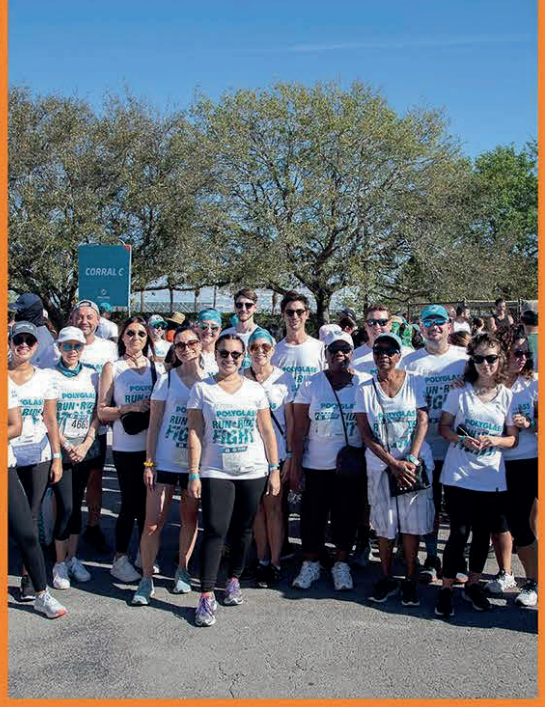
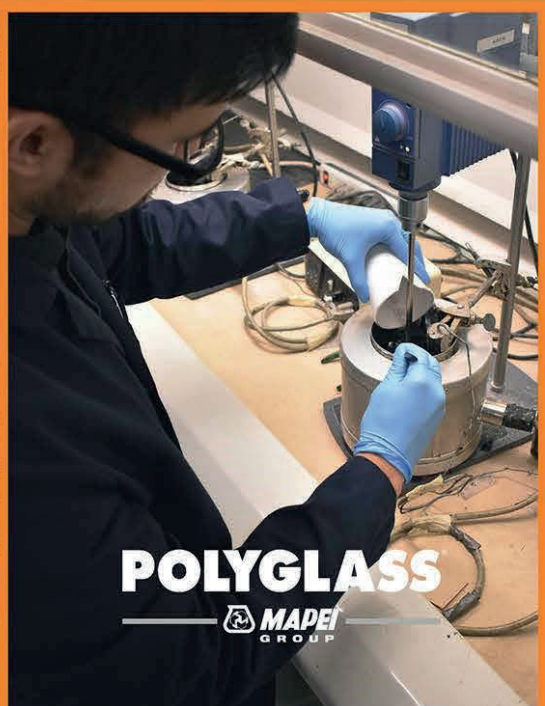


2025
BENEFITS GUIDE

SUPERIOR BENEFITS

FOR YOU



Welcome to Your 2025 Benefits

Whether electing benefits as a newly hired employe or following a qualifying life event (such as marriage or adding a dependent), it's important that you understand your benefits to make the right choices.

Newly Hired Employees

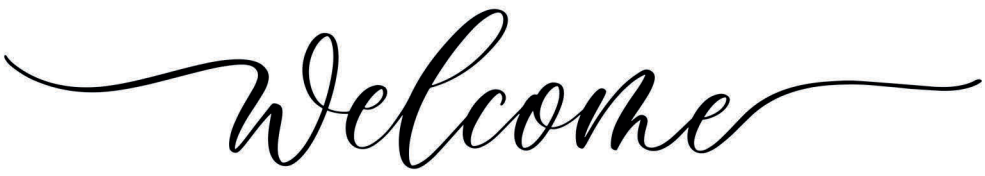
You become eligible for benefits on the first of the month following one full calendar month of employment. You must enroll within 30 days of your date of hire to have benefits for the rest of the year.

Choose What's Right for You

Benefits are designed for a group, but each individual has personal needs. Some need a lot of medical care, others not so much. Some focus on protection through insurance plans, while others look to their future financial needs. And, everyone wants them affordable.

When we created our benefits package, we combined choice, quality, and affordability. See for yourself in this Benefits Guide.

Contents



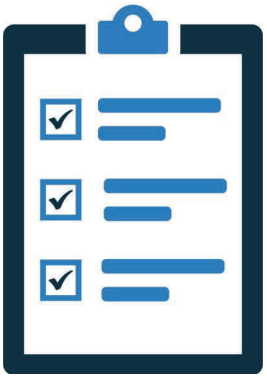
Our employees are our greatest asset. You provide valuable skills and knowledge that are essential to Polyglass USA's continued growth and future success. That's why we honor your efforts and commitment by providing a best-in-class total compensation benefits package.

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!

Getting Started



Use this checklist for enrolling in your benefits.

- ☑ **Before You Enroll**
  Be sure to understand your benefit options and choose the ones best for you. Review the Benefits Guide and the Benefits Resources Guide. Keep both handy to refer to during the year.
- ☑ **How to Enroll in Oracle**
  See page 7 for enrollment instructions.
- ☑ **What to Do on Oracle**
  1. Check your personal information.
  2. Add your eligible dependents.
  3. Add at least one life insurance beneficiary
  4. Follow the prompts to enroll in your benefits.
  5. When finished, check the confirmation statement, print, and keep it for reference.

Scan the QR code to watch the benefits video.

- ☑ **After You Enroll**
  Check your paycheck to confirm your elections and deductions. Due to rounding, your first few paychecks may vary by a couple of cents. Please be assured that the total annual contribution amounts will be correct.
- ☑ **Download the Polyglass Employee Benefits App**
  Stay connected to your benefits and resources all year long from anywhere. See page 5 for instructions.
- ☑ **For Help and Questions**
  Contact Human Resources.
- ☑ **ID Cards** are issued in the employee's name only after you enroll. Keep your ID cards to use next year if you continue participating in a medical, dental, and/or vision plan. You only receive a new ID card if you are newly enrolled or adding a new dependent.

Important Information

This benefits summary provides selected highlights of the Polyglass USA employee benefits program beginning January 1, 2025, through December 31, 2025. 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 2025 Summary of Material Modifications to supplement the Polyglass Summary Plan Description. Full versions of all required notices, disclosures, and plan documents can be found in Oracle, the ADP home page, and the Employee Benefits at Polyglass App (to download the app see page 5).

Benefits at a Glance and Contacts

Please review the following summary of benefits. For questions or more information, contact Human Resources or the call centers and websites below. The benefits are summarized on the next pages.

Benefits at a Glance and Contacts

Benefits	Administrator	Contact
Medical Enroll in or waive coverage.	**Florida Blue** Plan #65143	800-664-5295 floridablue.com
Prescription Drugs Included with the medical benefits.	**RxBenefits** Plan #RXBMAPE	800-334-8134
Telemedicine Access online doctors.	**Revive Health** (formerly SwiftMD)	833-794-3863 Passcode: Polyglass19 swiftMD.com
Flexible Spending Accounts (FSAs) Contribute pre-tax earnings to pay and save on eligible healthcare and/or dependent care expenses.	**HealthEquity**	866-346-5800 https://www.healthequity.com/fsa-qme
Supplemental Health Benefits Enroll in or waive coverage in: • Accident Insurance • Critical Illness Insurance • Hospital Indemnity Insurance	**Prudential** Plan #71863	844-455-1002 prudential.com/mybenefits
Employee Assistance & Wellness Program (EAP) For help with personal and family issues.	**ComPsych through 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** Plan #1051432	866-939-3633 eyemed.com
Basic and Voluntary Life and AD&D Insurance Company-paid Basic Life and AD&D Insurance and 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 protect yourself and family from fraud and ID theft.	**Legal Shield**	800-654-7757 legalshield.com/info/polyglass
Pet Insurance Enroll for 100%-paid veterinary bills, 24/7 access to telehealth, and more.	**MetLife**	800-438-6388 metlife.com/mybenefits
Homeowners and Auto Insurance Compare coverage and premiums with your current policies.	**MetLife**	800-438-6388 metlife.com/mybenefits
Credit Union Free checking, low interest rate loans, and more.	**iTHINK**	800-873-5100 ithinkfi.org
Polyglass 401(k) Retirement Plan Learn about your 401(k) Plan.	**Fidelity**	800-347-2673 401k.com
COBRA Continuation of Coverage Available after employment ends.	**HealthEquity**	888-678-4861 Mybenefits.wageworks.com

Download the Employee Benefits at Polyglass App Today!

Download today for quick & easy access to your 2025 elected benefits! The Employee Benefits at Polyglass app is designed to help you navigate our benefit offerings and is personalized to you based on your enrollment elections.

To download the app, follow these steps:

1. From the camera on your smartphone, scan the QR code.
2. Follow the steps to register for and download the app.
3. Open the app and enter your new username and download the app.

Welcome to Employee Benefits at Polyglass!

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

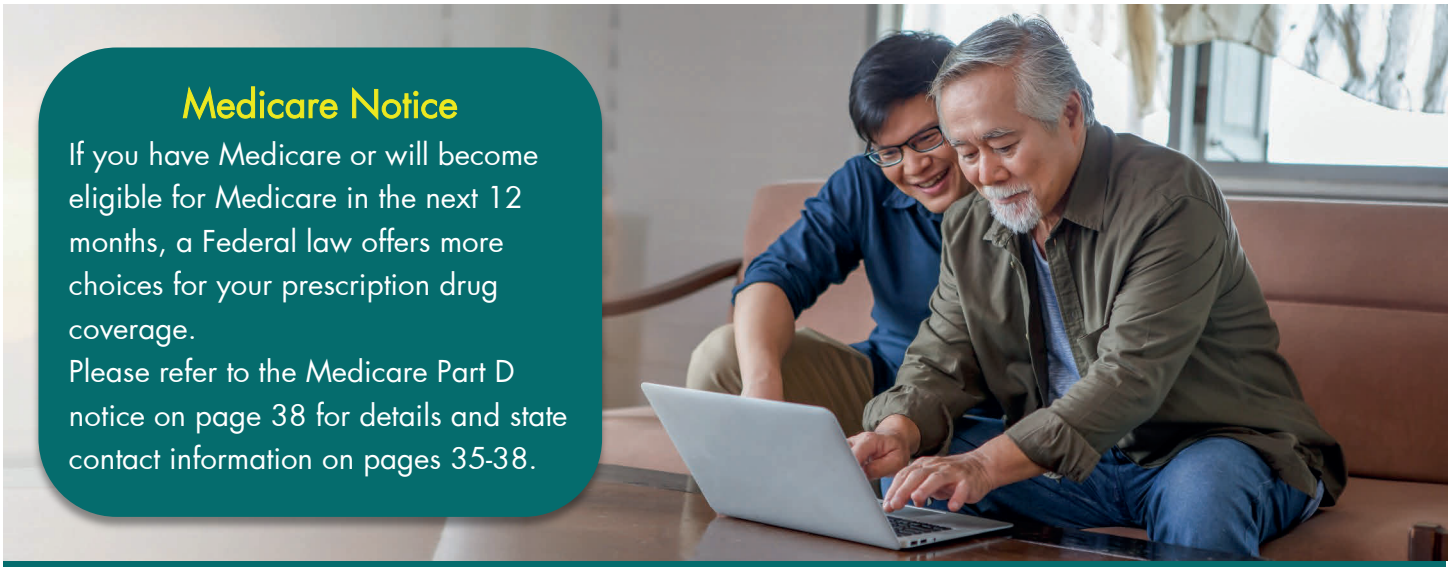
MyPolyglass Portal
polyglass.ingaged.me

Important: The Employee Benefits at Polyglass app is not available to the public and cannot be found in the Apple Store or Google Play. If you have an Apple iPhone and update your iPhone, please email Ingaged at app-support@ingaged.me and let them know you updated your iPhone. They will send you a welcome email with a QR code to scan for updating the app.

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 ADP home page and 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 Human Resources.



Medicare Notice

If you have Medicare or will become eligible for Medicare in the next 12 months, a Federal law offers more choices for your prescription drug coverage.
Please refer to the Medicare Part D notice on page 38 for details and state contact information on pages 35-38.

Eligibility

Except where otherwise noted, if you are a regular employee who works at least 30 hours a week, you are eligible for benefits 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 one full calendar 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 plans.

Note: If your spouse or another dependent is also a Polyglass employee, you may enroll individually in employee-only coverage or one individual may enroll and cover the others as dependents.

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 on you for support.

For more information, please contact Human Resources.

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 certificates
- 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.

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 8.

Enrollment Instructions

To enroll, log on to Oracle at this address or scan the QR code with your cellphone.

Oracle Fusion Cloud Applications (oraclecloud.com).

- If you are a Corporate/Remote employee, you can use Company Single Sign-On.
- If you are a Production employee, you will need a User Name/Password. Please reach out to your HR Manager for a User Name/Password.

Once on Oracle, follow these steps:

1. Click on Me.
2. Click on Benefits.
3. Click on Before You Enroll.
4. Review or Add Dependents and Beneficiaries.
5. After completing all required contact fields, click on Submit to save the contacts.
6. Scroll up and click on Continue.
7. You are now on the Benefits Enrollment Screen; follow the prompts to elect your benefits.

Enrolling Dependents

When adding dependents, you must provide their dates of birth, and Social Security numbers (by law), and be able to verify they are legal dependents (see page 6 for eligibility details).

Note: If your spouse or another dependent is also a Polyglass employee, you may enroll individually as employee-only coverage or one individual can enroll and cover the other as a dependent.

Designating Beneficiaries

When enrolling, be sure to add at least one beneficiary to receive your company-paid and voluntary life insurance benefits if you die. A beneficiary can also be an entity, such as a trust. If you do not have a beneficiary, the insurance company may be unable to identify who receives the benefit. See page 28 to learn more on how to designate a beneficiary.

Changing Benefit Elections and/or Adding Dependents

During the year, you may be able to add newly eligible dependents or make limited changes to your benefit elections following a qualifying life event. See page 8.

For more information or questions, contact Human Resources.

Know This!

- ☑ **Before you enroll:** Use the checklist on page 3 and be sure you understand your benefit options.
- ☑ **For help and questions:** Contact Human Resources.
- ☑ **After you enroll**: Check your first paycheck after the effective date of your benefits to confirm your elections and deductions. Premiums deducted from paychecks may differ by a few cents during the first few paychecks due to rounding.

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.

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.

If you experience a qualifying life event, please contact Human Resources 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.

Medical Benefits

You have two medical plan options. Both offer the same coverage and include prescription drug benefits through Express Scripts and RxBenefits (see page 11). Compare the differences on how the plans cover in-network expenses in the following table. See the Medical Plan Terms to Know on page 10 for definitions.

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

Refer to the Summary of Benefits Coverage (SBC) and your Employee Benefits at Polyglass App for more information on coverage, including on how out-of-network expenses are covered. Contact Member Services 24/7 at **800-664-5295** for questions.

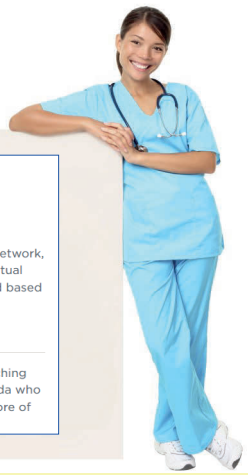
Comparing Medical Plan Options
What You Pay for In-Network Expenses

Plan Features	Gold Plan 3769	Platinum Plan 3748
Annual Deductible (CYD)		
Individual	$ 750*	$0
Family	$1,500*	$0
Coinsurance (where applicable)	10%	0%
Annual Out-of-Pocket Maximum		
Individual	$2,500	$2,000
Family	$5,000	$4,000
Preventive Care	$0	$0
Doctor's Office Copays/Visit Primary Care Physician (PCP)	$35	$25
Doctor's Office Copay/Visit		
Specialist	$70	$50
Maternity	$35	$30
Telehealth Revive Health (formerly SwiftMD)	$0	$0
Urgent Care Facility Copay/Visit	$70	$50
Emergency Room Copay/Visit	$350	$300
Diagnostic Facility Copays		
Outpatient Lab Facility	$25	$25
X-Ray	$50	$50
Major Imaging Services Copays (CT/PET/MRI)	$125	$75
Inpatient Hospital Copays	10% after deductible	$250

*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!

Finding Providers in the Blue Options Network

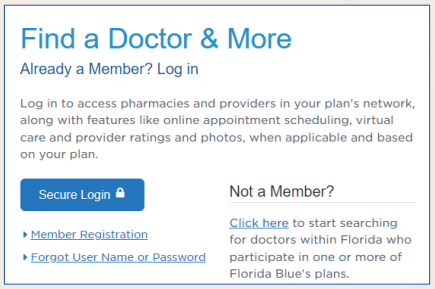
The plans cover more of your expenses when you use members of the Blue Options network.



To Find Network Providers

Go to floridablue.com and click on Find a Doctor and More as shown in the box to the right. Then select the Blue Options Plan network.

You can also call **800-664-5295.**



For health screenings and blood work, be sure the lab is in-network. Quest Diagnostics is the preferred lab in Florida. If you are receiving lab services in any other state, please check the provider directory at floridablue.com for labs that are in your plan's network.

Medical Plan 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 generally pay 20% and the plan pays 80%, 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 through coinsurance.

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

Flexible Spending Accounts (FSA): Option to set aside before-tax or after-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 charges.

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

network-discounted prices.

Out-of-Pocket Maximum: A financial safety net that applies when eligible health plan expenses during the plan year reach a maximum dollar amount. Once the maximum is met, the plan pays any remaining eligible expenses for the rest of the calendar year at 100%, unless otherwise noted. Does not include premiums, 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.

Premiums: See Employee Contribution Rate.

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).

Premiums

Per-paycheck premiums are listed in the table to the right and in Oracle. Polyglass pays more than 90% of this cost for either medical plan. Premiums deducted from paychecks may differ by a few cents during the first few paychecks due to rounding.

For More Information

Go to the Florida Blue website at floridablue.com or refer to the medical plan section in the Benefits Resources Guide on the ADP home page.

Medical Plan Bi-weekly Premiums
26 paychecks per year

Coverage Tier	Gold Plan 3769	Premium Plan 3748
Employee only	$0.00	$23.17
Employee + Spouse	$24.30	$53.92
Employee + Child(ren)	$20.59	$50.16
Family	$51.66	$77.13

Prescription Drug Benefits

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

- The drug classification
  1. Generic
  2. Preferred Brand-Name
  3. Non-Preferred Brand-Name
  4. Specialty
- 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

Saving Money

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

Retail Pharmacies

When your doctor prescribes medications in up to a 30-day supply, save money by filling your prescription at an Express Scripts in-network pharmacy. To find a network pharmacy near you, go to express-scripts.com and register, then click on Find a Pharmacy, or call **800-334-8134.**

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 Smart90.

Home Delivery and the Smart90 Program

You pay less when filling ongoing maintenance medications, such as for diabetes or high blood pressure, in 90-day supplies through the home-delivery pharmacy or Smart90 Program.

Home Delivery Pharmacy

As shown in the table below, one 90-day prescription for a maintenance medication prescription filled at the home-delivery pharmacy costs less than three 30-day fills at a retail pharmacy.

Refrigerated Drugs

Home delivery will ensure that medications requiring refrigeration will be transported refrigerated.

Home-Delivery/For example, in the Platinum Plan, a preferred brand-name drug would cost $120 if filled in three 30-day supplies at a retail pharmacy. The cost is $60 if filled in one 90-day supply through the home-delivery pharmacy.

That's a savings of $240 a year.

The Smart90 Program through Walgreens

Instead of home delivery, you can choose to fill your 90-day maintenance medications at a Walgreens pharmacy by calling RxBenefits.

Prescription Drug Benefits
In-Network Copays—What You Pay

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

How to Manage Your Prescriptions

Register at **express-scripts.com** or on the Employee Benefits at Polyglass App to:

- Find in-network pharmacies.
- 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.

Need Help? Call an Rx Plan Specialist

Discuss your prescriptions with a plan specialist at **800-334-8134**, Mon-Fri, 7am-pm CT for:

- Plan benefits.
- If the plan covers a drug.
- How to start home delivery.
- How to get Prior Authorization.
- Answers to benefit questions.
- Status on claims.
- Finding network pharmacies.
- Help with specialty medications.
- Pharmacy information.

If you are calling after hours or on weekends, you will be transferred to Express Scripts.

FITNESS

$250 Reimbursement for Keeping Fit

Join Healthy Rewards and receive $250 reimbursement toward your gym membership, fitness classes, or gym equipment. You can download the reimbursement form from the ADP home page. Use it to help pay your membership. Note that Healthy Rewards reimbursements do not apply to clothes or shoes.

Prescription Drug Terms to Know

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. Example: "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.

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

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.

Prescription Drug Resources
See the **Benefits Resources Guide** on the ADP home page.

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.

Omada Hypertension/WeightLoss Program and Express Scripts/Omada Diabetes Care Value Program

If you or a covered family member are prescribed and taking medication for diabetes or obesity-related chronic diseases, you and your family members may be eligible for programs offered by your pharmacy benefit manager, Rx Benefits.

The two programs that you may be eligible for are the Hypertension/WeightLoss Program through Omada and/or the Diabetes Care Value program through Express Scripts (ESI).

Diabetic Care Value Program: You and any family member with a diabetic prescription are automatically enrolled in this program. Diabetic prescriptions must be filled as a 90-day supply through Walgreens or ESI mail-order, or you will be charged full price.

However, when your doctor first prescribes your diabetic medications, you can fill them in 30-day supplies two times (grace period) at an in-network retail pharmacy. You will receive a letter from ESI once you fill two 30-day supplies alerting you that after the second refill at 30 days, any refills less than as a 90-day supply will result in you paying the full cost of the prescription.

Hypertension/Weight Loss Program: If eligible for the Hypertension/Weight Loss Program, you and/or a family member will receive a link and access code which will direct you to the Omada/ESI webpage to complete a questionnaire and to be enrolled in the program. Once enrolled you will receive a free digital scale and you will be assigned a health coach for losing weight and in developing long term health habits.

You cannot proactively enroll in this program and there is no auto enrollment as a link and access code must be received first.

Supplemental Health Benefits

Polyglass offers three supplemental health insurance options (voluntary benefits) through Prudential. Elect one, two, or all three and add eligible dependents.

Each pays cash directly to you for help in paying 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 by scanning the QR code. When filing a claim, identify yourself as a Polyglass employee and provide plan #71863.

Prudential

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.

Two Options: 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. The Prudential summary lists more covered injuries and benefits for transportation and lodging.

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

Premiums

Premium deductions are listed in the table below and in Oracle. Premiums deducted from paychecks may differ by a few cents during the first few paychecks due to rounding.

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 Daily confinement benefit	$2,000 $200	$1,000 $100
Intensive Care Unit Admission Daily confinement benefit	$4,000 $400	$2,000 $200
Wellness Benefit Payable once per year for each covered person completing a wellness visit with their doctor.	$75	$75

Accident Insurance Premiums
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

Collect a $75 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.

Critical Illness Insurance

Prudential

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 after the first diagnosis of a covered illness. Use the money as you choose to pay medical or living expenses. It's up to you.

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

Chose Single or Family Coverage: You can elect employee-only or family coverage in either the High Plan or the Low Plan as shown in the table to the right.

Pays at Time of Diagnosis: Either plan will pay a percentage of your elected benefit amount when diagnosed, including those listed below:

Selected Critical Illness Insurance Benefits

Plan Option	Coverage per Calendar Year	
	Employee Only	Family
High Plan	$30,000	• Employee: $30,000 • Spouse: $15,000 • Children: $15,000
Low Plan	$15,000	• Employee: $15,000 • Spouse: $7,500 • Children: $7,500

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

Please refer to Prudential's summary of benefits for more information on coverage, limitations and exclusions.

Premiums

Per-paycheck premiums are listed on the next page and are automatically calculated for you when you enroll in Oracle. Premiums deducted from paychecks may differ by a few cents during the first few paychecks due to rounding.

Collect a $50 Wellness Benefit

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

Prudential

High Plan Critical Illness Insurance Premiums Bi-weekly paychecks (26 per year)				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Under 25	$5.52	$8.63	$9.28	$12.38
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 Premiums Bi-weekly paychecks (26 per year)				
Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Under 25	$2.76	$4.32	$4.64	$6.19
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

As shown in the table, cash benefits are paid directly to you when admitted to a hospital and/or an intensive care unit for a covered accident or illness.

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

Premiums

Per-paycheck premiums are listed below and in Oracle. Premiums deducted from paychecks may differ by a few cents during the first few paychecks due to rounding.

Hospital Indemnity Insurance Premiums 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

Collect a $50 Wellness Benefit

In either plan, each covered family member can receive a $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 be deducted from paychecks before payroll taxes are withheld, resulting in more money in your account.

Annual Enrollment Required to Continue Participating: You must enroll every year because elections do not carry over to the next year.

Two Options:

Healthcare FSA

Choose this FSA whether or not you enroll in a Polyglass medical plan. Pay eligible expenses not covered by a health plan (see the table below).

Dependent Care FSA

The following table lists some of the eligible daycare expenses to pay from this FSA for a child under age 13 or a dependent adult if both you and your spouse work or your spouse is attending school.

HealthEquity
866-346-5800
healthequity.com/fsa-qme

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 currently up to **$3,300** 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*	Daycare, including before- and after-school 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.

*All dependent caregivers must have a tax ID or Social Security Number for you to include on your federal tax return.
**Highly paid employees may be subject to other contribution limits.

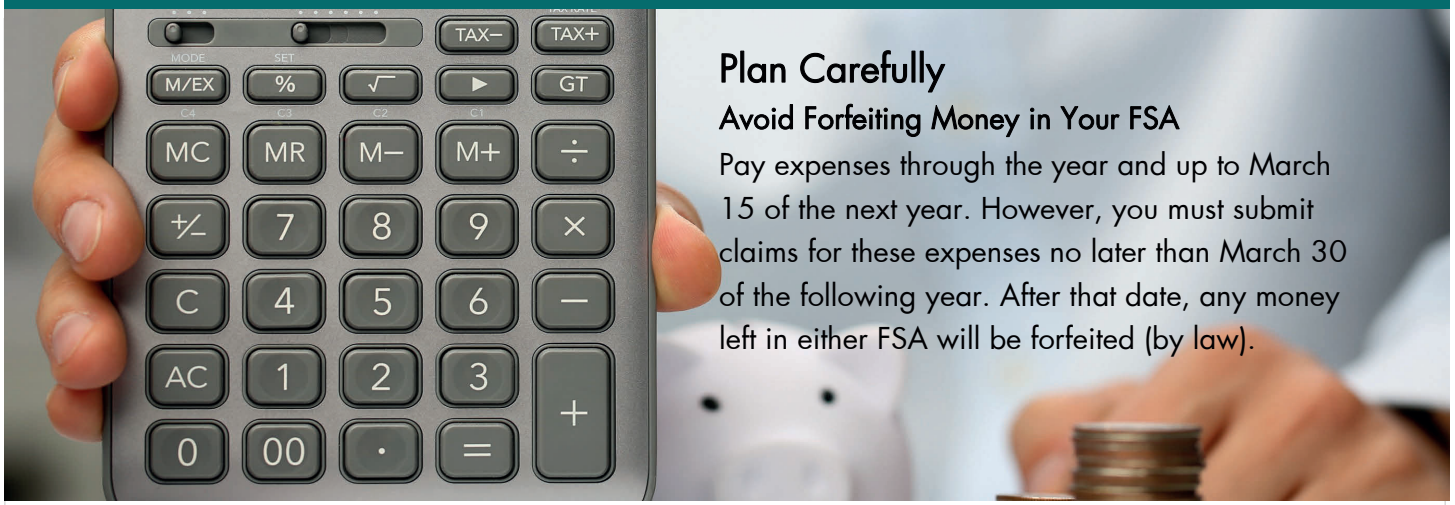
Paying Eligible Expenses

To file a claim, use the Healthcare FSA debit card you receive to pay eligible healthcare expenses, file claims directly to HealthEquity for either FSA, or ask HealthEquity to pay expenses directly to your providers.

For more information and a list of qualifying expenses to pay from a Healthcare FSA, go to healthequity.com/fsa-qme or call **866-346-5800**.

Keep Your Receipts

You may be asked to prove that payments from an FSA are eligible and, if not, a penalty may apply.



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 of the following year. After that date, any money left in either FSA will be forfeited (by law).

Employee Assistance Program (EAP)

Each person's life has its own unique set of challenges. To help with these challenges, Polyglass offers the EAP, sponsored by New York Life Insurance but administered through ComPsych. It is available to all employees and family members at no cost to you.

Employee Assistance Program
800-344-9752
guidanceresources.com
Web ID: NYLGBS

How It Works

Call the EAP number to connect with a Master's or PhD-level counselor who will collect some general information so the counselor can refer you or a family member to the appropriate resource for help with legal, financial, child and eldercare, and other work or life issues.

Six Free Sessions: You have up to **six** confidential sessions, including face-to-face meetings, per person, per issue, per year at no charge. This is available to each household family member, regardless of whether they are eligible or enrolled in another benefit. To continue consulting with the service after the six free sessions, check if your medical plan or another benefit can provide the coverage. You can also pay charges for ongoing services out-of-pocket.

Guidance Resources®

Visit guidanceresources.com to access articles, podcasts, videos, slideshows, on-demand trainings, and the "Ask the Expert" feature for personal answers to your questions at no charge.

Topics include health and wellness, legal regulations, family and relationships, work and education, money and investments, and home and auto.

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

Talk to an experienced insurance specialist to understand what your plan covers and out-of-pocket expenses as well as help on filing claims and negotiating discounts. A registered nurse is also available for customized care and help preparing for doctor visits, lab work, and medical procedures.

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

Well-Being Coaching

You and your family members have five free sessions per year, conducted by phone to help you achieve your health goals. Certified coaches will work with you one-on-one to address health and well-being issues such as burnout, time management, and coping with stress.

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 community.

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

Visit 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 family members to write a last will and testament, a living will, and other documents outlining 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.

Download on the App Store | GET IT ON Google Play

Telemedicine through ReviveHealth

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

ReviveHealth
833-794-3863
Group Code: Polyglass19
SwiftMD.com

Here are some of the health issues to discuss with a Revive Health 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

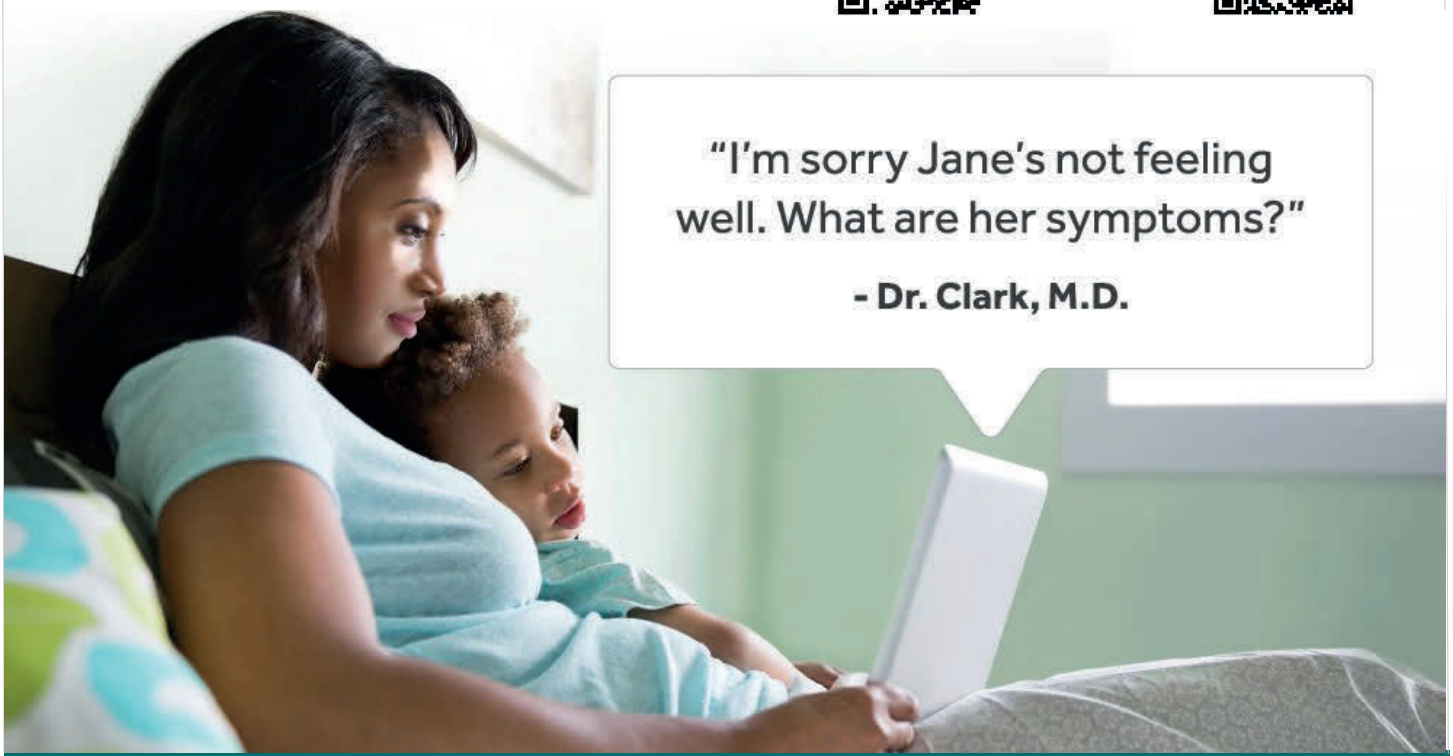
Connect with ReviveHealth 24/ 7

- 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.

Survey Shows High Satisfaction among Polyglass Employees

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

For more information, go to ReviveHealth at SwiftMD.com. To download the app, scan the codes below with your phone's camera or from your app store.



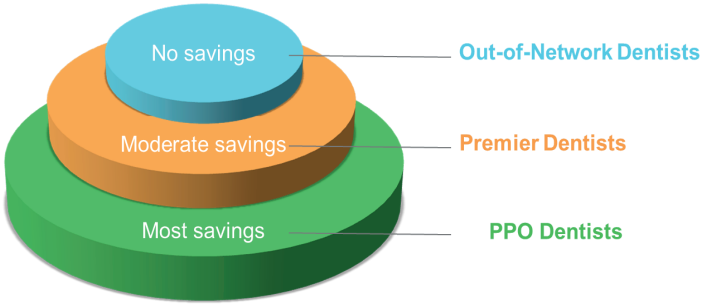
Dental Benefits

DELTA DENTAL

Delta Dental
800-521-2651
deltadentalins.com

You can enroll in either the **High Plan** or the **Low Plan** through Delta Dental. Use any licensed dental provider. However, Delta Dental dentists charge discounted rates through two provider networks:

- **Providers in the PPO network** offer the biggest savings.
- **Providers in the Premier network** are the next best option as they offer moderate discounts. However, in the Low Plan, you pay the co-insurance plus any difference between the PPO network providers' contracted fee and the Premier providers' contracted fee.



Non-Network Providers are not contracted with Delta Dental and bill without any discounts. This means they accept the amount Delta Dental pays as full payment. This means that you would pay the co-insurance percentage of the cost for a non-network dentists and any difference between what the PPO network dentist would have charged for the same procedure and what the non-network dentist bills (referred to as "balance billing").

Examples

Here are examples of how dental charges apply for both the Low Plan and the High Plan. They are for illustration only and do not apply any maximums or deductibles.

Example 1: Low Plan Claim For Crown (Major Service)	Most savings	Some savings	No savings
	Delta Dental PPO	Delta Dental Premier	Non-Network
Dentist submits claim	$1,400	$1,400	$1,400
Dentists accepts as full payment	$745	$1,009 ($745*)	$1,400 ($745*)
Plan pays	Plan pays 50% of $745 = $372.50	Plan pays 50% of $745 = $372.50	Plan pays 50% of $745 = $372.50
You Pay	**You pay $372.50** ($745 - $372.50 =)	**You pay $636.50** ($1,009 - $372.50 =)	**You pay $1,027.50** ($1,400 - $372.50 =)

Example 2: High Plan Claim For Crown (Major Service)	Most savings	Some savings	No savings
	Delta Dental PPO	Delta Dental Premier	Non-Network
Dentist submits claim	$1,400	$1,400	$1,400
Dentist accepts as full payment	$745	$1,009	$885
Percentage paid by plan	Plan pays 50% of $745 = $372.50	Plan pays 50% of $1,009 = $504.50	Plan pays 50% of $885 = $442.50
You pay	**$372.50** ($745 - $372.50 =)	**$504.50** ($1,009 - $504.50 =)	**$957.50** ($1,400 - $442.50 =)

*Premier network providers are reimbursed based on the PPO network contracted fee.

Finding Network Providers

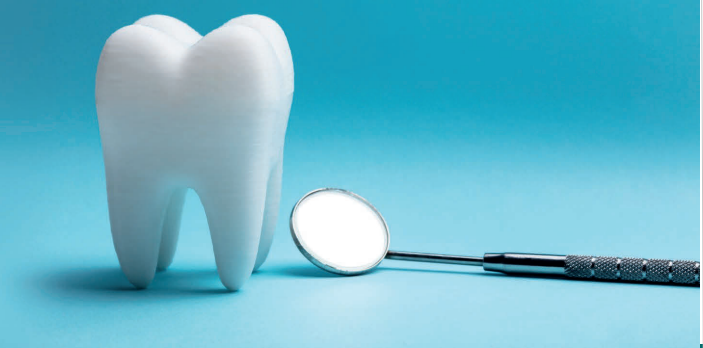
To find network dentists near you, log on to the Delta Dental website at deltadentalins.com and click on Find a Dentist. Enter your address and ZIP code and select either network from the drop-down menu.

What Else to Know

- **Expanded Coverage for Expecting Mothers:** Offers one additional exam and one cleaning or scaling and root planing during the plan year because pregnant women are at a higher risk for tooth decay and gum disease. Let your dentist know if you are pregnant for these extra benefits.
- **Teledentistry:** Connect online with a Delta Dental dentist through videoconference or receive a photo assessment for a dental issue.
- **Cost Estimator Tool:** Avoid surprises. Log in to deltadentalins.com and set up an online account to use the Cost Estimator Tool for personalized estimates on how much you'll pay for your next dentist visit. You can also ask your dentist for a pre-determination of benefits from Delta Dental before your treatment begins to learn how much the plan will cover.
- **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. 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.

Dental Care Resources

- To know more about the dental plan's special services and costs refer to the **Benefits Resources Guide** on the ADP home page.
- Scan this QR code to learn more about your dental benefits and resources from Delta Dental.



Comparing Dental Plan Options

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 calendar 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. Compare the benefits available in both plans and the premiums before choosing an option. For more information, plan limitations, and exclusions see the Delta Dental plan summaries posted on the ADP home page and Employee Benefits at Polyglass App.

Dental Benefits at a Glance (Plan #22443)
What You Pay (except where otherwise noted)

Plan Features	High Plan			Low Plan		
	PPO Network	Premier Network	Non-Network	PPO Network	Premier Network	Non-Network
Deductible	You pay $50/$150	You pay $50/$150	You pay $50/$150	You pay $50/$150	You pay $50/$150	You pay $100/$300
Annual Benefit Maximum	Plan pays up to $2,250 per person	Plan pays up to $2,250 per person	Plan pays up to $2,250 per person	Plan pays up to $1,000 per person	Plan pays up to $1,000 per person	Plan pays up to $1,000 per person
Preventive and Diagnostic	You pay 0%	You pay 0%	You pay 0%	You pay 0%	You pay 0%*	You pay 20%*
Basic Services	You pay 20%	You pay 20%	You pay 20%	You pay 20%	You pay 20%	You pay 50%
Major Services	You pay 50%	You pay 50%	You pay 50%	You pay 50%	You pay 50%	You pay 60%
Orthodontia	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		

*In the Low Plan, Delta Dental only pays Premier dentists up to a contracted amount regardless of what they bill you. This means you would be responsible for any amount billed by the Premier dentist above the contracted amount for Preventive and Diagnostic services (referred to as balance billing). Out-of-Network providers can bill up to their billed amount.

Premiums

Per-paycheck premium deductions are listed in the table to the right and in Oracle. Premiums deducted from paychecks may differ by a few cents during the first few paychecks due to rounding.

Dental Plan Premiums
Bi-weekly paychecks (26 per year)

Coverage Tier	High Plan	Low Plan
Employee Only	$2.58	$1.47
Employee + Spouse	$6.46	$2.54
Employee + Child(ren)	$6.23	$2.71
Employee + Family	$9.23	$4.08

Dental Benefit Terms to Know

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

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

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

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

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

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.

EyeMed
866-939-3633
eyemed.com

PLUS Provider

Saving Money with Eye360 and PLUS Providers

You can use any vision care professional you choose. However, as shown in the table below, you pay less when using providers who are members of the EyeMed network, with additional savings available when using PLUS Providers, as found at **eyemed.com**.

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

Vision Care Benefits at a Glance (Plan #1051432)
All services in the table are available once during the calendar year.

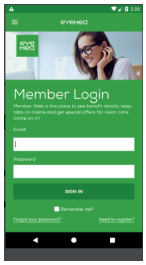
Plan Features	In-Network	Out-of-Network
Eye Care Exam	**PLUS Providers:** You pay $0. **Other Providers:** Plan pays 100% after a $10 copay. **Retinal Imaging: Retinal Imaging:** You pay up to $39.	**Plan reimburses** up to $40. **Retinal Imaging** is not covered.
Frames $0 copay	**PLUS Providers:** 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:** • 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 $30, single vision • Up to $50, bifocal • Up to $70, trifocal/lenticular • Up to $50, all progressives
Lens Options	**You pay copays as follows**: • $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 $23 • Up to $23 • Not covered • Not covered • Up to $20 • Not covered • Up to $8 • Not covered
Conventional Contacts	$0 copay; 15% off balance over $150 allowance.	**Plan reimburses** up to $75 for conventional and disposable contacts and up to $300 for Medically Necessary contacts.
Disposable Contacts	$0 copay; Plan pays $150 allowance, you pay balance over the allowance.	
Medically Necessary Contacts	$0 copay; Plan pays 100%.	
Contact Lens Exams and Fitting	**Standard:** Plan pays up to $40; contact lens fitting and two follow-up visits. **Premium:** 10% off retail price.	Not covered

Welcome Packet

If you are enrolling in the vision plan for the first time, you will receive a welcome packet with two ID cards, a benefit summary, and recommendations for eight providers near your home. Register on the EyeMed website or download the mobile app to access or print ID cards at any time or download the ID card to your phone.

Sample EyeMed ID card.

Use this link, https://member.eyemedvisioncare.com/member/en, or scan the QR code 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.



What's on the EyeMed Mobile App?

In the app, you can check your benefits and eligibility, track claims, find special offers, locate network providers, including PLUS Providers, get answers to FAQs, and access interactive vision guides. You can download it from the Apple Store or Google Play.

Vision Care Resources

See the ***Benefits Resources Guide*** for help managing vision health and expenses. It's located on the ADP home page.

Does EyeMed Offer Additional Discounts?

Extra savings are available at participating in-network providers, including 40% off an additional pair of eyeglasses and 20% off non-prescription sunglasses and accessories. Log in to eyeglass.com for details. For discounts on LASIK laser vision correction, call **800-988-4221** to find a US Laser Network provider.

Premiums

Per-paycheck premium deductions are listed in the table to the right and in Oracle. Premiums deducted from paychecks may differ by a few cents during the first few paychecks due to rounding.

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

Coverage Tier	Premiums
Employee Only	$1.38
Employee + Spouse	$3.12
Employee + Child(ren)	$3.23
Employee + Family	$4.62

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

An early exam is important as one in four children have vision problems. Discuss with your eye doctor.

Life and Accidental Death & Dismemberment Insurance

New York Life Insurance
Claims: 888-842-4462
Mon-Fri, 8am-8pm EST
https://www.newyorklife.com

Life Insurance provides financial security, especially for those depending on you financially. It pays a benefit to your beneficiary.

Accidental Death and Dismemberment (AD&D) Insurance pays benefits for death or severe injury from an accident. Injury benefits are paid as a percentage of the life insurance amount based on the loss.

Company-paid Basic Coverage

Basic Life Insurance Benefit

Polyglass pays for Basic Life and AD&D Insurance (group term life insurance) for eligible employees at no cost to you. The benefit equals 1½ times annual base salary up to $250,000. There is no cash value.

Basic AD&D Insurance Benefit

An equal benefit amount is paid if death is due to an accident or injury on or off the job and a claim is filed within one year. Payment varies by injury.

Employee-paid 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 dependents.

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.

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. The imputed income tax would be based on the insurance premium for the amount over $50,000 and age using IRS tables and appears as a "GTL" deduction on paychecks. Consult with your tax accountant for more information.

For example, a 43 year old employee earning $70,000 a year has Polyglass paid Basic Life Insurance equal to $105,000 (1½ times annual base salary). The imputed income value is $66.00 for the year, which would be added to the employee's taxable earnings.

Voluntary Life Insurance Options	
For You	• Up to $500,000 in $10,000 increments. • You must provide evidence of insurability if you elect coverage or
For Your Spouse	• Up to $500,000 in $5,000 increments. • You must provide evidence of insurability if you elect coverage or increase current coverage above the $40,000 guaranteed issue.*
For Your Children	$1,000 for children under 6 months and up to $10,000 from 6 months to 26 years; no evidence of insurability required.

Important:
Life insurance benefits are reduced at ages 65 and 75.

*See the next page for a Special Offer for enrolling in voluntary life insurance.

Special Enrollment Opportunity for Newly Hired Employees

Since you are enrolling in benefits for the first time, Polyglass has waived the evidence of insurability requirement for any amount you elect up to $200,000 for yourself and up to $40,000 for your spouse. 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.

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 any EOI. If you choose an amount over the guaranteed amount, contact your HR Team for the EOI form.
Any amount requiring EOI will take effect after carrier approval. Premiums for the amount requiring EOI will take effect after carrier approval.

Premiums

Premiums are based on your age for your coverage and your spouse's separate coverage and are listed in Oracle. Oracle automatically calculates the premiums based on your age and coverage amount separately for you and your spouse.

Premiums deducted from paychecks may differ by a few cents during the first few paychecks due to rounding.

Life Insurance Resources

See the **Benefits Resources Guide** for other benefits included with your life insurance.

Who Gets the Benefit If You Die?

The main purpose of life insurance is to provide financial support to your loved ones in the event of your death. By naming at least one beneficiary, you make it clear who receives your benefit, generally avoiding potential confusion and disputes among family members or heirs.

If you don't designate someone to receive your benefit in Oracle, the insurance company may be unable to identify who receives the benefit. This can be time-consuming and costly. By naming one or more beneficiaries, the payout goes directly to them, avoiding the delays and extra expenses.

How Do You Designate a Beneficiary?

You can choose your beneficiary or beneficiaries when you enroll in Oracle (see page 7).

Who Can Be a Beneficiary?

You can specify who receives the benefit and in what manner. For example, you might want to select a percentage of the benefit to provide for each of your spouse, children, or even a charity. You can also set up trusts to manage the funds for minor children or others who may not be able to manage the money themselves.

What about Taxes?

In many cases, life insurance payouts are not subject to income tax, which means the full amount goes to your beneficiary. This can be a significant advantage in managing your estate and ensuring that your loved ones receive the maximum benefit. Consult with your tax accountant for more information.

Disability Benefits

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

New York Life
Claims: 888-842-4462
Mon-Fri, 8am-8pm EST
https://www.newyorklife.com

Short-Term Disability (STD) Benefits

STD benefits equal 60% of 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.

Pre-existing Condition Limitations

Coverage may be excluded for a pre-existing injury or illness. See the New York Life certificate of insurance coverage for details contact Human Resources.

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:

$40,000 annual earnings 52 weeks =

$769.23 X 60% benefits = **$461.54 per week**

Return to Work

Before returning to work from a Short-Term Disability leave, a physician must complete a Release to Work Form and return it to Human Resources.

Long-Term Disability (LTD) Benefits

LTD benefits equal 60% of 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 that 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

Scan this code for more information on New York Life Insurance.

Filing a Disability Claim

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 file a claim on 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 Human Resources 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 Human Resources 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. Here's how they work.

Contact LegalShield

(both plans)
800-654-7757,
M-F, 7am-7pm CST
legalshield.com/info/polyglass

LegalShield
Worry Less. Live More.

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

IDShield

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

How to Enroll

You can enroll yourself or yourself and your family on Oracle in one or both plans.

For More Information

Scan this code for more information on Legal Shield and ID Shield.

LegalShield Only
Bi-weekly Premiums
(26 paychecks/year)

Coverage Tier	LegalShield
Employee/Family	$8.75

IDShield Only
Bi-weekly Premiums
(26 paychecks/year)

Coverage Tier	IDShield
Employee Only	$4.13
Family	$8.75

LegalShield and IDShield
Bi-weekly Premiums
(26 paychecks/year)

Coverage Tier	Both Plans
Employee Only	$12.88
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.

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.

MetLife

Contact MetLife
800-438-6388
metlife.com/mybenefits
Scan the code to learn more.

Here's How It Works

1. Select and enroll in the coverage option that's best for you and your pet.
2. Download our mobile app.
3. Take your pet to the vet.
4. 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.
5. 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.

Credit Union

Polyglass offers you financial services through the iThink credit union, to 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

$30 bonus

Earn Free Money!
Get up to $30 when you choose iThink Financial.

The Polyglass Student Debt Program

You become eligible for Fidelity's Student Debt Program on the first of the month following three months of service. Fidelity will invite you to enroll by email when you are eligible. After receiving your invitation to enroll:

- Collect the details on your loan to provide to Fidelity and upload a copy of your most recent student loan statement.
- Fidelity will confirm if your enrollment is approved or notify you to provide more information.
- Once you're enrolled, Polyglass will send payments through Fidelity directly to the student loan servicer or lender of your choice—$100 a month up to $1,200 per year to pay down your student loan.
- You can track payments online through NetBenefits or your lender's website.

Fidelity representatives can answer questions via secure messaging or phone.

What the Student Debt Program Does for You

While you continue making the minimum payments on your loan(s), Polyglass will make an extra payment each month on your behalf. This lowers your balance and reduces interest payments which helps pay off your loan sooner.

401(k) Retirement Savings Plan

Fidelity
800-347-2673
401k.com

Through Fidelity, the Polyglass USA 401(k) Retirement Savings Plan offers a great opportunity to save money for retirement.

Eligibility and Enrollment

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

Your Contributions

- You can contribute up to the IRS annual maximum, **$23,500** for 2025.
- If you are 50 or older, you can contribute, up to the catch-up contribution amount of **$7,500**.
- If you are age 60, 61, 62, or 63 in 2025, your catch-up contribution limit will be even higher for 2025 under retirement law Secure 2.0. This limit is $11,250, 1½ times the $7,500 general catch-up limit, meaning that the maximum that can be saved for this age group is $34,750 for 2025.
- These contribution limits are subject to change each year.
- You can contribute from your paychecks before payroll taxes are withheld (traditional contributions) and/or after payroll taxes have been withheld (Roth contributions).
- Highly paid employees may be subject to other contribution limits.

What to Do

Register on the Fidelity website:

- Specify a percentage of eligible earnings to contribute to your account.
- Choose your investment options
- Designate one or more beneficiaries for your account.

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.

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.

Loans and Withdrawals

You can borrow no less than $1,000 and up to $50,000 not to exceed 50% of your account balance. Please be aware of the rules for borrowing and the tax consequences before applying for a loan.

You may withdraw money from your account for retirement, permanent disability, or a financial hardship, as defined by the IRS and the 401(k) Plan documents, at age 59½ after terminating employment, or by your beneficiary following death. Taxes and penalties for early withdrawal may apply.

Add Beneficiaries to Your 401(k) Plan Account

A beneficiary is the person or entity who receives the balance in a 401(k) account in the event of your death. By naming at least one beneficiary, you make it clear who receives your benefit, generally avoiding potential confusion and disputes among family members or heirs. You designate beneficiaries in your account on the Fidelity website. You can change or add other beneficiaries as needed and at any time.

Fidelity
800-347-2673
401k.com

SageView Advisory Group

Polyglass offers 401(k) participants **FREE** financial planning, advice, and resources to help build retirement savings.

Go to sageviewadvisory.com for more information or to schedule a meeting with a financial wellness consultant or wealth advisor.

Legal Notices

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

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial

1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2024. 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.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.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/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov 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 or 603-271-5218
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: https://www.nj.gov/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 and CHIP**
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 RIte 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 or 1-866-608-9422
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, (307) 777-7656, or (866) 571-0944

To see if any other states have added a premium assistance program since January 31, 2024, or for more information on special enrollment rights, contact either:

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

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

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)

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 medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2025. 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 2025 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.

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 2025. This is called creditable coverage. Coverage under 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, the 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 USA 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, if this 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 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.

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:

Human Resources Benefits Manager
Polyglass USA
1111 W. Newport Center Drive, Deerfield Beach, FL 33442
(954) 233-1049
January 1, 2025

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).

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 plan 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 your plan administrator 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 plan administrator at (954) 233-1049.

Marketplace/Exchange Notice

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

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 in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the 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 is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than **9.02% for 2025** of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed **9.02% for 2025** of the employee's household income.

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage.

Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/ for more details.

How Can I Get More Information?
For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact (954) 233-1330.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit 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.

3. Employer name: Polyglass USA	 88-0267816	
5. Employer address: 1111 W. Newport Center Drive	6. Employer phone number: (954) 233-1330	
7. City Deerfield Beach	8. State: FL	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.
- **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 spouses, 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.

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

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 your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

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 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 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.

In addition, you should know that 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.

COBRA Continuation Coverage General Notice

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.

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

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

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

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

When is COBRA Continuation Coverage Available?

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

- The end of employment or reduction of hours of employment;
- Death of the employee; 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 USA, 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

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

Summary of Material Modifications [or Summary of Material Reductions]

This enrollment guide constitutes a [Summary of Material Modifications (SMM)] OR [Summary of Material Reductions (SMR)] to the Polyglass USA Summary Plan Description (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.


“Never stop pedalling”
Giorgio Squinzi
POLYGLASS®
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