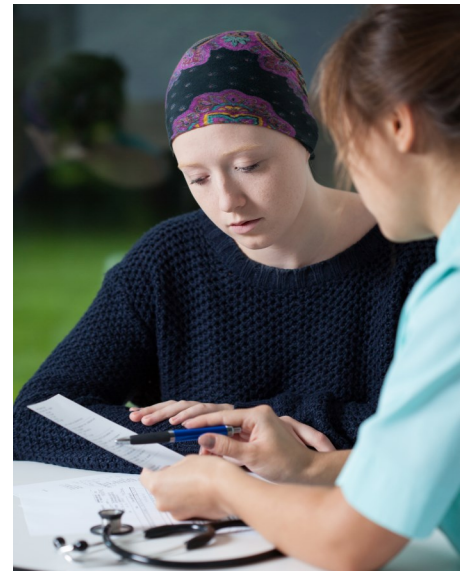
Either plan will pay a percentage of your elected benefit amount when diagnosed, including the following selected illnesses:

Plan pays 100% of your elected benefit amount:

- Heart Attack (without sudden cardiac arrest)
- Severe Coronary Artery Disease
- Stroke
- Type 1 Diabetes
- Third Degree Burns
- Paralysis of Limbs
- Renal Failure
- Major Organ Failure
- Occupational HIV
- For childhood critical illnesses, 100% coverage for down syndrome, spina bifida, and others

Plan pays 25% of your elected benefit amount:

- Cancer—Non-invasive (in Situ—other than skin)
- Coronary Artery Bypass Graft
- Crohn's Disease, Addison's Disease
- Bacterial Meningitis
- Diphtheria, Encephalitis
- Huntington's Chorea, Malaria
- Tetanus
- Tuberculosis and others
- For childhood critical illnesses, 25% coverage for polio, rabies, sickle cell anemia, cerebral palsy, cystic fibrosis, muscular dystrophy, and others



Prudential Insurance

844-455-1002

Mon-Fri, 8am-8pm ET

prudential.com/mybenefits

Selected Critical Illness Insurance Benefits

Plan Option	Coverage per Calendar Year	
	Employee Only	Family
High Plan	\$30,000	<ul style="list-style-type: none"> • Employee: \$30,000 • Spouse: \$15,000 • Children: \$15,000
Low Plan	\$15,000	<ul style="list-style-type: none"> • Employee: \$15,000 • Spouse: \$7,500 • Children: \$7,500

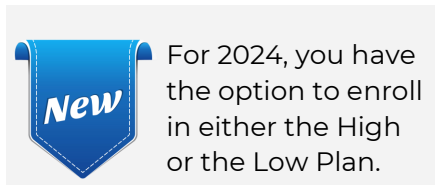
Wellness Benefit

In either plan, each covered family member can receive \$50 annual benefit for completing a health screening (preventive test), such as cholesterol screening or a mammogram exam.

See the Prudential benefits summary for more coverage information, limitations, and exclusions. Contribution rates are listed on the next page and on the Oracle site when you enroll.

High Plan Critical Illness Insurance Contribution Rates Bi-weekly paychecks (26 per year)				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Under 25	\$6.56	\$10.10	\$10.32	\$13.85
25-29	\$6.56	\$10.10	\$10.32	\$13.85
30-34	\$7.79	\$12.06	\$11.54	\$15.81
35-39	\$8.75	\$13.26	\$12.51	\$17.01
40-44	\$9.73	\$14.68	\$13.48	\$18.43
45-49	\$15.92	\$23.21	\$19.68	\$26.96
50-54	\$23.13	\$32.86	\$26.89	\$36.61
55-59	\$35.13	\$48.77	\$38.88	\$52.52
60-64	\$49.39	\$67.73	\$53.15	\$71.48
65-69	\$77.83	\$106.28	\$81.59	\$110.03
70 and older	\$102.22	\$139.92	\$105.97	\$143.66

Low Plan Critical Illness Insurance Contribution Rates Bi-weekly paychecks (26 per year)				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Under 25	\$3.28	\$5.05	\$5.16	\$6.92
25-29	\$3.28	\$5.05	\$5.16	\$6.92
30-34	\$3.90	\$6.03	\$5.77	\$7.91
35-39	\$4.38	\$6.63	\$6.25	\$8.51
40-44	\$4.86	\$7.34	\$6.74	\$9.22
45-49	\$7.96	\$11.60	\$9.84	\$13.48
50-54	\$11.57	\$16.43	\$13.44	\$18.31
55-59	\$17.57	\$24.38	\$19.44	\$26.26
60-64	\$24.70	\$33.86	\$26.58	\$35.74
65-69	\$38.92	\$53.14	\$40.79	\$55.02
70 and older	\$51.11	\$69.96	\$52.99	\$71.83



Hospital Indemnity Insurance

Cash benefits are paid directly to you when admitted to a hospital and/or an intensive care unit for a covered accident or illness. Benefit payments vary as shown in the following table.



Prudential Insurance

844-455-1002

Mon-Fri, 8am-8pm ET

prudential.com/mybenefits

Hospital Indemnity Insurance Cash Payments		
Benefit per Calendar Year	High Plan	Low Plan
Hospital admission benefit, one time per covered person, per covered accident or injury, payable up to 5 times per year	\$2,000	\$1,000
Intensive Care Unit (ICU) admission benefit, one time per covered person, per covered accident or injury, payable up to 5 times per year	\$2,000	\$1,000
Daily benefit while confined to hospital, up to 30 days per confinement, up to 5 times per year	\$200	\$100
Daily benefit for Intensive Care Unit stay, up to 15 days per confinement, up to 5 times per year	\$400	\$200

Hospital Indemnity Insurance Contribution Rates Bi-weekly paychecks (26 per year)		
Coverage Tier	High Plan	Low Plan
Employee Only	\$10.07	\$5.27
Employee + Spouse	\$22.02	\$11.51
Employee + Child(ren)	\$16.61	\$8.94
Employee + Family	\$28.56	\$15.18

Wellness Benefit

In either plan, each covered family member can receive \$50 annual benefit for completing a health screening (preventive test), such as a cholesterol screening or a mammogram exam.

Flexible Spending Accounts

With a Flexible Spending Account (FSA), you can save money on eligible healthcare and dependent care expenses while reducing your income taxes. When you enroll, specify a contribution amount to deduct from paychecks before payroll taxes are deducted. You have two options:

HealthEquity

HealthEquity

866-346-5800

healthequity.com/fsa-qme

Healthcare FSA

You can elect this FSA whether or not you enroll in a Polyglass medical plan to help pay expenses not covered by a medical plan, such as those listed in the following table.

Dependent Care FSA

Pay eligible daycare expenses with pre-tax earnings for a dependent child under age 13 or a dependent adult if both the employee and spouse work or the spouse is attending school. See the following table for how they work.

EZ Receipts Mobile App

This HealthEquity app allows you to upload your receipts for reimbursement from your FSA. Download it to your phone from your App Store.

- Access your account
- Initiate a claim/view status
- Take a photo of your claim to send for payment
- Send payments to providers or reimburse yourself for out-of-pocket expenses.

Flexible Spending Accounts Paying Eligible Expenses with Pre-tax Earnings			
Type of FSA	Eligible Expenses	Contribution Limits	Using Your Account
Healthcare	Plan deductibles, copays, and other medical, dental, and, vision expenses not covered by a health plan for you and your tax dependents.	You can contribute up to \$3,050 a year. (Subject to change each year based on federal regulations.)	Pay eligible expenses up to the amount you contribute for the year, regardless of the balance in your account at the time of your expense.
Dependent Care	You can pay daycare* and before- and after-school care expenses for a child under the age of 13, or for a spouse, parent or another tax-dependent who is incapable of self-care.	You can contribute up to \$5,000 a year or \$2,500 if you are married and you and your spouse file separate tax returns.	Pay eligible expenses only up to the balance in your account at the time of your expense.

***Note:** All dependent caregivers must have a tax ID or Social Security Number for you to include on your federal tax return. If you use the Dependent Care Reimbursement Account, the IRS will not allow you to claim a dependent care credit for reimbursed expenses on your tax return. Consult with your tax advisor for more information.

Paying Expenses from Flexible Spending Accounts

Pay eligible expenses from an FSA by filing a claim, with the debit card you receive after you enroll, or arrange for Health Equity to pay expenses directly to your provider. For more information, go to healthequity.com/fsa-qme or call 866-346-5800.



Plan Carefully

Avoid Forfeiting Money in Your FSA

Pay expenses through the year and up to March 15 of the next year. However, you must submit claims for these expenses no later than March 30. After that date, any money left in either FSA will be forfeited (by law).



Employee Assistance Program

Each person's life has its own unique set of challenges. To help you cope with these challenges, Polyglass offers the Employee Assistance (EAP) through New York Life—with no enrollment or cost to you.

You and your family members can connect with various counseling services for help with legal, financial, and work-life balance issues. All calls are answered by a Master's or PhD-level counselor who will collect some general information and will discuss your needs. You have up to three face-to-face sessions per person, per issue, per year. Each household family member can receive EAP help, regardless of whether they are eligible or enrolled for any other benefits.

Guidance Resources®

When you need information quickly for help with life's challenges, visit guidanceresources.com to find resources and tools on topics such as health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto. You will also have access to articles, podcasts, videos, slideshows, on-demand trainings and "Ask the Expert" who will personally respond to your questions.

COMPSYCH®
—The GuidanceResources Company®—

**NEW
YORK
LIFE**

**Employee Assistance
Program**

800-344-9752

guidanceresources.com

Web ID: NYLGBS

Family Source®

Managing the everyday concerns of home, work and family can be difficult. To help resolve those concerns, you have access to family care service specialists for customized research, educational materials, and prescreened referrals for childcare, adoption, elder care, education, and pet care.



Health Care Support

Get 24/7 assistance in navigating health benefits, answering clinical questions, resolving claims and billing issues, and understanding the appeals process. Use this service to make educated decisions for you and your family members.



Talk to an experienced insurance specialist to know what your plan covers and your out-of-pocket costs as well as guidance on filing claims and in negotiating discounts. A registered nurse is also available to provide customized care and preparation for doctor visits, lab work, and medical procedures.

Health Care Support
800-336-2150, 24/7
guidanceresources.com

FinancialConnect®

You and your family members have unlimited access to a team of qualified experts, including Certified Public Accountants (CPAs), CERTIFIED FINANCIAL PLANNERS™ (CFPs), and other financial professionals. If additional help is needed, you can request referrals to financial professionals in your local community.

Financial, Legal, and Estate Assistance
800-344-9752, 24/7
guidanceresources.com
Web ID: NYLGBS

In addition, go to guidanceresources.com for financial information on a wide range of topics, including debt management, family budgeting, estate planning, and tax planning, as well as interactive tools and financial calculators.

Legal Connect®

LegalConnect gives you access to unlimited phone consultations with attorneys for guidance on divorce, adoption, estate planning, real estate, identity theft, and more. If needed, you can be referred to a local attorney for a free 30-minute consultation and a 25% reduction in fees thereafter. Also, get information on low or no cost legal options, as well as referrals to consumer advocacy groups and governmental organizations.

EstateGuidance®

This online tool allows you and your family members to write a last will and testament, a living will, and other documents that outline your wishes for final arrangements quickly, easily, and cost effectively. It will ask questions to guide you through the process. Access is available anytime, anywhere via tablet, desktop, or mobile app.



Telemedicine through SwiftMD

After your medical plan begins, register with SwiftMD for 24/7 access to board-certified doctors by phone or videoconference for diagnoses and prescriptions to treat non-emergency health situations. No copays or cost to you. Polyglass pays for the membership when you (and any dependents) are enrolled in a Polyglass medical plan.

Here are some of the health issues to discuss with a SwiftMD doctor from home, office, or on the road:

- Allergies
- Arthritis pain
- Back pain/injury
- Cold sores
- Congestion
- Fever
- Flu
- Headache
- Insect bites/stings
- Conjunctivitis or pink eye
- Diarrhea
- Earache
- Lyme disease
- Nasal congestion
- Rashes
- Respiratory congestion
- Sinusitis

Survey Shows High Satisfaction among Polyglass Employees

- 96% satisfied with the consult received from a SwiftMD doctor
- 99% would use again



SwiftMD
833-794-3863
 Group Code: Polyglass19
[SwiftMD.com](https://www.swiftmd.com)

Connect with SwiftMD 24/7

- Call toll free at **833-794-3863** and enter group passcode **Polyglass19**
- Set up an appointment
- Receive a call back within 30 minutes after scheduling your appointment

For more information go to [SwiftMD.com](https://www.swiftmd.com). To download the app, scan the codes below with your phone's camera or from your app store.



"I'm sorry Jane's not feeling well. What are her symptoms?"

- Dr. Clark, M.D.



Dental Benefits



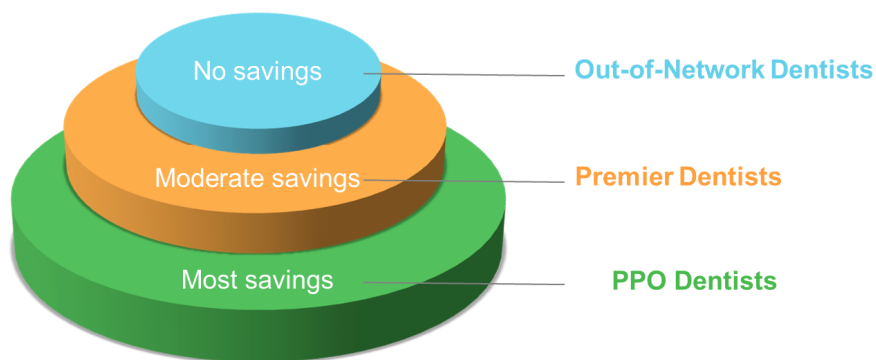
You can enroll in either the High Plan or the Low Plan through Delta Dental. Use any licensed dental provider; however, you pay less when using dentists in Delta Dental's PPO dental network in two ways:

Delta Dental
800-521-2651
deltadentalins.com

1. **Delta Dental dentists** charge discounted rates. Network dentists are not permitted to bill for any amount exceeding the discount.
2. **Out-of-network dentists** can *balance bill* for any amount above the *usual and customary amount* which is what Delta Dental pays out-of-network dentists for each procedure. You pay any amount over that.

Finding Network Providers

Both plans offer two networks for best savings: the Delta Dental PPO network and the Dental Premier network. The PPO network dentists charge reduced fees, offering you the best savings. The Dental Premier network dentists have set fees. You cannot be charged more than the set fees for your share of the cost (see the next page).



To find a network dentist near you, log on to the Delta Dental website at deltadentalins.com and click on *Find a Dentist*. Enter your address and ZIP code and select either network from the drop-down menu.

What Else to Know

- **Expanded coverage for expecting mothers:** This features one additional exam and one cleaning or scaling and root planing during the plan year because pregnant women are at higher risk for tooth decay and gum disease. Let your dentist know if you are pregnant to receive these extra benefits.
- **Set up an online account:** See Dental Resources on page 45.
- **LASIK and hearing aid discounts:** See Dental Resources on page 45 for more information.

How to Estimate Your Cost and Coverage before Treatment Begins

Avoid surprises. Ask your dentist to submit a predetermination of benefits before your dental work begins. A predetermination of benefits is recommended for any cost of more than \$250.



Benefits

As shown in the following table, you and the plan share dental expenses up to each plan's maximum benefit amount for the calendar year (in- and out-of-network charges combined). After total expenses reach your plan's annual benefit maximum, you pay the full discounted network cost for dental expenses for the rest of the year.

The High Plan offers better benefits but costs more per paycheck. The Low Plan is an option to consider if you do not need a lot of dental work. Review the terms, the Dental Benefits at a Glance table, and the contribution rates below before choosing an option. For more information, plan limitations, and exclusions see the Delta Dental plan summaries posted on the Polyglass Intranet and the Employee Benefits at Polyglass App.

Terms

Deductible: Applies to Basic and Major Services for the calendar year. Does not apply to Preventive Care or Orthodontia expenses.

Annual Benefit Maximum: The plan's dollar limit per person for covering eligible dental expenses.

Preventive and Diagnostic Services: The plans cover exams and cleanings, including bitewing x-rays two times a calendar year.

Basic Services: Such as fillings, simple extractions, denture repair/reline/rebase, root canal (endodontics)

Major Services: Such as dentures, bridges, crowns, inlays, implants, onlays, and cast restorations.

Dental Benefits at a Glance (Plan #22443) What You Pay (except where noted otherwise)					
Plan Features	High Plan		Low Plan		
	PPO and Premier Dentists	Non-Network Dentists	PPO Dentists	Premier Dentists	Non-Network Dentists
Deductible Individual/Family	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$100/\$300
Annual Benefit Maximum Plan pays up to	\$2,250 per person	\$2,250 per person	\$1,000 per person	\$1,000 per person	\$1,000 per person
Preventive and Diagnostic You pay	0%	0%	0%	0%	20%
Basic Services You pay	20%	20%	20%	20%	50%
Major Services You pay	50%	50%	50%	50%	60%
Orthodontia Plan pays	Adults and children Plan Pays 50% up to \$1,500 lifetime maximum		Children only up to age 19 Plan pays 50% up to \$1,000 lifetime maximum		

Dental Plan Rates Bi-weekly paychecks (26 per year)		
Coverage Tier	High Plan	Low Plan
Employee Only	\$2.31	\$1.47
Employee + Spouse	\$5.08	\$2.54
Employee + Child(ren)	\$5.77	\$2.71
Employee + Family	\$7.62	\$4.08

Resources

When you enroll in the Dental Plan, special resources are available at no additional cost to you. See the summary on page 45.

For More Information



Scan this QR code with your cellphone to learn more about your dental benefits and resources from Delta Dental.

Vision Benefits



Everyone needs to take care of their eyes as good vision is important to your health. If you enroll in the EyeMed Vision Plan, benefits are available for eye exams, lenses, frames, contacts, and more.

You can use any vision care professional of your choice. However, as shown below, you pay less when using providers who are members of the EyeMed network. With additional savings using PLUS Providers, as found at eyemed.com.

EyeMed
866-939-3633
eyemed.com

PLUS Provider

Saving Money with Eye360 and PLUS Providers

Using providers in the EyeMed network helps you save money on eye exams, frames, and lenses. Better savings are available from PLUS Providers in the EyeMed network as shown in the table. They are marked as *PLUS Providers*.

Vision Care Benefits at a Glance		
All services in the table are available once during the plan (calendar) year.		
Plan Features	In-Network	Out-of-Network
Eye Care Exam	PLUS Providers: You pay \$0 Other Providers: Plan pays 100% after a \$10 copay Retinal Imaging: Plan pays up to \$39	Plan reimburses: up to \$40 Retinal Imaging: Not covered
Frames \$0 copay	PLUS Providers: Plan pays up to a \$180 allowance plus 20% off the balance over the allowance Other Providers: Plan pays up to \$130 allowance; plus 20% off the balance over the allowance	Plan reimburses: up to \$65
Standard Plastic Lenses	Plan pays: <ul style="list-style-type: none"> 100% after your \$25 copay for single vision, bifocal, trifocal, lenticular, and standard progressive lenses \$55-\$200 for premium progressive lenses 	Plan reimburses: up to <ul style="list-style-type: none"> \$30, single vision \$50, bifocal \$70, trifocal/lenticular \$50, all progressives
Lens Options	You pay copays as follows: <ul style="list-style-type: none"> \$45 for standard anti-reflective coating \$57-\$85 for premium anti-reflective coating \$75 for photochromatic (non-glass) \$40 for standard polycarbonate \$0 for standard polycarbonate (up to age 19) \$15 for scratch coating and tints \$0 for UV treatment 20% off retail for all others 	Plan reimburses up to: <ul style="list-style-type: none"> \$23 \$23 Not covered Not covered \$20 Not covered Up to \$8 Not covered
Elective Contacts Instead of frames; \$0 copay	Conventional: Plan pays up to \$150 allowance plus 15% off balance over the allowance Disposables and Medically Necessary: Plan pays 100%	Plan reimburses: up to \$75 for conventional and disposable contacts and up to \$300 for Medically Necessary contacts.

See the EyeMed vision care services summary for additional benefits and details on coverage.

Welcome Packet

After enrolling in the vision plan, you will receive a welcome packet with two ID cards, a copy of the benefit summary, and a recommendation for eight providers who are closest to your home address. You may register on the EyeMed website or download the mobile app for access to print the ID cards at any time or you can download the ID card to your phone.



Sample EyeMed ID card.

Your benefits are on a calendar/plan year basis. You may use your benefits beginning January 1, 2024 and as well as the following year on January 1, 2025.

Transition to EyeMed Effective January 1, 2024

We recommend that you use your current benefits, through MetLife, before December 31, 2023, as you'll be eligible for a new Frame and Contact Lens allowance through EyeMed effective January 1, 2024.

Does EyeMed Offer Additional Discounts?

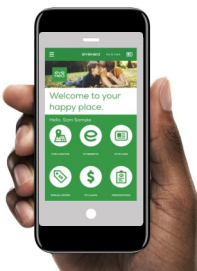
Extra savings are available at participating in-network providers, including 40% off an additional pair of eyeglasses or 20% off non-prescription sunglasses and accessories. Log in to eyeglass.com for details.

Discounts on LASIK laser vision correction are also available. Call **800.988.4221** to find a US Laser Network provider.

After enrolling, click this link, <https://member.eyemedvisioncare.com/member/en> or scan the QR code with your phone's camera to register on the EyeMed website, download the app and take advantage of the many services and discounts available to you and your covered family members.



Get the EyeMed Mobile App



Download the EyeMed app for at-a-glance benefits and eligibility, track your claims, find special offers, locate network providers, including PLUS Providers, get answers to FAQs, and access interactive vision guides. You can also download the app from your App Store or Google Play.

Vision Plan Rates Bi-weekly paychecks (26 per year)

Coverage Tier	Rates
Employee Only	\$1.38
Employee + Spouse	\$2.77
Employee + Child(ren)	\$2.31
Employee + Family	\$4.15

Regular Eye Exams Matter

Regular eye exams can help detect early signs of serious health conditions, such as:

- Diabetes
- High blood pressure
- Some cancers, and more

Early eye exams for children are also important, as one in four children have vision problems.

Resources

When you enroll in the Vision Plan, special resources are available at no additional cost to you. See the summary on page 46.



Life and Accidental Death & Dismemberment Insurance



Life insurance is an important part of your financial security, especially if others depend on you for support. Polyglass pays for Basic Life and AD&D Insurance (group term life insurance) for eligible employees at no cost to you.

Accidental Death and Dismemberment (AD&D) Insurance provides benefits in the event of accidental death or severe injury. Benefits are paid to you as a percentage of the life insurance amount based on the loss.

Company-paid Basic Life and AD&D Insurance Life Insurance Benefit



Equals 1 ½ times your annual base salary up to \$250,000 maximum and is payable to your designated beneficiary. There is no cash value associated with this coverage.



Designate a Beneficiary

Be sure to designate one or more beneficiaries for your Basic and Voluntary Life and AD&D Insurance.

You are automatically the beneficiary for your covered spouse's and/or child's life insurance.

AD&D Insurance Benefit

An equal benefit amount is payable if death is due to a covered accident or injury either on or off the job and the claim is filed within one year of a covered accident. Payment varies by type of dismemberment.

Resources

Your Life Insurance coverage offers resources and benefits at no additional cost to you. See the summary on page 47.

Company-paid Premium Considered Taxable Income

Federal law requires you to pay income taxes on the premium value of any company-paid basic life insurance over \$50,000. This means that if your Basic Life Insurance coverage is more than \$50,000 the imputed income tax that you are subject to would be based on the premium for the amount over \$50,000 and your age using IRS tables.

For example, a 43 year old employee earning \$70,000 a year has company-paid Basic Life Insurance equal to \$105,000 (1½ times annual base salary). The table has the imputed income value as \$66.00 for the year, which would be added to the employee's earnings to use in calculating a federal tax liability.



For More Information

Use your cellphones' camera to scan this code for more information on New York Life Insurance.

Employee-paid Voluntary Life and AD&D Insurance

Add more life insurance for yourself and eligible dependents by electing Voluntary Life and AD&D Insurance. You must elect coverage for yourself to add your spouse and/or dependent children.

How Much Coverage Can You Elect?

The following table shows how much voluntary life insurance you can elect for yourself and your dependents. An equal amount of your elected life insurance coverage is automatically included for AD&D insurance.

Voluntary Life Insurance Options	
For You:	<ul style="list-style-type: none"> Up to \$500,000 in \$10,000 increments Up to \$200,000* without evidence of insurability More will require evidence of insurability
For Your Spouse	<ul style="list-style-type: none"> Up to \$500,000 in \$5,000 increments Up to \$40,000* without evidence of insurability More will require evidence of insurability.
For Your Children	\$10,000; no evidence of insurability required.

What Is Evidence of Insurability?

To provide evidence of insurability (EOI), you are required to complete a medical questionnaire for the insurance carrier to review before approving or denying the amount requiring EOI.

Any amount requiring EOI will take effect after carrier approval. Paycheck rates will change after carrier approval.

*Only available during this year's Open Enrollment.



Special Enrollment Opportunity—This Year Only

For this year's enrollment only, New York Life has waived the evidence of insurance requirement for any amount you elect up to \$200,000 for yourself and up to \$40,000 for your spouse.

Benefit Reductions

Both company-paid and voluntary life insurance amounts will be reduced beginning at age 65.

If you elect coverage over these amounts, you will still need to complete a medical questionnaire to provide evidence of insurability before the carrier will approve coverage for that amount.

For Your Dependent Children

You may elect \$1,000 for children under 6 months, or up to \$10,000 in increments of \$2,500 for ages six month to 26 years. Evidence of insurability is not required.

Contribution Rates

Rates vary based on age and the coverage amount you elect; and are displayed for you on the Oracle enrollment site.



Whole Life Insurance



You can enroll in Whole Life Insurance only during Open Enrollment.

As the name implies, Whole Life Insurance covers you for your whole life, as long as you continue to pay the premium. Unum's Whole Life Insurance comes with guaranteed level premiums — the rate never changes as long as premiums are paid.

Whole Life Insurance pays a death benefit and builds a cash value from the additional money you contribute (above the cost of the insurance plan). This can grow tax-deferred at a guaranteed interest rate of 4.5% to build a cash reserve to borrow from or withdraw when needed. Alternatively, you can buy a smaller, paid-up policy without paying any premiums.



Long-Term Care Insurance

A small Long-Term Care Insurance rider is included when you elect Whole Life Insurance. This type of care is not covered by a health plan, Medicare, or another insurance policy.

The policy reimburses expenses for services provided to an eligible covered person who is unable to perform two or more self-care mobility skills (referred to as *Activities of Daily Living*). The expenses must be from a Long-Term care or assisted living facility operated by or through a Home Health Care Agency, a Licensed Home Health Care Professional, or an Adult Care Practitioner. Please review the rider to know more about the coverage.

How Benefits Are Paid

Benefits are paid as a percentage of the Whole Life Insurance amount and vary based on who provides care:

- **Long-Term Care or Assisted Living Facility:** Up to 6% of the Whole Life Policy benefit
- **Home Healthcare or Adult Day Care:** Up to 4% of the Whole Life Policy benefit

Enrolling in Whole Life Insurance and/or Long-Term Care

When you enroll in Whole Life, you also receive Long-Term Care benefits. Enroll between November 6 and November 10, 2023 by calling Unum at **866-752-7432** from 8am to 8pm ET and use reference number 198618. You will need to verify your date of birth and Social Security number.



Disability Benefits

Short-Term and Long-Term Disability Benefits through New York Life Insurance provide income replacement if you become disabled and unable to work due to a qualifying non-work-related illness or injury. Polyglass pays the cost for both disability plans and you are automatically enrolled once you become eligible.

New York Life Insurance

Claims: 888-842-4462

Mon-Fri, 8am-8pm EST

<https://www.newyorklife.com>

Pre-existing Condition Limitations

Coverage may be excluded for a pre-existing injury or illness. See the New York Life Insurance certificate of insurance coverage for more information or contact HR.



Short-Term Disability Benefits

Short-Term Disability (STD) Benefits equal 60% of your eligible pre-disability earnings, up to a \$1,500 a week maximum. After a doctor certifies your disability, payments begin seven days following a qualifying injury or illness and continue for up to 25 weeks.

Example STD Benefit Calculation

Kim earns \$30,000 a year and takes time off work following a qualifying injury and uses any available paid time off to continue paychecks for the first seven days. On the eighth day, Kim begins receiving Polyglass-paid STD benefits calculated as follows:

$$\begin{aligned} \$30,000 \text{ annual earnings for } \div 52 \text{ weeks} &= \\ \$576.92 \times 60\% \text{ benefits} &= \$346.15 \text{ per week} \end{aligned}$$

Returning to Work

Before returning to work from a Short-Term Disability leave, your physician must complete a Release to Work Form and submit it to HR.



Long-Term Disability Benefits

Long-Term Disability (LTD) Benefits equal 60% of your eligible monthly pre-disability earnings, up to \$10,000 a month. After a doctor certifies your disability and you have completed the 180-day waiting period (typically when Short-Term Disability benefits end) and with New York Life's approval, payments will begin and continue up to the maximum duration period, subject to the terms described in New York Life's certificate of coverage.

LTD Benefit Offsets

If you are eligible for disability income from other sources, including Social Security, your LTD benefit payments will be adjusted so the maximum monthly benefit you receive from all sources does not exceed the percentage of your pre-disability earnings according to the Polyglass USA Disability Plan.



For More Information

Use your cellphones' camera to scan this code for more information on New York Life Insurance.

Filing a Disability Insurance Claim after December 31, 2023

To file a claim, log on to newyorklife.com/group-benefit-solutions/form, or call 888-842-4462, Mon-Fri, 8am-8pm EST. You can also download the New York Life Insurance app.

You will receive an Acknowledgment Package and be contacted by a New York Life Insurance case manager or leave coordinator within a few business days. New York Life Insurance may also contact HR and your healthcare provider.

Disability Payments Are Taxable

Because Polyglass pays the insurance premium, any disability benefits received from this plan will be considered taxable income to you.

FMLA Claims

New York Life Insurance also manages our Federal Medical Leave Act (FMLA) claims. To request a medical or FMLA leave contact HR. To file a claim, call 888-842-4462 or 866-562-8421 (Spanish).

LegalShield and IDShield

Enroll in either or both plans for year-long access to the benefits at group rates, making it more affordable than what you would pay on the open market.



Access legal support for:

- Legal consultation and advice
- Court representation
- Support from a dedicated law firm
- Legal documentation preparation and review
- Will preparation
- Letters and phone calls made on your behalf
- Assistance with speeding tickets
- 24/7 emergency legal help and more



Identity theft services include:

- Identity consultation and advice
- Licensed private investigators
- Identity credit and financial account monitoring
- Child monitoring (family plan only)
- Full-service identity restoration
- Real-time alerts
- 24/7 emergency access
- Social media monitoring and online privacy reputation management and more



Contact LegalShield

(both plans)

800-654-7757,

M-F, 7am-7pm CST

legalshield.com/info/polyglass

How to Enroll in LegalShield and IDShield

You can enroll yourself or yourself and your family in one or both plans. To enroll, go to the LegalShield enrollment site at legalshield.com/info/polyglass.



For More Information

Use your cellphones' camera to scan this code for more information on Legal Shield and ID Shield.

LegalShield Only Bi-weekly Rates (26 paychecks/year)		IDShield Only Bi-weekly Rates (26 paychecks/year)		LegalShield and IDShield Bi-weekly Rates (26 paychecks/year)	
Coverage Tier	LegalShield	Coverage Tier	IDShield	Coverage Tier	Both Plans
Employee and Family	\$8.75	Employee Only	\$4.13	Employee Only	\$12.88
		Family	\$8.75	Family	\$15.65

Pet Insurance



Pet Insurance through MetLife offers protection for dogs, cats, and other pets at a savings from any vet, anywhere. Enroll for these features:

- Up to 100% back on veterinary bills
- Choose any vet for pet care
- 24/7 access to telehealth
- Concierge services



Contact MetLife

800-438-6388

metlife.com/mybenefits

Scan the code to learn more.

Covered services include treatment for injuries, illnesses, cancer, cruciate ligament repair, diabetes, ear infections, and more. Also, includes mortality benefits, discounts, rewards, and much more.

Here's How It Works



Select and enroll in the coverage option that's best for you and your pet.



Download our mobile app.



Take your pet to the vet.



Pay the bill within 90 days and send it with your claim document to us via our mobile app, online portal, email, fax, or mail.



Receive reimbursement by check or direct deposit if the claim expense is covered under the policy.



Homeowners and Auto Insurance

Polyglass has partnered with MetLife to offer you group discounts on home and auto insurance. Coverage is also available for boats, motorcycles, RVs, personal property, and personal excess liability.

To get a quote to compare with your current coverage and find out if you can lower your insurance cost, obtain better coverage, or both, call MetLife at **800-438-6388**.



Earn Free Money!

Get up to \$30 when you choose iThink Financial.

Credit Union

Polyglass offers you financial services through iThink's credit union, which can help you save money with:

- Free checking account options
- Low interest rates on home, auto, and personal loans
- Free 24/7 access to online, telephone, and mobile banking

iThink has nearly 5,500 nationwide co-op shared branch locations and more than 60,000 nationwide and international surcharge-free ATM locations.

Contact iThink

800-873-5100

<https://www.ithinkfi.org>



401(k) Retirement Savings Plan

Offered through Fidelity, the Polyglass USA 401(k) Retirement Savings Plan offers you a great opportunity to save money for your important retirement.



Fidelity

800-347-2673

[401k.com](https://www.fidelity.com/401k)

Eligibility and Enrollment

Employees are eligible on the first of the month following three months of service. Once you are eligible to enroll, you will receive a welcome packet or you can call **800-347-2673**.

Your Contributions

Both your and the company's contributions are pre-tax, meaning your contributions are deducted from paychecks before taxes are withheld.

- You can contribute up to the IRS annual maximum, currently **\$22,500** for 2023*
- If you are age 50 or older, you can contribute, up to the current *catch-up* contribution amount of **\$7,500***
- Both contribution limits are subject to change each year

*The IRS has not released the 2024 maximums.

Polyglass Matching Contributions

Polyglass will match your contributions dollar-for-dollar on the first 6% of your earnings that you contribute. This doubles a 6% contribution amount to 12%, giving you a great start for helping you have the income you need when you retire.



What to Do

Specify a percentage of eligible earnings or a flat dollar amount to contribute to your account on the Empower website, choose your investment options, and designate one or more beneficiaries for your account.

Investing Your Account

You decide how to invest both your and Polyglass' matching contributions in the investment funds available on the Fidelity website. Your and Polyglass' contributions, as well as any investment earnings, are tax-deferred meaning you pay the income taxes on your 401(k) money when you withdraw it. This potentially gives you additional earning power on your investments.

Vesting

Vesting refers to your ownership of the money in your account. You are always fully vested in your contributions and any investment earnings.



Benefit Resources

Your Polyglass benefits offer many resources to use for your health, wellbeing, and more. Most are available to you at no additional charge. Review this section now to become familiar with all these resources so you can use them when needed. More details are available in the benefit materials from the carriers. Refer to the Employee Benefits at Polyglass App or Intranet for additional summaries.

Healthcare

(page 34)

- FloridaBlue.com
- Florida Blue 365®
- Florida Blue App
- Health Information Online
- 24-Hour Care Team
- Know Where to Go for Healthcare
- Benefit Terms to Know

Wellness and Preventive Care

(page 37)

- Wellness Program Tailored for You
- Regular Wellness Exams for a Healthy Life
- We Care. You Care. Preventive Care.
- Wellness Schedule for Adults
- Cologuard Screening
- Wellness Guidelines for Children
- Childhood Vaccinations

Managing Specific Health Issues

(page 41)

- Care Consultant
- New Directions Behavioral Health Services
- Healthy Addition (prenatal resources)
- Support for Serious and Chronic Health Conditions
- Advanced Illness Care and Planning

Managing Medications

(page 43)

- Managing Home-Delivery Prescriptions
- Pricing Your Medications
- Registering with Express Scripts
- Finding a Network Pharmacy

Dental Care

(page 45)

- Online Tools
- Making the Most of Your Dental Plan
- Hearing Benefits
- LASIK Benefits

Vision Care

(page 46)

- There's More to Eye Exams than You Know
- Computers and Eye Care

Life Insurance: Added Benefits

(page 47)

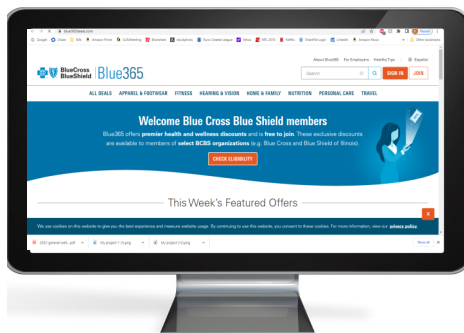
- Survivor Assurance Account
- Secure Travel
- Empathy Care Services



Florida Blue Resources for Help with Healthcare Benefits

FloridaBlue.com

To help get the most out of your Florida Blue medical plan, log in to the Florida Blue website at floridablue.com at any time. Click on *Manage my plan* and follow the prompts. You can also download the mobile app. Find information on your medical plan, access tools to compare quality and cost of healthcare, from office visits to inpatient and outpatient surgery. If you need help, call 800-664-5295.



Florida Blue 365®

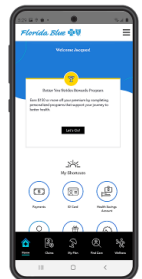
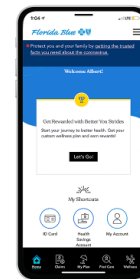
Through Florida Blue 365, you have access to a wide range of savings from top health and wellness brands around the country plus savings from local companies.

Be sure to register at blue365deals.com to receive deals automatically and begin saving. Check back regularly as new discounts and services are added frequently.

Florida Blue App

Stay connected to your medical plan while on the go! In addition to seeing your account information, you can:

- Find the nearest urgent care centers
- See your virtual ID card
- Check your benefits and view your claims and deductible amounts
- Connect to wellness resources
- Connect with Florida Blue resources and contacts



Apple Store

Google Play

Health Information Online

The more you know, the better you can take charge of your health and wellbeing. Florida Blue offers many tools that positively impact your health. To know them is a great starting point for helping you be aware of how your health plan works, saves you money, and helps you be and stay healthy. Go online to floridablue.com to:

- Review your plan benefits
- Find a BCBSFL Network Provider
- Check doctor ratings/see patient reviews
- Get up-to-date information on your out-of-pocket expenses
- Check claims
- Request an ID card
- View health videos and read blogs
- Research your symptoms and conditions with easy-to-understand health content and supplemental videos and articles
- Use your member health statement to track your healthcare expenses
- Find valuable coupons and offers to help you save on health-related items

24-Hour Care Team for Health Answers

Call the Nurse Line at **877-789-2583** for answers to your questions about health, medical treatments, prescription drugs, medication side effects, help with sick children, and to learn more about conditions such as diabetes, asthma, or high blood pressure. Your dedicated team will work with your doctor to manage your care.



Dedicated nurses and other clinical professionals focus on helping you reach your health goals.



Access to community resources that help with transportation, food, finances, and more.



Health support at your fingertips through the secure and convenient BlueForMe app for your smartphone.

Know Where to Go for Healthcare

The emergency room (ER) is the most expensive for care, often with long wait times. In a true emergency always call 911 or go to the ER. If it's not a true emergency, but you need care fast, consider an urgent care center instead or connect with a SwiftMD telemedicine doctor. You can also call the 24/7 Health Information Line (nurse line) number on your ID card for guidance. The table below offers general guidelines for immediate care.

	Deciding where to go	Your cost (copay)	Who usually provides care	Sprains, strains	Animal bites	X-rays	Stitches	Mild asthma	Minor headaches	Back pain	Nausea, vomiting, diarrhea	Minor allergic reactions	Coughs, sore throats	Bumps, cuts, scrapes	Rashes, minor burns	Minor fevers, colds	Ear or sinus pain	Burning when urinating	Eye pain, swelling	Vaccinations
<div>Lowest</div> <div>↑</div> <div>↓</div> <div>Highest</div>	SwiftMD 833-794-3863 Passcode: Polyglass19	\$0	Internal medicine, family practice, pediatric, and ER doctors	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
	Doctor's Office	Network Doctor: Plan 3769: \$35 Plan 3748: \$25	Family practice doctor (primary care physician)					•	•	•	•	•	•	•	•	•	•	•	•	•
	Urgent Care	Network Facility: Plan 3769: \$70 Plan 3748: \$50	Physician assistant or nurse practitioner									•	•	•	•	•	•	•	•	•
	Emergency Room	Network Facility: Plan 3769: \$350 Plan 3748: \$300	Board-certified doctor	•	•			•	•	•	•	•	•				•	•	•	•

Each option offers a different level of service, so call and discuss your health issue before you go. Be sure to know the cost up front and if they are members of the Blue Options network.

- **SwiftMD:** Online telemedicine doctors and pediatricians who can answer health questions, diagnose non-emergency conditions, and prescribe medications (see page 20).
- **Doctor's office:** Your doctor or an in-network doctor.
- **Urgent care center:** For treating conditions that should be looked at right away but aren't as serious as emergencies. These centers often perform x-rays, lab tests, and stitches.
- **Emergency room:** Can be part of a hospital or a stand-alone facility.
- **Other options:** Walk-in or Minute clinics where an appointment is not necessary. Ask about the cost before visiting or treatment.

Benefit Terms to Know

Balance Billing: A charge billed by an out-of-network provider that is above the reasonable and customary cost of a particular healthcare service.

Coinsurance: Your share of the cost of a covered healthcare service, calculated as a percentage. For example, you pay 20% and the plan pays 80%, generally after meeting a deductible.

Copayment (Copay): A fixed amount charged for some healthcare services, after which the plan pays the remaining costs.

Deductible: The out-of-pocket amount you pay for covered services after which the plan pays or you and the plan share costs with coinsurance.

Employee Contribution Rate (Premium): The amount deducted from paychecks after enrolling in an insurance plan.

Flexible Spending Accounts (FSA): Used to set aside pre-tax earnings up to an annual limit to pay for certain qualified expenses during a specific time period (usually a calendar year). There are two types of FSAs: the Healthcare FSA and the Dependent Care FSA.

In-Network Providers: Service providers who have contracted with an insurance company to provide services at discounted rates.

Inpatient Services: Provided to an individual during an overnight hospital stay.

Out-of-Network Providers: Service providers who are not members of an insurance company's network, meaning they do not charge the discounted prices available through network members.

Out-of-Pocket Maximum: A financial safety net that applies when eligible health plan expenses during the plan year reach a specific dollar amount. Once the maximum is met, the plan pays any remaining eligible expenses for the rest of the year at 100%, unless otherwise noted. Does not include contribution rates, charges above a defined Reasonable and Customary amount, or healthcare services the plan doesn't cover. There are separate maximums for in-network and out-of-network expenses.

Outpatient Services: Provided to individuals at a medical facility without an overnight hospital stay.

Primary Care Physician (PCP): A doctor who you would regularly see for your ongoing healthcare (e.g., a family doctor).

Reasonable and Customary: Refers to the normal, acceptable, or average amount charged for a healthcare service, treatment, or supplies for an appropriate level of care in the geographical location where the treatment, services, or supplies are provided.

Specialist Physician: A doctor specializing in a particular branch of medicine (e.g., surgeon).

Prescription Drugs

Brand-Name Drugs: A patented drug sold by a manufacturer and known by its trademark name. A manufacturer of a brand-name drug can make that drug without any competition. An example of a brand name drug is "Advil."

Formulary (Drug List): Lists brand-name and generic prescription drugs covered by the plan, showing its pricing tier for how much it costs. A copy of the formulary is available on the Express Scripts website at [express-scripts.com](https://www.express-scripts.com).

Generic Drugs: Generic drugs have the same intended use, dosage, effects, risks, safety, and strength as their brand-name counterparts.

Mail-Order Pharmacy (Home-Delivery Pharmacy): Pharmacies that fill ongoing medications in 90-day supplies generally at a discount compared to filling the same prescription in three 30-day fillings at an in-network retail pharmacy.

Prior Authorization: Indicates that approval from the insurance company is needed before your doctor can prescribe certain medications.

Specialty Drugs: Are high-cost prescription medications used to treat complex, chronic conditions such as cancer, rheumatoid arthritis, and multiple sclerosis.

Step Therapy: Requires you to try one or more similar, lower-cost drugs to treat your condition before the plan will pay for the prescribed drug.

Resources for Wellness and Preventive Care



Wellness Program Tailored for You

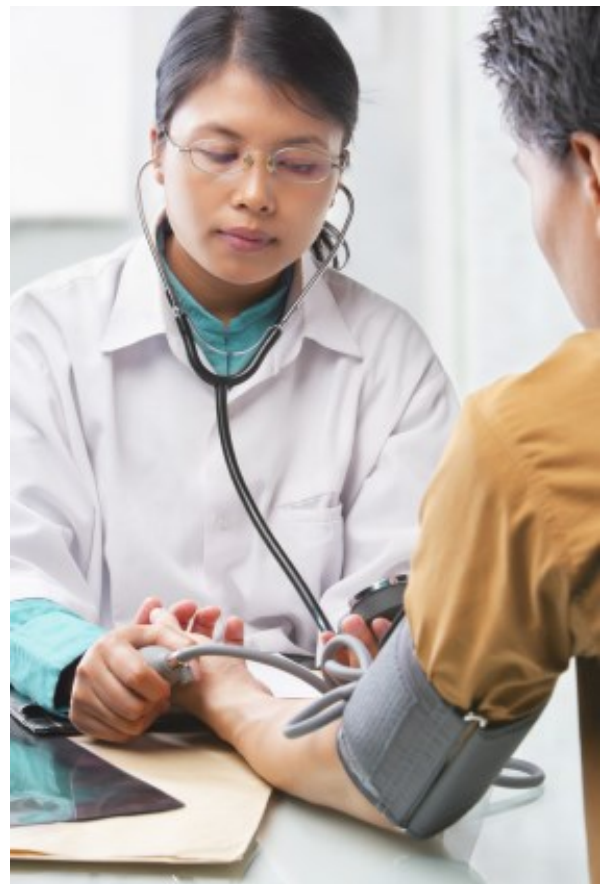
Live healthier with help from *Better You Strides*, an online health and wellness program personalized to your needs available to all medical plan participants age 18 or older. Get tips and an action plan that will help you eat better, move more and feel happier. As you get healthier, you can earn rewards. Find the *Better You Strides* program (through Onlife) under *Health and Wellness* when you log in to your member account at floridablue.com.

Regular Wellness Exams for a Healthy Life

Get your annual wellness exam to review your overall health and keep follow-up visits with your doctor.

- Find out if you are at risk for chronic health conditions such as diabetes, high cholesterol and high blood pressure.
- Get vaccines, preventive screenings, and labs.
- Human Papillomavirus (HPV) vaccine 3 dose series is recommended for men and women ages 19 through 26 years if not previously vaccinated prior to age 13.
- Talk with your doctor about the medications and over-the-counter/vitamins you are taking to reduce side effects and interactions.
- Get a Flu Vaccine every year to prevent illness and related hospitalizations.
- Get a COVID-19 vaccine to prevent severe illness and related hospitalizations. Immunocompromised people should consult their physician on the need for an additional mRNA vaccine dose.

See the next pages for a list of preventive care services covered under the medical plans.





We Care. You Care. Preventive Care

One thing everyone wants is good health. Polyglass health plans focus on helping you maintain your wellbeing through preventive care benefits. But, when you need more extensive medical care, the plans also have your back with comprehensive coverage.

Our health plans cover preventive care for no additional cost when using in-network healthcare providers.

Preventive Care Checkups

Medical	Both plans cover preventive care at 100% from in-network providers—that's a regular, once-a-year wellness exam with health screenings, appropriate immunizations, and the unique preventive care services for men, women, and children. <i>Be sure to specify at the doctor's office that your visit is for wellness or preventive care, so the visit is coded correctly for the plan to cover the cost in full.</i>
Dental	Plan covers full cost of exams, cleanings, and bitewing x-rays 2 times a calendar year.
Vision	Covers 100% of a regular annual vision exam after a \$10 copay or \$0 with a PLUS network provider.

Medical Care Wellness Schedule for Adults ages 19+ Covered

Be sure to review your plan benefits to determine any costs for these services.

Routine Health Guide

Annual Wellness and Routine Check-up	Annually: Discuss related screening with your doctor.
Obesity Screening: Diet/Physical Activity/BMI Counseling	Annually.

Recommended Diagnostic Checkups and Screenings for At-Risk Patients

Cholesterol Screening	<ul style="list-style-type: none"> Men: annually starting at age 35 (for at-risk men, annually starting at age 20) Women: annually starting at age 45 (for at-risk women, annually starting at age 20)
Colorectal Cancer Screening and Counseling	Age 45-75: Colonoscopy or fecal occult blood test or sigmoidoscopy. See page 39 for coverage of colorectal testing with Cologuard®.
Mammogram	Women: should have a baseline mammogram at ages 35-40. Thereafter, every two years ages 40-50; every year ages 50+.
Pap Test/Pelvic Exam	Women age 21-29: Should have a Pap Test every 3 years. Women age 30-65: Should have a Pap Test alone every 3 years or combined with HPV testing every 5 years. Women ages 65+: Should discuss with their doctor.
Lung Cancer Screening and Counseling	Ages 50-80: 20-pack smoker history, current smoker/quit within past 15 years
Prostate Cancer Screening	Discuss with your doctor
Skin Cancer Screening	Discuss with your doctor

Immunizations (Routine Recommendations)

Tetanus, Diphtheria, Pertussis (Td/Tdap)	Ages 19+: Tdap vaccine once, then a Td booster every 10 years
Flu (Influenza)	Annually during flu season
Pneumococcal PCV13 and PPSV23	Ages 19-64: if risk factors are present; Ages 65+: 1-2 doses (per CDC); Ages 50+: 1 dose (Florida Blue Benefits)
Shingles (Zoster)	Ages 50+: 2 doses Shingrix
Haemophilus Influenzae Type b (HIB) Hepatitis A, Hepatitis B, Meningococcal	Ages 19+: if risk factors are present
Human Papillomavirus (HPV), Measles/ Mumps/Rubella (MMR), Varicella (Chickenpox) & Hepatitis C (HCV) Infection Screening	Physician recommendation based on past immunization or medical history
COVID-19	Recommended for adults ages 19 and older within the scope of the authorization/approval for the particular vaccine

Cologuard® Screening

Florida Blue covers Cologuard® screening as an in-home alternative to a colonoscopy. You are eligible if you are enrolled in a Polyglass medical plan and at least age 45.

What It Is

Cologuard is non-invasive without any preparation needed. It is fully covered as part of your preventive care benefits. If you have questions, talk to your doctor or call Florida Blue using the number on the back of your ID card.

How It Works

Meet with your doctor to discuss and obtain a prescription to send to Cologuard. Go to cologuardtest.com for details.

You will receive a collection kit delivered to your home. Follow the directions and return the sample to the lab in the prepaid, preaddressed box. Your doctor receives the results in about two weeks to discuss with you.



Wellness Schedule for Children & Adolescents (Birth – 18 years of age)

Routine Health Guide

Wellness Exam and Autism/Development Behavioral Assessment	Newborn up to age 3: Frequent Wellness Check-ups; age 3-18: Annual Wellness Check-up
Body Mass Index (BMI): Height and Weight	Every visit, BMI beginning at age 2
Blood Pressure	Annually, beginning at age 3
Hearing/Dental/Vision Screenings (These services may not be covered by your medical benefits plan. Check your plan documents.)	Hearing: Newborn then annually beginning at Age 4; Dental: Regularly, beginning at age 1; Vision: Annually, beginning at age 3

Sources: For more information on preventive care coverage, go to

<https://www.healthcare.gov/preventive-care-adults/>, or <https://www.healthcare.gov/preventive-care-children/>, or call Florida Blue at the number on your ID card.

Childhood Vaccinations

Getting the recommended sequence of vaccinations is always a good idea to protect your child from illnesses from birth to 18 years of age.

Most of these vaccinations require additional doses or boosters over time. As children grow up to become teenagers, they may come in contact with different diseases.

See the list of vaccines that can help protect your preteen or teen from these other illnesses and infections at www.ahrq.gov, and www.cdc.gov.



Resources for Specific Healthcare Issues

Care Consultant

Call **888-476-2227** when planning a medical procedure or dealing with ongoing health issues. Florida Blue Care Consultants can help:

- Explain what's covered by your plan
- Find doctors that participate in your plan
- Estimate out-of-pocket costs and explain ways to help you save money
- Find alternative places to go for treatment
- Refer you to Florida Blue specialized care teams for conditions such as asthma, diabetes, and chronic obstructive pulmonary disease (COPD)
- Refer moms-to-be to the Florida Blue prenatal program

If You Are Contacted by a Care Consultant

A Florida Blue Care Consultant may contact you to learn what's important to you, such as caring for a chronic health condition, making healthy choices, or filling prescriptions. If you participate, you may be eligible for incentives. Every discussion is confidential and private.

You may also call and talk with a Care Consultant at **888-476-2227** or set up an appointment during day or evening hours.

New Directions Behavioral Health Services

Your medical plan offers access to New Directions Behavioral Health, featuring managed mental health services, substance-use treatment, and more. Through this service you can connect with the customer service line, website, or programs to help you:

- Find the right doctors and treatment facilities for your unique needs
- Confirm provider participation in your health plan's network
- Receive information about people and groups in your community for help
- Assist you, your doctors, and your insurance company work together toward your goals
- Keep you updated on the latest on treating depression, anxiety, substance use disorder, autism spectrum disorder, and bipolar disorder
- Obtain coaching and support services through the Care Management program

New Directions 24/7

866-287-9569

ndbh.com





Healthy Addition

Healthy Addition is a prenatal education and early intervention program designed to provide expecting moms with information for a healthy pregnancy and delivery. Contact Healthy Addition at **800-955-7635**, Option 6, for more information.

Support for Serious and Chronic Health Conditions

The Chronic Health Conditions program helps stay aware of trends and treatments for managing your health. The program offers:

Florida Blue Care Team
844-730-2583

- Nurses and other care professionals from our Care Team to work hand-in-hand with you and your doctors to keep you on the path to achieve your health goals. Between consultations with your doctor, your nurse care manager will track your progress and stay in touch with you by phone and email.
- Digital connections to your nurse care manager through a secure mobile app called *BlueForMe* (through Wellframe). This allows you to interact through secure messaging and to engage daily so you stay on track with a health program designed just for you.

Receive educational support and referrals to clinical and social services to support you through medical conditions and complex needs, such as:

- Diabetes
- Cancer treatment
- High-risk pregnancy
- Neonatal intensive care
- Asthma
- Chronic obstructive pulmonary disease
- Coronary artery disease
- Heart failure
- Organ transplant

Advanced Illness Care and Planning

If you are dealing with an advanced illness, a trained clinical specialist can help you lay out your advanced directives to ensure your care aligns with your wishes. You'll also get hospice and palliative care services, if needed.



Resources for Managing Medications

Managing Home-Delivery Prescriptions

On either the Express Scripts mobile app or on the member website, you can manage your home-delivery prescriptions:

- Check order status
- Refill and renew prescriptions
- Check prices and coverage
- Find network pharmacies
- View your Rx claims
- View therapeutic resource centers for information
- And much more

Access the Member Website

Log in to express-scripts.com and register, if it is your first visit. Be ready to use your member ID or Social Security number.

RxBenefits

800-334-8134

7am to 8pm CT

Email: CustomerCare@rxbenefits.com



Filling a New Prescription

First ask your doctor to send a 90-day e-prescription directly to Express Scripts. Or print the form located under "Forms & Cards" from the "Benefits" menu on express-scripts.com. Print a mail-order form and follow the mailing instructions. Or, call Express Scripts and ask them to contact your doctor for you. Please allow 10-14 days for your first prescription to be shipped.

You can refill and renew prescriptions for yourself and covered dependents online or by using the app. Click "Add to Cart." Express Scripts will contact your doctor.

If You Already Have a Prescription

You can check the status of an order or track shipments on the Express Scripts website or app.

Transferring Retail Prescriptions to Home-Delivery

For eligible prescriptions, go to the Express Scripts website or use the app and click "Add to Cart" and check out. Express-Scripts will contact your doctor for you and take care of the rest.

Pricing Your Medications

Go to express-scripts.com and use your user name and password or register using your ID or Social Security number. Select "Price a Medication" from the menu under Prescriptions. On the next screens, enter the name of the drug you want to price, the strength, and the dosage. (For example: Accupril®, 5 mg, taken once per day.)

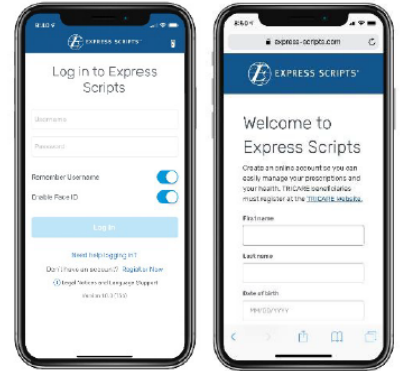
Based on this information, the system will generate pricing information for home delivery and retail, and the brand-name and generic drug, if available. It also indicates whether this drug is covered in your plan. You can use this to compare the costs and then "Add" a drug to the list to track your out-of-pocket expenses, depending on your plan.

Registering with Express Scripts



Go to express-scripts.com and select "Register," or download the Express Scripts mobile app for free from your mobile device's app store and select "Register."

- Complete the information requested, including personal information and member ID number or Social Security number (SSN). Create your username and password along with security information in case you ever forget your password.
- Click "Register now" and you're registered.
- To set preferences, select "Communication Preferences" from the menu under "Account," then scroll to "Communication and Viewing Preferences." Click "Edit Preferences." Preferences can only be selected on the website.



Members who have touch or facial ID authentication on their mobile devices can enable it to log in to their Express Scripts account on the mobile app, if desired.

Note: The Express Scripts mobile app is available for iPhone®, iPad®, and Android mobile devices.

Sharing Your Information with Other Adult Members

Preferences include the option to share your prescription information with other adult members of your household (aged 18+) covered under your prescription drug plan. All covered adults (aged 18+) in the household need to register separately. When you grant permission to share your prescription information with other registered household members, they can view your information, place orders on your behalf, and more.

Finding a Network Pharmacy

From express-scripts.com:

- Select "Find a Pharmacy" from the menu under Prescriptions.
- Enter the ZIP code or City/State where you wish to find a pharmacy. Click "Locate Pharmacy."
- The search results provide a map and list showing nearby pharmacies with addresses and contact information. You can also "Get directions." Click a letter to find pharmacies alphabetically.

From the Express Scripts mobile app:

- Select "Locate a Pharmacy" from the main menu. Enter the ZIP code, City/State, or "Current location."
- The search results provide a map showing nearby pharmacies. In-network pharmacies are indicated with a star.
- Click on the marker to see the pharmacy name, and click the arrow to view more information. You can also click to call the pharmacy or to get directions from your current location.

Delta Dental Benefit Resources

Use these Delta Dental resources to help manage your oral health. They are included at no additional charge when enrolled in the Polyglass Dental Plan.



Online Tools

From your cellphone, tablet, or desktop computer, log in to deltadentalins.com and create an online account. On your account, you can:

- Check your benefits and eligibility
- Browse claims
- Download plan documents
- Explore dental wellness (articles, recipes, videos, and more)
- Find network dentists
- View your ID card, print a copy
- Update your settings to paperless
- Download the app
- And more



Virtual Dentistry

For answers to questions, quick checkups, second opinions, and other oral health needs use Virtual Dentistry between visits to your dentist's office. These visits do not count toward exam frequency limitations and are covered by your dental plan.

Smile for your camera for a photo assessment within 24 hours to address simple dental concerns when you want expert advice immediately or are experiencing pain.

To learn more, scan this QR code with your cellphone or visit

www1.deltadentalins.com/members/virtual-dentistry.html.



8 Ways to Make the Most of Your Dental Plan

1. Be sure your dentist is in the Delta Dental network for reduced fees. Other dentists will likely charge more.
2. Use both of your covered preventive care visits to catch problems before they become more expensive to treat.
3. Set up an online account at deltadentalins.com.
4. Update your settings on your online account to go paperless and receive your statements by email.
5. Coordinate your benefits if you are covered under a second dental plan. Ask your dentists to set that up.
6. Start each visit with a quick chat about any health issues.
7. Ask your dentist to send in a Predetermination of Benefits to know in advance how much any significant dental work (above \$250) will cost you.
8. Stay informed by getting tools and tips on the **SmileWay Wellness** site at mysmileway.com and subscribe to **Grin!** The free dental wellness e-magazine.

Transition of Care for Orthodontics

If you are receiving orthodontic treatments during the transition to the new plan, Delta Dental will review when your treatment started and the amount paid toward treatment. The Orthodontist would submit the claim, including the treatment plan, explanation of the status of treatment, and evidence of any amount paid toward the treatment. Delta Dental will then review the treatment plan and determine its liability (page 21).

Delta Dental Benefit Resources (continued)

**Hearing Benefits**

As a Delta Dental participant, you have special pricing on hearing aides through Amplifon. Savings average 66% off retail hearing aid prices plus a year of follow-up care. To learn more, go to amplifonusa.com/deltadentalins or call 888-779-1329.

**LASIK Benefits**

Get discounts averaging 35% on LASIK eye surgery through QualSight. Visit qualsight.com/delta-dental or call 855-248-2020 for more information.

Vision Care Resources

EyeMed offers resources to help you manage your eye health. They are included at no additional charge when enrolled in the Polyglass Vision Plan.

**There's More to Eye Exams than You May Know**

Your eyes are windows to your health. So be sure to get an exam each year. It can reveal early signs of health issues, such as for diabetes, high blood pressure, high cholesterol, and heart disease—plus eye diseases such as cataracts and glaucoma. Treat these sooner rather than later for best health outcomes.

It's not too early to start eye exams. Babies and toddlers should have their first exam between ages six and 12 months. The eye doctor can check for nearsightedness, farsightedness, astigmatism, amblyopia ("lazy eye"), proper eye movement, and eye alignment as well as how the eye reacts to light and darkness.

For ages three to five, eye doctors recommend an eye exam every year. To learn more, visit eyesiteonwellness.com.

**Computers and Eye Care**

Spending hours on cellphones, computers, and tablets can result in blurred vision and retinal damage. Be sure to get an eye exam and discuss your digital device and computer use with your eye doctor.

New York Life Insurance Benefit Resources



Survivor Assurance Account

Helps beneficiaries manage their loved one's insurance benefits and cope with the pressures during such a difficult time. The program offers:

- A Survivor Assurance deposit account in your name for making benefit payments.
- 24/7/365 access to emotional support for you and family members.
- Access to legal, estate, and tax consultants, identity theft and fraud resolution services, online tools for state-specific wills, and more.

Survivor Assurance

800-570-3778

Weekdays 8am-7pm EST

guidanceresources.com



Survivor Support Specialists

Compassionate assistance is available from Survivor Support Specialists who provide grief and bereavement resources and can help you understand your Life and AD&D coverage.

Survivor Support Specialists

888-842-4462, ext 1013382

9am-5pm EST



Secure Travel

Secure Travel offers services when traveling 100 miles or more from home:

- **Pre-trip planning** includes knowing local immunization requirements as well as visa and passport requirements, where to find embassy and consular offices, foreign exchange rates, travel advisories, and more.
- **Travel assistance** includes 24-hour translation services, referrals to local medical and legal professionals, help with medical expenses and lost items, and access to emergency cash.
- **Emergency assistance** for returning home following an emergency.

Call **888-226-4567** and access the Secure Travel benefits summary.



Empathy Care Services

Connect with the Empathy Care Team for grief support, probate and estate guidance, obituary writing, closing accounts, and more. Services are available for up to 10 family members. For more information, see the Empathy summary, scan the QR code, visit the website at newyorklife.com/empathy, or email Empathy at newyorklife@empathy.com.



Filing a Disability Claim

For information on filing a Disability Insurance claim watch this video:

[New York Life Group Benefit Solutions – Connecting you to your benefits \(mynylgbs.com\)](https://www.newyorklife.com/group-benefit-solutions).

Legal Notices

Important Notice to Employees from Polyglass USA about Creditable Prescription Drug Coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Polyglass USA Corporation medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2024. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2024 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren’t currently covered by Medicare and won’t become covered by Medicare in the next 12 months, this notice doesn’t apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Polyglass USA and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of Creditable Coverage

You may have heard about Medicare’s prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by the Polyglass USA prescription drug plans, you’ll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2023. This is called creditable coverage. Coverage under one of these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, your Polyglass USA plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Polyglass USA coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment or other qualifying event, or otherwise become newly eligible to enroll in the Polyglass USA plan mid-year, assuming you remain eligible.

You should know that if you waive or leave coverage with Polyglass Corporation and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You’ll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, or if Polyglass USA coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

Visit <https://www.medicare.gov/> for personalized help.

- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number) or visit the program online at <https://www.shiptacenter.org/>.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Remember: Keep this Credible 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 a maintained credible coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778). For more information about this notice or your prescription drug coverage, contact:

Name of Entity/Sender: Polyglass USA

Contact: Human Resources Benefits Manager

Address: 1111 W. Newport Center Drive, Deerfield Beach, FL 33442

Telephone number: (954) 233-1049

Date: October 1, 2023

Notice of Special Enrollment Rights for Health Plan Coverage

As you know, if you have declined enrollment in Polyglass USA's health plan for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under this plans without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Polyglass USA will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have *60 days* – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Polyglass USA group health plan. Note that this new

60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Women's Health and Cancer Rights Act 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; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call HR at **(954) 233-1049**.

Newborns' and Mothers' Health Protection Act Notice

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). If you would like more information on maternity benefits, call your Benefits Team at **(954) 233-1049**.

Michelle's Law notice –

Extended Dependent Medical Coverage during Student Medical Leaves

The Polyglass USA plan may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from a post-secondary educational institution (including a college or university). Coverage may continue for up to a year, unless the child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school – or change in school enrollment status (for example, switching from full-time to part-time status) – starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If the coverage provided by the plan is changed during this one-year period, the plan will provide the changed coverage for the remainder of the leave of absence.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, as soon as the need for the leave is recognized to Polyglass USA. In addition, contact Florida Blue see if any state laws requiring extended coverage may apply to his or her benefits.

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.

ALABAMA – Medicaid		ALASKA – Medicaid	
Website: http://myalhipp.com/ Phone: 1-855-692-5447		The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	
ARKANSAS – Medicaid		CALIFORNIA – Medicaid	
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)		Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)		FLORIDA – Medicaid	
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mychihibi.com/ HIBI Customer Service: 1-855-692-6442		Website: https://www.flmedicaidtplecovery.com/flmedicaidtplecovery.com/hipp/index.html Phone: 1-877-357-3268	
GEORGIA – Medicaid		INDIANA – Medicaid	
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2		Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584	
IOWA – Medicaid and CHIP (Hawki)		KANSAS – Medicaid	
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562		Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	
KENTUCKY – Medicaid		LOUISIANA – Medicaid	
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihhip.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms		Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	

MAINE – Medicaid		MASSACHUSETTS – Medicaid and CHIP	
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711		Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	
MINNESOTA – Medicaid		MISSOURI – Medicaid	
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739		Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	
MONTANA – Medicaid		NEBRASKA – Medicaid	
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov		Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178	
NEVADA – Medicaid		NEW HAMPSHIRE – Medicaid	
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900		Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218 (in NH only)	
NEW JERSEY – Medicaid and CHIP		NEW YORK – Medicaid	
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710		Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	
NORTH CAROLINA – Medicaid		NORTH DAKOTA – Medicaid	
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100		Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825	
OKLAHOMA – Medicaid and CHIP		OREGON – Medicaid	
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742		Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	
PENNSYLVANIA – Medicaid and CHIP		RHODE ISLAND – Medicaid and CHIP	
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)		Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)	
SOUTH CAROLINA – Medicaid		SOUTH DAKOTA - Medicaid	
Website: https://www.scdhhs.gov Phone: 1-888-549-0820		Website: http://dss.sd.gov Phone: 1-888-828-0059	

TEXAS – Medicaid		UTAH – Medicaid and CHIP	
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493		Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	
VERMONT– Medicaid		VIRGINIA – Medicaid and CHIP	
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427		Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924 Email: HIPPcustomerservice@dmas.virginia.gov	
WASHINGTON – Medicaid		WEST VIRGINIA – Medicaid and CHIP	
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022		Website: https://dhhr.wv.gov/bms/http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)	
WISCONSIN – Medicaid and CHIP		WYOMING – Medicaid	
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002		Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269	

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

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323,
Menu Option 4, Ext. 61565

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:

Paperwork Reduction Act Statement

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

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

OMB Control Number 1210-0137 (expires 1/31/2026)

Polyglass USA HIPAA Privacy Notice

Please carefully review this notice. It describes how medical information about you may be used and disclosed and how you can get access to this information.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) imposes numerous requirements on the use and disclosure of individual health information by the Polyglass USA health plans. This information, known as protected health information, includes almost all individually identifiable health information held by a plan — whether received in writing, in an electronic medium, or as an oral communication. This notice describes the privacy practices of these plans: Medical, Dental, and Vision. The plans covered by this notice may share health information with each other to carry out treatment, payment, or health care operations. These plans are collectively referred to as the Plan in this notice, unless specified otherwise.

The Plan's Duties with Respect to Health Information about You

The Plan is required by law to maintain the privacy of your health information and to provide you with this notice of the Plan's legal duties and privacy practices with respect to your health information. If you participate in an insured plan option, you will receive a notice directly from the Insurer. It's important to note that these rules apply to the Plan, not Polyglass USA as an employer — that's the way the HIPAA rules work. Different policies may apply to other Polyglass USA programs or to data unrelated to the Plan.

How the Plan May Use or Disclose Your Health Information

The privacy rules generally allow the use and disclosure of your health information without your permission (known as an authorization) for purposes of health care treatment, payment activities, and health care operations. Here are some examples of what that might entail:

- **Treatment** includes providing, coordinating, or managing health care by one or more health care providers or doctors. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers. For example, the Plan may share your health information with physicians who are treating you.
- **Payment** includes activities by this Plan, other plans, or providers to obtain premiums, make coverage determinations, and provide reimbursement for health care. This can include determining eligibility, reviewing services for medical necessity or appropriateness, engaging in utilization management activities, claims management, and billing; as well as performing "behind the scenes" plan functions, such as risk adjustment, collection, or reinsurance. For example, the Plan may share information about your coverage or the expenses you have incurred with another health plan to coordinate payment of benefits.
- **Health care operations** include activities by this Plan (and, in limited circumstances, by other plans or providers), such as wellness and risk assessment programs, quality assessment and improvement activities, customer service, and internal grievance resolution. Health care operations also include evaluating vendors; engaging in credentialing, training, and accreditation activities; performing underwriting or premium rating; arranging for medical review and audit activities; and conducting business planning and development. For example, the Plan may use information about your claims to audit the third parties that approve payment for Plan benefits.

The amount of health information used, disclosed or requested will be limited and, when needed, restricted to the minimum necessary to accomplish the intended purposes, as defined under the HIPAA rules. If the Plan uses or discloses PHI for underwriting purposes, the Plan will not use or disclose PHI that is your genetic information for such purposes.

How the Plan May Share Your Health Information with Polyglass USA

The Plan, or its health insurer or HMO, may disclose your health information without your written authorization to Polyglass USA for plan administration purposes. Polyglass USA may need your health information to administer benefits under the Plan. Polyglass USA agrees not to use or disclose your health information other than as permitted or required by the Plan documents and by law. Human Resources, Benefits, Compliance, Payroll and/or Finance staff are the only Polyglass USA employees who will have access to your health information for plan administration functions.

Here’s How Additional Information May Be Shared between the Plan and Polyglass USA, as Allowed under the HIPAA Rules:

- The Plan, or its insurer or HMO, may disclose “summary health information” to Polyglass USA, if requested, for purposes of obtaining premium bids to provide coverage under the Plan or for modifying, amending, or terminating the Plan. Summary health information is information that summarizes participants’ claims information, from which names and other identifying information have been removed.
- The Plan, or its insurer or HMO, may disclose to Polyglass USA information on whether an individual is participating in the Plan or has enrolled or disenrolled in an insurance option or HMO offered by the Plan. Polyglass USA cannot and will not use health information obtained from the Plan for any employment-related actions. However, health information collected by Polyglass USA from other sources — for example, under the Family and Medical Leave Act, Americans with Disabilities Act, or workers’ compensation programs — is *not* protected under HIPAA (although this type of information may be protected under other federal or state laws).

Other Allowable Uses or Disclosures of Your Health Information

In certain cases, your health information can be disclosed without authorization to a family member, close friend, or other person you identify who is involved in your care or payment for your care. Information about your location, general condition, or death may be provided to a similar person (or to a public or private entity authorized to assist in disaster relief efforts). You’ll generally be given the chance to agree or object to these disclosures (although exceptions may be made — for example, if you’re not present or if you’re incapacitated). In addition, your health information may be disclosed without authorization to your legal representative.

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Part A: General information

To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

What is the health insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away.

Can I save money on my health insurance premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does employer health coverage affect eligibility for premium savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.61% for 2024 of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.

3. Employer name: Polyglass USA	4. Employer Identification Number (EIN): 88-0267816	
5. Employer address: 1111 West Newport Center Drive	6. Employer phone number: (954) 233-1330	
7. City Deerfield Beach	8. State: Florida	9. Zip code: 33442
10. Who can we contact about employee health coverage at this job? Katherine Ryan		
11. Phone number (if different from above) 954-233-1049	12. Email address: kryan@polyglass.com	

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to: All benefits eligible employees.

- **Eligible employees are:** Employees who regularly work 30 or more hours each week and are eligible for benefits as outlined in the Benefits Guide on the first of the month following a full month of employment.
- **With respect to dependents:** Documents must show employee/dependent relation and date of document. A list of required documents will be provided.
- **Eligible dependents are:** Legal spouse, natural, adopted, step-children, children under legal guardianship and any child who is named in a Qualified Medical Support Order (QMCSO) as defined under federal law up to age 26, or older primarily supported by employee and incapable of self-sustaining employment by reason of mental or physical handicap.

COBRA Continuation Coverage General Notice

General notice of COBRA continuation coverage rights

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

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

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

What is COBRA continuation coverage?

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

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

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

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution as well as your employee contribution to employer-offered coverage is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How can I get more information?

For more information about your coverage offered by your employer, please check your summary plan description or contact HR.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Part B: Information about Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

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

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

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

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

COBRA Continuation of Coverage

COBRA Continuation of Coverage is available to eligible employees for certain benefits following a qualifying event. Polyglass USA has retained HealthEquity as the administrator and can be contacted at **888-678-4861**, or visit the website at www.healthequity.com and log in under COBRA.

When is COBRA continuation coverage available?

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

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

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: HR at 1111 West Newport Center Drive, Deerfield Beach, FL 33442.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

- **Disability extension of 18-month period of COBRA continuation coverage**

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. Human Resources; Polyglass, 1111 West Newport Center Drive, Deerfield Beach, FL 33442.

- **Second qualifying event extension of 18-month period of continuation coverage**

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA continuation coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Contact Human Resources; Polyglass USA, 1111 West Newport Center Drive, Deerfield Beach, FL 33442.

“Never stop  pedalling”

Giorgio Squinzi

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