



ELMET

TECHNOLOGIES

2024 NEW HIRE BENEFITS GUIDE

ENROLL BY PHONE OR ONLINE

866-833-8915

www.elmetbenefits.com

SCAN ME



INTRODUCTION

This guide provides an overview of Elmet's 2024 benefits offerings and the Enrollment process. You'll find important benefits resources and contact information throughout the guide. Additional benefits information is available online at www.elmetbenefits.com. As a new hire, your benefits become effective on your date of hire.

You have up to 30 days to make your benefits elections. If you enroll quickly, benefit deductions will be drawn from your first paycheck. Otherwise, once enrolled, double deductions will be drawn until premiums have been satisfied back to your hire date

Whatever your needs may be, you are encouraged to start your experience with the Elmet Benefits Service Center.

Elmet Benefits Service Center

866-833-8915

questions@elmetbenefits.com

Monday - Thursday: 8am - 6pm ET

Friday: 8am - 5pm ET

www.elmetbenefits.com

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2024 Benefits Overview

| | | |
|--------------------------|--------------------------|--|
| Medical (including Rx) | + | Elmet technologies is offering 3 medical plans for the 2024 Plan Year: PPO Gold Plan, PPO Silver Plan, and HSA Plan |
| Pharmacy (Rx) | + | HPI Medical plan participants: Elmet's pharmacy benefits manager is FairosRx . Mail-order prescriptions are managed by Welldyne Mail Order . |
| Dental | + | Coverage is available for dental exams, cleanings, and restorative care. |
| Vision | + | Coverage is available for exams and corrective eyewear (contacts/glasses). |
| Basic Life Insurance | Employer Provided | All employees receive FREE term life insurance (1.5x Basic Annual Salary). |
| Short Term Disability | | Up to 25 weeks of income replacement for accident or illness. |
| Long Term Disability | | Income replacement from Day 181 to Normal Social Security Retirement Age. |
| Voluntary Life Insurance | + | Voluntary life insurance is available to employees, spouses, and children. |
| Critical Illness | + | Cash benefits in the event of a diagnosis of a covered illness. |
| Accident | + | Cash benefits in the event of an accidental injury. |
| Site Specific Benefits | + | See local site HR for additional information regarding these benefits. |

How to Enroll

Benefits Enrollment – Online or By Phone

Enroll Online

Step 1:

Access www.elmetbenefits.com and click “Enroll Now!”.

Or, visit elmet.zevobenefits.com to access the enrollment platform directly.

Step 2:

First-time users: Click on “Get Started Now” and enter your personal information to create your account.

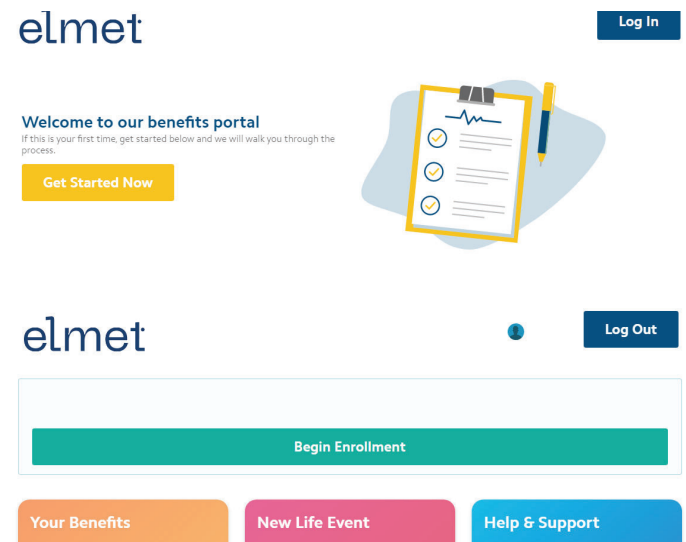
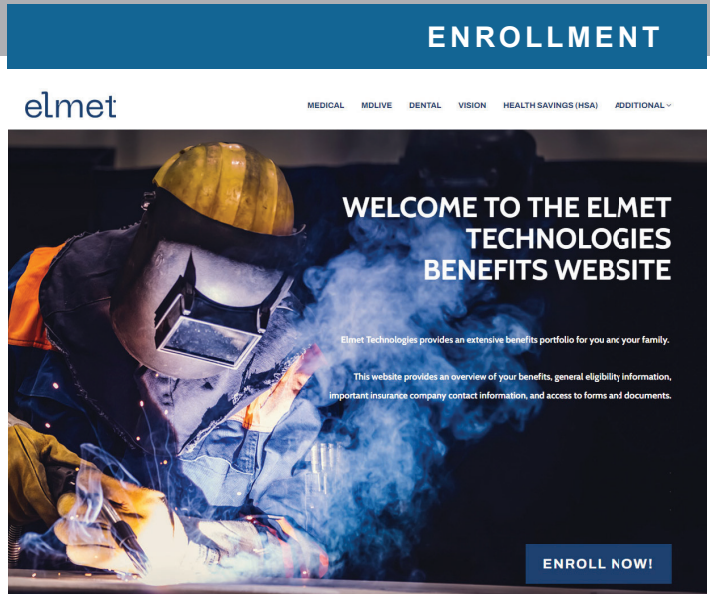
Returning users: Click on “Log In” and enter your email address and password. Click the “Forgot your password?” link if you can’t remember.

Step 3:

Once you’ve logged in, you’ll be able to complete your enrollment by clicking “Begin Enrollment” and following the prompts.

Enroll by Phone

Call the Elmet Benefits Service Center at **866-833-8915** to complete your enrollment by phone. You’ll speak with a Benefits Specialist who will review your options and submit your enrollment for 2024.



2024 Benefit Elections

Now is your opportunity to make benefit elections for the 2024 plan year. Please remember no benefits changes are allowed during the year unless you have a qualifying life event or change in family status (supporting documentation required). Common qualifying life events that could result in changes to your benefit coverage include the following:

- Marriage or divorce
- Birth or adoption of a child
- Loss of a dependent
- Medicare entitlement
- Gain of other coverage
- Loss of other coverage

Qualifying Life Events During the Year

Should you have a qualifying event during the year, please notify the Benefits Service Center at 866-833-8915. You must submit necessary documentation to the Benefits Service Center within 30 days of your event for the change to be completed.

Medical **hpi**

Elmet Technologies offers three medical plans administered by **Health Plans, Inc. (HPI)** for the 2024 plan year. HPI offers excellent customer care and utilizes the **Harvard Pilgrim Health Care (HPHC) network (inside New England) and the United Healthcare (UHC) Choice Network (outside of New England)**. You may choose between the PPO Gold, PPO Silver, or HSA Plan. If you are enrolled in the union-contracted Allegiant Care plan, you are not eligible to elect these plans.

The **HSA plan** is a High Deductible Health Plan (HDHP) which qualifies participants to contribute to a Health Savings Account (HSA). If you elect the HSA plan, you are not required to open or contribute to a Health Savings Account (HSA), however, those who do contribute to an HSA will reduce their taxable income and be able to pay for medical, dental, vision, and prescription expenses federal income-tax-free. See the Health Savings Account (HSA) page for more information. Preventive care is always covered at 100% before the deductible, as long as it is coded as Preventive.

The **PPO plans** offer copays for services like office visits, ER visits, and prescription drugs. For most other services, you are responsible for your deductible and coinsurance until you meet your out-of-pocket maximum. Please be aware that copays do not count towards your deductible, only your out-of-pocket maximum. Services are covered at 100% after a copay, as long as you stay in-network. Otherwise, you are responsible for the out-of-network deductible and coinsurance until you meet your out-of-pocket maximum.

Centers of Excellence

We believe that distance and cost should never get in the way of you receiving the best possible medical care. Elmet employees have access to top hospitals across the country at zero out-of-pocket cost, for complex medical conditions and procedures. As you explore these options, we want you to know that all possible barriers have been removed, and travel expenses will be covered for you and a companion. All employees, spouses, and dependent children who are enrolled in an Elmet health plan are eligible. The Centers of Excellence Program covers the following procedures: **Cancer Treatment | Joint Replacement | Back Surgery | Heart Procedures | Organ Transplant**. Additional medical procedures may be included on a case-by-case basis. Learn more by contacting the Elmet Benefits Service Center.





| | HSA Plan | PPO Silver | PPO Gold |
|---|--|---|---|
| Employer HSA Contribution | In-Network \$500 | In-Network N/A | In-Network N/A |
| Plan Structure | | | |
| Deductible* | Individual: \$2,700 Family: \$5,600 | Individual: \$1,250 Family: \$2,500 | Individual: \$500 Family: \$1,000 |
| Embedded Deductible | No | \$1,250 | \$500 |
| Coinsurance (member pays) | 25% | 20% | 20% |
| Out-of-Pocket Max (OOPM)* | Individual \$5,600 Family: \$11,000 | Individual: \$5,000 Family: \$10,000 | Individual: \$3,500 Family: \$7,000 |
| Embedded MOOP | \$5,600 | \$5,000 | \$3,500 |
| MOOP Combined (Med and Rx) | Yes | Deductible does not apply to Rx | Deductible does not apply to Rx |
| Medical Services | | | |
| Primary Care Provide (PCP) Office Visit | deductible, then 25% | \$25 copay | \$25 copay |
| Specialist Office Visit | deductible, then 25% | \$60 copay | \$50 copay |
| Chiropractic Visit (40 visit limit) | deductible, then 25% | \$30 Copay | \$25 Copay |
| Outpatient Therapies PT/OT/ST/SN (60 combined visit limit) | deductible, then 25% | Outpatient - \$30 Copay Inpatient - deductible, then 20% | Outpatient - \$25 Copay Inpatient - deductible, then 20% |
| Diagnostic Testing | | | |
| Diagnostic Lab Test / X-ray | deductible, then 25% | \$50 copay | \$50 copay |
| Advanced Imaging MRI, MRA, CAT & PET Scans | deductible, then 25% | deductible, then 20% | deductible, then 20% |
| Outpatient Surgery | | | |
| Facility Fee | deductible, then 25% | deductible, then 20% | deductible, then 20% |
| Physician Fees and Anesthesia | deductible, then 25% | deductible, then 20% | deductible, then 20% |
| In-patient Surgery | | | |
| Facility Fee | deductible, then 25% | deductible, then 20% | deductible, then 20% |
| Physician Fees and Anesthesia | deductible, then 25% | deductible, then 20% | deductible, then 20% |
| Emergency Care | | | |
| Emergency Room | deductible, then 25% | \$500 copay, waive if admitted | \$500 copay, waive if admitted |
| Ambulance | deductible, then 25% | \$150 copay | \$150 copay |
| Urgent Care | deductible, then 25% | \$60 copay | \$50 copay |
| Prescription Drug Coverage | | | |
| Generic | deductible, then 25% | \$10 copay | \$10 copay |
| Preferred Brand | deductible, then 25% | \$30 copay | \$30 copay |
| Non-preferred Brand | deductible, then 25% | \$50 copay | \$50 copay |
| Specialty | deductible, then 25% | 20% coinsurance | 20% coinsurance |

AVID International Pharmacy Program

You may qualify for free prescription medications with the Elmet International Rx Program! All employees, spouses, and dependent children who are enrolled in an Elmet HPI medical plan are eligible. All members may receive eligible prescription medications at zero cost (\$0 copay), simply by enrolling to receive these medications through international mail order. To learn more about the Elmet International Rx Program through Avid Health, please contact them by phone at: 833-227-8732; Once you are registered and have completed onboarding, your prescriptions can be emailed to Avid at: support@avid-health.com

Get Started Today:

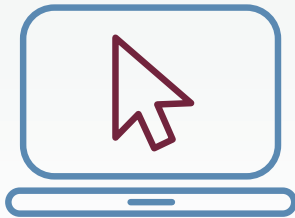
Phone: 833-227-8732

Email: support@avid-health.com



HPI ONLINE ACCESS: MY PLAN

With HPI's My Plan Portal, you can access your Medical ID Card online and manage your account 24/7



Register in Minutes!

- 1 Go to the hpiTPA.com
- 2 Visit the Members section and click the link to Get Registered
- 3 Enter your information to create your username and password

If you are a dependent, be sure to have the five-digit home ZIP Code and the last four digits of the employee's (plan subscriber's) social security number.

Access all of your account details* in one secure location anytime, anywhere!

- Review your claims
- Check your benefits
- Access your prescription drug plan
- Search your provider network
- Download a report of your claims
- Request claim reimbursements
- View, print or order your member ID card
- View or print applicable tax forms
- Find a Primary Care Provider (PCP)
- View your health spending account details



On your mobile device!

* You will have access to details applicable to your plan. Please note, not all of the items listed above apply for all plans.



**Have questions? Contact HPI
Customer Service at 888-340-5487**

hpi™

HPI's Pathways Concierge

Healthcare can be confusing—we're here to help

The Concierge team knows all about your benefits and can help you with anything healthcare related. Our services are part of your benefit plan—so we'll never charge you for our help.

Give us a call with any questions you have about:

- Finding a doctor or hospital
- Your benefit plan
- A bill or a claim
- Your co-pay amounts and when you'll pay them
- The costs you'll pay for a procedure
- Assistance with ancillary benefits
- Your medical condition, prescriptions or care plans—you can speak directly to a nurse



We can also help you with things like:

- Scheduling appointments and transportation
- Teaching you about your health condition
- Preparing for your upcoming surgery
- Finding other care options that will cost you less
- Matching you to a provider based on distance from you, cost, and quality

Don't worry, your information is completely confidential and secure, which means we'll never share it with anyone without your permission first.

Just one more thing to know:

MedWatch is the name of the company that provides these services. They're part of the Health Plans, Inc. (HPI) family of companies, and they may reach out to you to help you with your healthcare needs.



**How do I contact my concierge?
Call Monday-Friday 8am - 8pm ET:
888-340-5487**



AchieveHealth[®]

Tobacco Cessation Program

A tobacco-free life is within reach

Your health goals are unique to you, your tobacco cessation program should be, too. With *AchieveHealth*, you'll get a coaching approach tailored to you, your life and your health—to help you quit smoking, for good.

The program is:

- Free to you
- Individualized
- Convenient—you'll talk with your coach over the phone when it works best for you.

How we can help

Together, you and your health coach will:

- Create your customized quit plan
- Identify barriers to quitting
- Explore new ways to cope with triggers and cravings

How it works

- Appointments range from 15-30 minutes.
- Your coach will call you at your scheduled appointment time, anytime Monday - Thursday 8:00am to 10:00pm (EST) and Friday 8:00am to 6:00pm (EST).
- Outside of scheduled appointments, you'll be able to contact your coach through a toll-free number.

Not quite ready to quit?

That's okay. Give us a call and we'll talk about quitting when and how it works best for you.



We'll be here for you every step of the way along your journey to quit.
Give us a call at 866-234-4635 to get started.

hpi[™]

ALLEGiant CARE MEDICAL PLAN

Allegiant Care Union Employees Only

Allegiant Care OAP

| Plan Structure | |
|---|---|
| Calendar Year Deductible | Single: \$1,500 Family: \$3,000 |
| Coinsurance (Plan Pays) | 80% |
| Out-of-Pocket Limit | Single: \$3,500 Family: \$7,000 |
| Preventive Care | Covered at 100% |
| Pharmacy Deductible | Single: \$100 Family: \$300 |
| Emergency Services | |
| Emergency Room Care | \$400 Copay |
| Ambulance | Deductible, then 20% coinsurance |
| Urgent Care | \$75 Copay |
| Medical Services | |
| Primary Care Office Visit | \$35 Copay |
| Specialist Office Visit | \$50 Copay |
| Chiropractic Care (34 visits) | Up to \$30 reimbursement |
| Outpatient Therapies PT, OT, ST | \$50 Copay |
| Durable Medical Equipment | No Charge |
| Diagnostic Testing | |
| Diagnostic Lab Test / X-ray | Covered at 100% |
| Advanced Imaging MRI, MRA, CAT & PET Scans | \$200 Copay per type of scan per day |
| Inpatient & Outpatient Surgery | |
| Physician Fees | Deductible, then 20% coinsurance |
| Facility Fees | |
| Prescription Drug Coverage | |
| Generic | \$15 Copay |
| Preferred Brand | \$40 Copay |
| Non-Preferred Brand | \$40 Copay |
| Specialty | \$40 Copay |

*Please refer to the Benefit Summary for complete plan details.

Employee Perks Program: Start Saving Today!

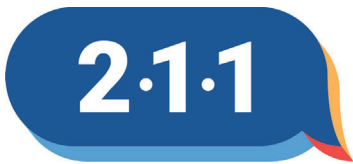
Electronics • Appliances • Apparel • Cars • Flowers • Fitness Memberships
Gift Cards • Groceries • Hotels • Movie Tickets • Rental Cars • Special Events
Theme Parks • And More!

SCAN ME



VISIT

<https://elmettech.savings.workingadvantage.com>



Get Connected. Get Help.™

Help Starts Here...

Call 2-1-1 for help. Can't call? Visit 211.org

Housing Expenses

It is difficult for many people in the U.S. to find and afford safe, reliable housing. If you are struggling to find or pay for housing, you are not alone. Your local 211 is the best resource for help finding options to pay your rent, mortgage, or utilities bills and stay in your home. You can call 211 to speak with someone immediately. Be ready to answer a few questions about your current living situation, any income you have, and any children or other dependents who live with you.

Utilities Assistance

Paying your electric, gas, water, or internet bills can be overwhelming, especially after the loss of a job or experiencing a medical emergency. If you are having trouble keeping up with your utilities bills, you are not alone. If you need help finding lower-cost options for phone or internet, you can always contact your local 211 for help. Simply call 211 to speak to a specialist.

Mental Health

If you need assistance locating long-term mental health resources, talking through a problem, or exploring mental health treatment options, call 211 to speak with a live person who can help.

- 211 conversations are confidential, can be made anonymously, and are available in 180 languages upon request.
- If you prefer to text, use web chat, or search for resources online, [click here](#) to find more ways to contact your local 211.

Substance Abuse

Whether you are looking for help for yourself, worried about someone else, or looking to partner with 211, start here to learn more about available mental health and substance use resources and services. Your local 211 can help you identify available services, including counseling or substance use disorder treatment programs. Whether you know that you or someone you care about needs help, or are unsure, reach out to 211 as an easy first step.

Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.



Confidential Emotional Support

Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts



Work-Life Solutions

Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care



Legal Guidance

Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.



Financial Resources

Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more



Online Support

GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions



Free Online Will Preparation

EstateGuidance® lets you quickly and easily create a will online.

- Specify your wishes for your property
- Provide funeral and burial instructions
- Choose a guardian for your children

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Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 855.387.9727

TDD: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant™, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: ONEAMERICA3

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information



Contact Your GuidanceResources® Program

Call: 855.387.9727

TDD: 800.697.0353

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: ONEAMERICA3

Health Savings Account (HSA)



Enrolled in the HSA Plan? Did you know that Elmet contributes \$500 per year to your HSA account, as long as you contribute as well? That's FREE money for you and your family!

If you have signed up for the company HSA health plan, you are eligible for a free Health Savings Account (HSA). This savings account stays with you even after leaving the company, and Elmet will contribute up to \$500 per year (\$41.67 per month) to the account as long as you contribute each year. The money from this HSA is tax-free and can be spent on qualified medical-related costs, such as over-the-counter medications, prescriptions, medical, dental, or vision expenses. You receive a free debit card with this account and also can reimburse yourself for any eligible costs you pay out of pocket.

Opening a Health Savings Account (HSA) requires additional action after your enrollment. You must contact KeyBank to open an account.

To open an account at zero cost, visit www.key.com/keywork/elmet and click "Open Now" or call KeyBank at 207-262-5712. There is no minimum balance, and the account also includes ATM access, free online transfers, and bill pay. Eligibility does require that you are not a dependent on someone else's tax return and that you're not covered by Medicare, Tri-Care, or another health insurance plan (other than as permitted in IRS Publication 969).

Catch-up Contributions for Employees 55 and older

Once you reach 65 years of age, the money in the account can be spent for any purpose. You can contribute up to the below maximum amounts per year to your account:

Employee Maximum Contributions

| Plan Year | Individual Coverage | Family Coverage | Over 55 Catch Up |
|-----------|---------------------|-----------------|------------------|
| 2024 | \$3,650 | \$7,800 | \$1,000 |

***Maximums have factored in Elmet's \$500 annual contribution**



Flexible Spending Account (FSA)



A Healthcare Flexible Spending Account allows you to pay for out-of-pocket costs with pre-tax dollars. Your FSA election will not automatically continue into the following plan year. **You must actively elect to participate by completing your benefits enrollment each year.**



Healthcare FSA

You can contribute up to \$3,200 during 2024 into a Healthcare FSA. Eligible Healthcare FSA expenses include deductibles, copays, coinsurance, prescription drugs, over-the-counter drugs (no prescription required), dental, and vision expenses. Participants in the FSA receive a debit card so that many expenses can be paid at the time of service.

Dependent Care FSA

The Dependent Care FSA enables you to pay for certain dependent care expenses using before-tax dollars. You may contribute up to \$5,000 in a Dependent Care FSA. Eligible dependent care expenses include day care / after-school / program fees for children up to age 13 and certain adult day care expenses. It's important to note that expenses are only tax-deductible if both parents are working, actively looking for work, a full-time student, or disabled.

Limited Purpose FSA

A limited purpose Healthcare FSA is available for HSA plan participants. The limited purpose FSA can only be used for dental and vision expenses for members with a Health Savings Account.

The IRS will allow Healthcare FSA plan members to roll over up to \$640 of unused 2024 funds for future use.



Dental 

With Northeast Delta Dental, you can see any dentist of your choosing. If you choose a dentist in the Delta Dental PPO or Delta Dental Premier network, you will ensure lower out-of-pocket costs. You can locate in-network providers by visiting www.nedelta.com and selecting “Find a Dentist” – You can select either Delta Dental PPO or Delta Dental Premier as the network. While you have the option to choose between providers in both the PPO and Premier networks, your discount will be greater when using a provider in the PPO network. Premier Network providers can balance bill members up to the maximum allowable fee.

| Delta Dental PPO + Premier Network | |
|---|--------------------------------|
| Calendar Year Deductible | \$50 Individual / \$150 Family |
| Calendar Year Maximum | \$1,500 |
| Orthodontia Lifetime Maximum | \$1,500 |
| Coverage | |
| Type A Services (Preventive) | 100%, no deductible |
| <i>Exams - Two in a 12 month period</i> | |
| <i>Cleanings - Two in a 12 month period**</i> | |
| <i>Bitewing x-rays - Once in a 12 month period</i> | |
| <i>X-rays of individual teeth as necessary</i> | |
| <i>Fluoride - Once in a 12 month period for children to age 19</i> | |
| <i>Sealant - Once in a 3 year period per permanent molar for children to age 19</i> | |
| Type B Services (Basic Restorative) | 80%, after deductible |
| <i>Amalgam fillings (silver)</i> | |
| <i>Composite fillings (white)</i> | |
| <i>Endodontics (root canal therapy)</i> | |
| <i>Periodontal maintenance (cleaning) – Two in a 12 month period**</i> | |
| <i>Denture repair (removable denture repaired to original condition)</i> | |
| <i>Emergency palliative treatment</i> | |
| <i>Oral surgery (surgical and routine extractions)</i> | |
| Type C Services (Major Restorative) | 50%, after deductible |
| <i>Crowns</i> | |
| <i>Onlays</i> | |
| <i>Implants</i> | |
| <i>Removable and fixed partial dentures (bridge)</i> | |
| <i>Dentures</i> | |
| <i>Dentures – rebases and relines</i> | |
| Orthodontia Services (Adults & Children) | 50%, no deductible |

*Please refer to the Benefit Summary for complete plan details.

** Cleanings are limited to two in a 12-month period; these may be routine (Coverage A) or periodontal (Coverage B), or a combination of both.



VISION



Network Options:

Elmet offers Vision insurance through Ameritas, which allows you to choose whether you would like to participate in the VSP Focus vision network or the EyeMed Insight vision network. Choose carefully, as the network you choose will remain your network for the entire 2024 plan year. Using participating network providers will help you to maximize your benefits. You can find participating providers by going to: www.ameritas.com. Select "Find a Provider", scroll down to "Vision", and select either VSP or EyeMed (depending on the plan you chose). This link will take you to the appropriate VSP or EyeMed provider search.

Frequency Limitations: The plan limits each participant to 1 covered contact lens or eyeglass lens benefit in a 12-month period, and 1 set of frames every 12 months.

| 2024 Ameritas Vision Options | | | | |
|---|---|----------------|---|----------------|
| Network Choice: VSP Focus or EyeMed Insight | | | | |
| Network | VSP Focus | | EyeMed Insight | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Eye Exam | | | | |
| Eye Exam | \$10 | Up to \$45 | \$10 | Up to \$52 |
| Contact Lenses Fitting and Follow-up | | | | |
| | Up to \$60 | N/A | Standard: Up to \$40 Premium: 10% off retail | N/A |
| Frames Allowance | | | | |
| | \$130 Allowance (Costco and Walmart amount will be wholesale equivalent) | Up to \$70 | \$130 Allowance | Up to \$104 |
| Lenses | | | | |
| Single | \$10 | Up to \$30 | \$10 | Up to \$68 |
| Bifocal | \$10 | Up to \$50 | \$10 | Up to \$96 |
| Trifocal | \$10 | Up to \$65 | \$10 | Up to \$130 |
| Lenticular | \$10 | Up to \$100 | 20% Discount | N/A |
| Progressive | Cost will vary by option | N/A | Cost will vary by option | N/A |
| Lens Treatments | Additional costs and copays may apply. Refer to Benefit Summary for complete details. | | Additional costs and copays may apply. Refer to Benefit Summary for complete details. | |
| Contacts Allowance | | | | |
| Conventional and Disposable | Up to \$130 | Up to \$105 | Up to \$130 | Up to \$104 |
| Medically Necessary | Covered in Full | Up to \$210 | Covered in Full | Up to \$200 |
| Lasik and PRK Vision Correction | | | | |
| | N/A | N/A | Average discount of 15% off retail price or 5% off promotional price at US Laser Network participating providers. | N/A |
| Frequencies | | | | |
| Exam | Every 12 Months | | Every 12 Months | |
| Frames Allowance | Every 12 Months | | Every 12 Months | |
| Lenses | Every 12 Months | | Every 12 Months | |
| Contacts | Every 12 Months; In lieu of Frames and Lenses | | Every 12 Months; In lieu of Frames and Lenses | |

*Please refer to the Benefit Summary for complete plan details.





Employer-Paid Basic Life Insurance

Elmet Technologies provides employer-paid basic life insurance at no employee cost.

All Benefits-eligible employees receive coverage equal to 1.5x your base annual earnings, rounded to the next highest \$1,000, up to a maximum of \$500,000

Age Reductions:

Age Reductions apply to both Basic and Voluntary Life Insurance Elections

- **Basic Life Insurance (Remaining Benefit)**
 - Age 65: 65%; Age 70: 40%; Age 75: 25%
- **Voluntary Life Insurance (Remaining Benefit)**
 - Age 70: 40%; Age 75: 25%
 - Spouse age reductions based on Employee age

Voluntary Life and AD&D Insurance

You may elect voluntary life insurance for yourself and your dependents to supplement the basic life benefit. Employee coverage is available up to the lesser of 5 times your annual salary or \$750,000. Spouse life coverage is available up to 100% of the employee election, not to exceed a maximum of \$250,000. You must insure yourself for at least as much coverage as you select for your spouse. Spouse voluntary life rates are based on employee age. Child life insurance is available for children below the age of 26 regardless of student status.

All plans also include Accidental Death and Dismemberment (AD&D) which pays an additional sum (matching the life amount) in the event of death or loss of limbs, speech, hearing and more caused by an accident. (Refer to the Certificate of Coverage for details.)

| | Voluntary Life & AD&D Options | Guaranteed Issue |
|------------|---|------------------|
| Employee | \$1,000 increments to a maximum of the lesser of 5 times annual earnings or \$750,000 | \$200,000 |
| Spouse | \$5,000 increments up to a maximum of \$250,000 (based on employee age) | \$30,000 |
| Child(ren) | \$5,000 or \$10,000 | \$10,000 |

Beneficiary Information: You must elect a beneficiary or beneficiaries who will receive your life insurance payout at the time of your death. You can update your life insurance beneficiaries any day of the year by calling the Elmet Benefits Service Center at 866-833-8915.



Elmet Technologies pays for the full cost of both Short Term Disability and Long Term Disability coverage for all employees. Disability coverage provides an income replacement benefit in the event that you are unable to work due to a non-job-related illness or accident.

| Short Term Disability | |
|------------------------|--|
| Weekly Benefit Amount | 60% of your base weekly earnings |
| Maximum Weekly Benefit | \$2,500 |
| Waiting Period | 7 days Benefits begin on day 8 of accident and sickness |
| Benefit Duration | up to 25 weeks |

| Long Term Disability | |
|-----------------------------------|---|
| Monthly Benefit Amount | 60% |
| Maximum Monthly Benefit | \$11,000 |
| Waiting Period | 180 days - Benefits begin upon exhaustion of Short Term Disability for accident and sickness |
| Benefit Duration | Up to Social Security Normal Retirement Age |
| Pre-existing Condition Limitation | A pre-existing condition is an illness or injury for which you received treatment or where symptoms were present within 3 months prior to your effective date of coverage. A disability that begins in the first 12 months after your effective date will not be covered if it results from a pre-existing condition. |

CRITICAL ILLNESS

Critical Illness CHUBB®

Elmet Technologies offers voluntary Critical Illness coverage which provides a flat dollar benefit in the event of a diagnosis of a covered illness. The intention of this plan is to cover diagnoses while the coverage is in force.

Benefit Amount

- Employees: **\$5,000 to \$30,000**
- Spouses: **50%** of the employee coverage amount
- Child(ren): **25%** of the employee coverage amount

| | |
|---|----------------|
| Benign Brain Tumor | 100% |
| Cancer | |
| Cancer (except skin cancer) | 100% |
| Carcinoma In Situ | 25% |
| Skin Cancer | \$250 per year |
| Coronary Artery Obstruction | 25% |
| Coma | 100% |
| Heart Attack | 100% |
| End Stage Renal Failure | 100% |
| Major Organ Failure | 100% |
| Multiple Sclerosis | 100% |
| Stroke | 100% |
| Pre-Existing Conditions Limitation | 6 / 6 |

The following childhood conditions are covered at 100% of the child face amount: Cerebral Palsy; Congenital Birth Defects; Health, Lung, Cleft Lip, Palate, etc; Cystic Fibrosis; Down Syndrome; Muscular Dystrophy; Type 1 Diabetes

Pre-Existing Condition Limitation

If an insured is diagnosed with a critical illness in the first six (6) months from his/her individual effective date of coverage, there will be a pre-ex investigation to determine if the illness was a pre-existing condition (any illness for which the insured received medical treatment, consultation, care, diagnostic procedures, or took prescribed medicines) in the six (6) months just before the individual effective date. If the condition did "exist" in those six months, no benefit is payable. If the condition did not "exist" in those six months, benefits may be payable.

Sample Rates

| Monthly Premiums | | |
|-------------------|----------|----------|
| Employee Coverage | | |
| Age | \$10,000 | \$20,000 |
| 25 | \$1.48 | \$2.97 |
| 35 | \$3.35 | \$6.70 |
| 45 | \$7.08 | \$14.17 |
| 55 | \$16.05 | \$32.10 |

| Monthly Premiums | | |
|----------------------------|--------------------|--------------------|
| Employee + Spouse Coverage | | |
| Age | Employee: \$10,000 | Employee: \$20,000 |
| | Spouse: \$5,000 | Spouse: \$10,000 |
| 25 | \$2.10 | \$4.20 |
| 35 | \$4.91 | \$9.82 |
| 45 | \$10.51 | \$21.02 |
| 55 | \$23.95 | \$47.90 |

| Monthly Premiums | | |
|--------------------------------|---------------------|---------------------|
| Employee + Child(ren) Coverage | | |
| Age | Employee: \$10,000 | Employee: \$20,000 |
| | Child(ren): \$2,500 | Child(ren): \$5,000 |
| 25 | \$1.48 | \$2.97 |
| 35 | \$3.35 | \$6.70 |
| 45 | \$7.08 | \$14.17 |
| 55 | \$16.05 | \$32.10 |

| Monthly Premiums | | |
|------------------|---------------------|---------------------|
| Family Coverage | | |
| Age | Employee: \$10,000 | Employee: \$20,000 |
| | Spouse: \$5,000 | Spouse: \$10,000 |
| | Child(ren): \$2,500 | Child(ren): \$5,000 |
| 25 | \$2.10 | \$4.20 |
| 35 | \$4.91 | \$9.82 |
| 45 | \$10.51 | \$21.02 |
| 55 | \$23.95 | \$47.90 |

Critical Illness Plan Notes:

You may elect Critical Illness at this time with no health questions. The plan includes a recurrence benefit for certain diagnoses. The lifetime maximum is up to 3 times the benefit amount.

Accident CHUBB®

Chubb's accident plan provides financial protection in the event of an unexpected accident that results in medical treatment. A summary of the benefits is below. Please refer to the Summary of Benefits or Certificate of Coverage for details.

| Benefit | Chubb Accident Insurance |
|---------------------------------|---|
| Accidental Death | Employee: \$20,000 Spouse: \$20,000 Child: \$4,000 x4 for common carrier |
| Accidental Dismemberment | Loss of hands, feet, sight: \$10,000 Loss of fingers, toes: \$1,200 Organ Loss: \$2,500 |
| Accidental Injury | Fractures: up to \$5,000 Dislocations: up to \$3,600 Burns: \$750 - \$7,500 Concussion: \$60 Coma: \$7,500 Lacerations: \$20 - \$300 Eye Injury: \$200 |
| Medical Treatment | Ground Ambulance: \$120 Air Ambulance: \$1,000 Emergency Room: \$75 Urgent Care: \$50 Office Visit: \$25 X-rays: \$20 CT, MRI: \$100 Transportation: \$300 per trip, up to 3 trips Physical Therapy: \$25 per visit, up to 10 visits Chiropractic Care: \$25 per visit, up to 3 visits Prosthetics: \$500 Medical Appliances: \$75 Blood: \$200 |
| Hospital | Standard Hospital Admission: \$500 ICU Admission: \$1,000 Hospital Confinement: \$150 per day, up to 365 days ICU Confinement: \$300 per day, up to 30 days Rehab Admission: \$500 |
| Other Benefits | First Accident Benefit \$100 Health Screening Benefit: \$100 per person, per year Organized Sporting Activity: +25% benefit, up to \$1,000 per person/year |
| Exclusions | Accidents caused by felonies, substance abuse/drugs, suicide attempt, war, self-inflicted injury, alcohol, infection, dental or plastic surgery for cosmetic purposes, food poisoning, armed forces, aircraft, parachuting, motor vehicle racing/stunts, competitive paid athletic activity, bungee jumping and other activities as described in the certificate. |

| | Accident Payroll Deductions | |
|------------------------------|-----------------------------|-----------|
| | Weekly | Bi-weekly |
| Employee | \$1.50 | \$3.00 |
| Employee + Spouse | \$2.74 | \$5.46 |
| Employee + Child(ren) | \$2.86 | \$5.70 |
| Family | \$4.08 | \$8.14 |

2024 RATES

Medical Plan Deductions

| WEEKLY DEDUCTION | | | | |
|-----------------------|----------|------------|---------|----------------------|
| Tier | PPO Gold | PPO Silver | HDHP | Allegiant Care Union |
| Employee Only | \$61.26 | \$50.03 | \$22.85 | \$152.08 |
| Employee + Spouse | \$128.85 | \$104.99 | \$52.80 | |
| Employee + Child(ren) | \$111.92 | \$87.96 | \$42.97 | \$326.54 |
| Family | \$174.69 | \$150.09 | \$75.06 | \$402.69 |

| BI-WEEKLY DEDUCTIONS | | | |
|-----------------------|----------|------------|----------|
| Tier | PPO Gold | PPO Silver | HDHP |
| Employee Only | \$122.53 | \$100.06 | \$45.69 |
| Employee + Spouse | \$257.70 | \$209.98 | \$105.61 |
| Employee + Child(ren) | \$223.85 | \$175.92 | \$85.94 |
| Family | \$349.38 | \$300.18 | \$150.13 |

| MEDICAL TOBACCO SURCHARGE | | |
|---------------------------|---------|----------|
| Tier | WEEKLY | BIWEEKLY |
| Employee Only | \$6.27 | \$12.54 |
| Employee + Spouse | \$12.54 | \$25.08 |
| Employee + Child(ren) | \$6.27 | \$12.54 |
| Family | \$12.54 | \$25.08 |

Tobacco surcharge applies to employees and spouses enrolled in the health plan who use tobacco products.

Tobacco users may avoid the surcharge by participating in the tobacco cessation program offered by AchieveHealth. After completing the program, the tobacco surcharge will be waived.

Get started today by calling - 866-234-4635.

Voluntary Life Deductions

| BIWEEKLY | | | |
|----------|------------------|-----------------------------------|------------------|
| Employee | | Spouse (Based on Employee Age) | |
| Age | Rate per \$1,000 | Age | Rate per \$1,000 |
| 0-19 | \$0.03 | 0-19 | \$0.03 |
| 20-24 | \$0.03 | 20-24 | \$0.03 |
| 25-29 | \$0.03 | 25-29 | \$0.03 |
| 30-34 | \$0.04 | 30-34 | \$0.04 |
| 35-39 | \$0.05 | 35-39 | \$0.05 |
| 40-44 | \$0.08 | 40-44 | \$0.08 |
| 45-49 | \$0.11 | 45-49 | \$0.11 |
| 50-54 | \$0.17 | 50-54 | \$0.17 |
| 55-59 | \$0.25 | 55-59 | \$0.25 |
| 60-64 | \$0.30 | 60-64 | \$0.30 |
| 65-69 | \$0.46 | 65-69 | \$0.46 |
| 70-74 | \$1.03 | 70-74 | Not Offered |
| 75+ | \$1.03 | 75+ | Not Offered |

| WEEKLY | | | |
|----------|------------------|-----------------------|------------------|
| Employee | | Spouse | |
| Age | Rate per \$1,000 | Based on Employee Age | Rate per \$1,000 |
| 0-19 | \$0.02 | 0-19 | \$0.02 |
| 20-24 | \$0.02 | 20-24 | \$0.02 |
| 25-29 | \$0.02 | 25-29 | \$0.02 |
| 30-34 | \$0.02 | 30-34 | \$0.02 |
| 35-39 | \$0.02 | 35-39 | \$0.02 |
| 40-44 | \$0.04 | 40-44 | \$0.04 |
| 45-49 | \$0.05 | 45-49 | \$0.05 |
| 50-54 | \$0.08 | 50-54 | \$0.08 |
| 55-59 | \$0.13 | 55-59 | \$0.13 |
| 60-64 | \$0.15 | 60-64 | \$0.15 |
| 65-69 | \$0.23 | 65-69 | \$0.23 |
| 70-74 | \$0.51 | 70-74 | Not Offered |
| 75+ | \$0.51 | 75+ | Not Offered |

| Child Voluntary Life Deductions | | |
|---------------------------------|---------|----------|
| To Age 26 | \$5,000 | \$10,000 |
| Weekly | \$0.28 | \$0.55 |
| Bi-Weekly | \$0.55 | \$1.11 |

Dental Plan Deductions

| Tier | WEEKLY | BIWEEKLY |
|-------------------------------|--------|----------|
| Employee Only | \$2.52 | \$5.03 |
| Employee + 1 | \$4.78 | \$9.55 |
| Family (2 or more dependents) | \$8.67 | \$17.34 |

Vision Plan Deductions

| Tier | WEEKLY | BIWEEKLY |
|-------------------------------|--------|----------|
| Employee Only | \$1.50 | \$3.01 |
| Employee + 1 | \$3.00 | \$5.99 |
| Family (2 or more dependents) | \$4.02 | \$8.04 |

Life amounts are approximate and may vary due to rounding. Zevo will calculate your actual life premium.

Dependent Eligibility Verification

If you choose to cover dependent(s) on your medical, dental, or vision plan(s), you will receive an email from the Benefits Service Center following enrollment requesting dependent verification documents. Elmet takes pride in offering a benefit plan that ensures employees and their families have the best quality care, while keeping premiums and out of pocket costs as low as possible. This process helps ensure that your premiums aren't inadvertently spent on an ineligible member. Please be sure to provide the dependent documentation by the deadline indicated in order for your dependent(s) to remain covered.

- Only **legal spouses** and **registered domestic partners** are eligible for coverage.
- Children are eligible until their 26th birthday.

| Required Dependent Verification Documents | |
|--|--|
| Spouse or Registered Domestic Partner | Copy of Marriage Certificate or Affidavit of Domestic Partnership |
| | AND |
| | Joint marital document dated within the last six months; One (1) document with both employee and spouse listed, or two (2) separate documents – one for employee and one for spouse – reflecting matching address (ex. mortgage, bill, bank account, tax return indicating both at same address). |
| Child | Copy of child's birth certificate naming the employee as the child's parent |
| Stepchild | Copy of child's birth certificate naming your spouse as child's parent |
| Adopted Child | Amended birth certificate showing employee as child's parent |
| | OR |
| | Copy of adoption decree or court order naming employee as child's adoptive parent or legal guardian AND copy of legal document showing the child's age |
| Disabled Child | Child documentation above |
| | AND |
| | Statement of disability |

Location Specific Benefits

401(k)

Please see your local site Human Resources representative for information regarding 401(K) and retirement options that are available to you. Keep an eye out for additional communications regarding these offerings, in the future. If you have any immediate questions, or would like to evaluate the options currently available to you, please consult your local HR team.

Gym Membership/Discounts

For additional information regarding possible Gym Membership/Discounts available to you, please consult your local HR team.





Contact Information

Benefits & Enrollment Questions

Elmet Benefits Service Center

866-833-8915

www.elmetbenefits.com

questions@elmetbenefits.com

Medical

Health Plans, Inc. (HPI)

888-340-5487

www.hpitpa.com

Pharmacy (Rx)

FairosRx

833-464-9600 ContactUs@FairosRx.com

International Rx Program

Avid Health

Enrollment: 833-227-8732

Email for questions or prescriptions:
support@avid-health.com

Flexible Spending Accounts

Medcom

800-523-7542, Option 1

www.medcombenefits.com

MedcomReceipts@medcombenefits.com

Health Savings Account

Key Bank

207-262-5712

www.key.com/hsa

Dental

Northeast Delta Dental

800-832-5700

www.nedelta.com

CustomerService@nedelta.com

Vision

Ameritas

www.ameritas.com

800-877-7195

Life Insurance & Disability

OneAmerica

800-553-5318

www.oneamerica.com

Critical Illness

Chubb

866-324-8222

customercare@chubb.com

www.chubb.com

Accident

Chubb

866-324-8222

customercare@chubb.com

www.chubb.com

Employee Assistance Program (EAP)

OneAmerica Guidance Resources

855-365-4754

www.guidanceresources.com

Web ID: ONEAMERICA6

Pathways Medical Concierge

888-488-1889

ELMET
TECHNOLOGIES



For benefits questions and enrollment assistance,
call 866-833-8915 or visit www.elmetbenefits.com.

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 –

| | |
|--|--|
| <p>ALABAMA – Medicaid</p> <p>Website: http://myalhipp.com/ Phone: 1-855-692-5447</p> | <p>ALASKA – Medicaid</p> <p>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</p> |
| <p>ARKANSAS – Medicaid</p> <p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p> | <p>CALIFORNIA – Medicaid</p> <p>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</p> |
| <p>COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p> <p>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</p> | <p>FLORIDA – Medicaid</p> <p>Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268</p> |

| | |
|--|---|
| <p align="center">GEORGIA – Medicaid</p> <p>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</p> | <p align="center">INDIANA – Medicaid</p> <p>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</p> |
| <p align="center">IOWA – Medicaid and CHIP (Hawki)</p> <p>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</p> | <p align="center">KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p> |
| <p align="center">KENTUCKY – Medicaid</p> <p>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</p> | <p align="center">LOUISIANA – Medicaid</p> <p>Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p> |
| <p align="center">MAINE – Medicaid</p> <p>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</p> | <p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p> |
| <p align="center">MINNESOTA – Medicaid</p> <p>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</p> | <p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p> |
| <p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p> | <p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p> |

| | |
|--|--|
| 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 |
| NEW JERSEY – Medicaid and CHIP | NEW YORK – Medicaid |
| Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 | Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831 |
| NORTH CAROLINA – Medicaid | NORTH DAKOTA – Medicaid |
| Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100 | Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825 |
| OKLAHOMA – Medicaid and CHIP | OREGON – Medicaid 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 |
| 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 |
| 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 |

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)

For additional information on special enrollment rights, you can contact:

U.S. Department of Labor

Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 (866) 444-EBSA (3272)

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services
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 (877) 267-2323
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ERISA Disclosure

If you would like to receive a paper copy of your plan documents, please contact the Elmet Benefits Service Center at (866) 833-8915. Benefit plan documents can be found at www.elmetbenefits.com.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
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PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

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

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

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

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

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [The Elmet Benefits Service Center at 1-866-833-8915 or questions@elmetbenefits.com](mailto:questions@elmetbenefits.com)

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.



This guide is a general summary of your benefit options. For specific details, you may refer to each plan's Summary Plan Description (SPD). SPDs for health insurance plans can be found on the Elmet Benefits website: www.elmetbenefits.com. Every effort has been made to ensure that this document accurately represents the benefits being offered. However, if there are any discrepancies between the terms in this document and the terms in the SPD, the SPD will prevail.