



EMPLOYEE BENEFITS

BENEFIT PLANS EFFECTIVE
JANUARY 1-DECEMBER 31, 2024



americhem®

At Americhem, we care about you. That's why we offer benefits that support your physical, emotional, and financial health.

Understanding your benefits and knowing how to use them is just as important as having access to them. Review this guide to learn about the benefits available to you for the 2024 plan year (January 1, 2024, through December 31, 2024). Then, choose the options that are best for you and your family.

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ELIGIBILITY

If you are a full-time employee scheduled to work at least 30 hours per week, you are eligible for benefits. Coverage begins and ends based on the plan rules.

Many of the plans allow you to cover your eligible dependents, which include:

- **Your legal spouse or domestic partner.** For the medical plan, a spousal surcharge of \$217 per month applies if your spouse is offered medical insurance through their employer and enrolls in the Americhem medical plan.
- **Your children** (biological, step, adopted, and/or legally obligated).
- **Your dependent children** of any age who are physically or mentally unable to care for themselves.

WHO PAYS

Some benefits are 100% paid by Americhem, while others require that you contribute.

Benefit	You Pay	Americhem Pays
Medical Insurance	X	X
Dental Insurance	X	X
Vision Insurance	X	
Health Savings Account	X	X
Flexible Spending Accounts	X	
Critical Illness and Hospital Indemnity Insurance	X	
Basic Life and AD&D Insurance		X
Supplemental Life and AD&D Insurance	X	
Disability Insurance		X
BenefitHub		X
Behavioral Health Support		X

ENROLLMENT

You can only sign up for benefits or change your benefits at the following times.

- Within 30 days of joining Americhem as a new employee.
- During the annual benefits open enrollment period.
- Within 30 days of a qualifying life event.

The choices you make at this time will remain in place through December 31, 2024, unless you experience a qualifying life event, as described on page 4. If you do not sign up for benefits during your initial eligibility period, you will not be able to elect coverage until the next open enrollment period.

CHANGING YOUR BENEFITS

Due to IRS regulations, once you have made your elections for 2024, you cannot change your benefits until the next annual open enrollment period.

The only exception is if you experience a qualifying life event. Election changes must be consistent with your life event.

Qualifying life events include, but are not limited to:

- Marriage, divorce, or legal separation.
- Birth or adoption of an eligible child.
- Death of your spouse or covered child.
- Change in your child's eligibility for benefits.
- Change in your spouse's work status that affects their benefits.
- Qualified Medical Child Support Order.

To request a benefits change, notify Human Resources within 30 days of the qualifying life event. Change requests submitted after 30 days cannot be accepted. You may need to provide proof of the event, such as a marriage license or birth certificate.

ACCESS YOUR BENEFITS ONLINE

Americhem provides easy access to your benefits information online at employeeconnects.com/americhem.

On this site you will find electronic copies of benefit summaries, summary plan descriptions, and helpful links to several of the benefit carrier websites.



Scan the QR code to access your benefits site.

ACCESS YOUR BENEFITS INFORMATION WITH EASE

GO ONLINE

Visit employeeconnects.com/americhem to access your benefits information. It's all available from one easy website.



VIEW YOUR BENEFITS

Access copies of benefit summaries, plan descriptions, and more.



CONTACT CARRIERS

Find important contact information and helpful links from your benefit carriers.



MEDICAL BENEFITS

Americhem offers three medical insurance plans through Cigna.

PLEASE NOTE! There is no out-of-network coverage under the EPO plan (only in the event of a life- or limb-threatening emergency).

The table below summarizes the benefits of the medical plans. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Cigna HDHP/HSA \$1,750		Cigna PPO \$1,000		Cigna EPO \$5,000
	In Network	Out of Network ¹	In Network	Out of Network ¹	In Network
Calendar Year Ded. Individual/Family	\$1,750/\$3,500	\$4,500/\$9,000	\$1,000/\$3,000	\$3,000/\$9,000	\$5,000/\$10,000
The amount that Americhem contributes to your HSA if you participate in the wellness program	Employee-only: \$500; All other coverage levels: \$1,000		N/A		N/A
Out-of-Pocket Maximum² Individual/Family	Includes deductible, copays, and coinsurance				
	\$4,000/\$7,350	\$9,000/\$18,000	\$4,500/\$9,000	\$9,000/\$18,000	\$7,500/\$15,000
Preventive Care	Plan pays 100% ³	40% after ded.	Plan pays 100% ³	40% after ded.	Plan pays 100% ³
Physician Services					
Primary Care Physician ³	20% after ded.	40% after ded.	\$25 copay	40% after ded.	\$30 copay
Telehealth	20% after ded.	Not covered	\$10 copay	Not covered	\$15 copay
Specialist	20% after ded.	40% after ded.	\$50 copay	40% after ded.	\$60 copay
Urgent Care	20% after ded.	40% after ded.	\$75 copay	40% after ded.	\$75 copay
Lab/X-Ray					
Diagnostic Lab/X-Ray	20% after ded.	40% after ded.	20% after ded.	40% after ded.	20% after ded.
High-Tech Services (MRI, CT, PET)	20% after ded.	40% after ded.	20% after ded.	40% after ded.	20% after ded.
Hospital Services					
Inpatient	20% after ded.	40% after ded. ⁴	20% after ded.	40% after ded. ⁴	20% after ded.
Outpatient	20% after ded.	40% after ded. ⁴	20% after ded.	40% after ded. ⁴	20% after ded.
Emergency Room	20% after ded.		\$250 copay		\$250 copay
Chiropractic Care	20% after ded.	40% after ded.	\$50 copay	40% after ded.	\$60 copay
Prescription Drugs⁵ (Up to 30-day supply)	Medical ded., then				
Tier 1	\$15 copay	40%	\$15 copay	40% after ded.	\$15 copay
Tier 2	\$35 copay	40%	\$35 copay	40% after ded.	\$35 copay
Tier 3	\$60 copay	40%	\$60 copay	40% after ded.	\$60 copay
Tier 4	40%	40%	40% (\$250 max)	40% after ded.	40% (\$250 max)
Mail Order (Up to a 90-day supply)	2x retail copay	Not covered	2x retail copay	Not covered	2x retail copay

(1) Out-of-network reimbursement based on usual and customary (U&C) charges and average contracted rate (ACR). (2) Plan maximum benefit payment is unlimited. (3) In-network preventive care services are covered at 100%, no deductible or copay applies. (4) Pre-authorization required. Failure to do so results in a benefit reduction of \$750 with Cigna. (5) For the Cigna HDHP/HSA \$1,750 Plan, the deductible doesn't apply for preventive medications.

MEDICAL BENEFITS

WELLNESS PROGRAM INCENTIVES

If you completed the MotivateMe requirements in 2023, you will receive \$500 for employee-only coverage or \$1,000 for all other coverage tiers.

If you enroll in the Cigna HDHP/HSA \$1,750 plan, you will receive this amount via a per pay period incentive deposited into your HSA.

If you enroll in the Cigna PPO \$1,000 or the Cigna EPO \$5,000, you will receive this amount via a per pay period payroll (cash) incentive.

If you did not complete the MotivateMe requirements in 2024, you will be subject to a \$125 surcharge per month in the 2025 plan year. The same applies to your enrolled spouse—if they do not complete the MotivateMe requirements, they will also be subject to a \$125 surcharge per month.

To pay less for medical insurance in 2025, participate in the Cigna MotivateMe program.

- **Step 1:** You and your spouse should complete the Cigna health assessment.
- **Step 2:** You and your spouse should visit your primary care physician for an annual wellness screen (requires lab work).

Once steps 1 and 2 are complete, you and your spouse may be eligible for additional cash incentives. Be on the lookout for more information.

SPOUSAL SURCHARGE

If your spouse has other medical coverage through their employer and they choose to enroll in an Americhem medical plan, a surcharge will apply. The spouse surcharge is \$217 per month. An affidavit will be required and the surcharge will be backdated to January 1, 2024.

TOBACCO SURCHARGE

Employees who certify they are a tobacco user will pay \$50 more per month for medical insurance.

If you are a current tobacco user and choose to enroll in a tobacco cessation program, you can avoid the tobacco surcharge by successfully completing a cessation program. To enroll in a tobacco cessation program, contact Cigna at 855-246-1873 to learn more about the program and speak with a wellness coach. Or enroll online at mycigna.com with your existing login to access educational materials, support, and begin the self-paced tobacco cessation program.

If you have any questions about how the program works, please contact Human Resources.

MEDICAL COSTS

Listed below are the per pay period costs for medical insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

Level of Coverage	Cigna HDHP/HSA \$1,750	Cigna PPO \$1,000	Cigna EPO \$5,000
Employee Only	\$65.96	\$98.16	\$45.76
Employee + Spouse	\$133.08	\$198.06	\$92.33
Employee + Child(ren)	\$123.34	\$183.56	\$85.57
Employee + Family	\$187.10	\$278.44	\$129.80

MEDICAL BENEFITS

ARE YOU COVERING YOUR SPOUSE AND/OR CHILDREN?

If you enroll in the Cigna HDHP/HSA \$1,750 plan and choose employee + spouse, employee + child(ren), or family coverage, the individual deductible and out-of-pocket maximum DO NOT apply. The family deductible must be met, either by one individual, or by a combination of family members, before the plan begins to pay. The same rule applies to the out-of-pocket maximum.

CIGNA ONE GUIDE

Americhem provides you access to Cigna One Guide—a concierge service that helps you make more informed health care decisions. Contact a Guide Representative for help understanding your plan options, finding providers, estimating out-of-pocket costs, navigating claims, and more.

Choose a plan with confidence, call a Cigna One Guide representative at 888-806-5042 during pre-enrollment for help choosing the plan that fits your needs.

Access Cigna One Guide after enrollment through the app, by calling 800-244-6224, or logging into mycigna.com.

CIGNA MOBILE APP

The myCigna mobile app gives you an easy way to organize and access your important health information. Download it today from the App Store, Google Play, or Amazon for Kindle Fire

Use your myCigna mobile app for the following:

- Find a doctor, dentist, or health care facility.
- View ID cards for the entire family.
- Review deductibles, account balances, and claims.
- Compare costs of medical services.
- Compare prescription drug costs.
- And much more!

MDLIVE

With MDLIVE, you can visit a doctor from your home, office, or on the go. A network of board-certified doctors is available 24/7 by phone or secure video chat to assist with non-emergency medical conditions.

Use MDLIVE for non-emergent health issues:

- Sore throats
- Headaches
- Stomach aches
- Fevers
- Colds and flu
- Allergies
- Shingles
- Bronchitis
- UTIs
- And more

Use MDLIVE for your primary care and preventive care visits:

- Connect with a board-certified primary care provider for routine care.
- Complete your wellness and preventive screenings.
- Receive prescriptions, if needed, that can be sent to your local or home delivery pharmacy.
- Complete blood work, biometrics, and labs at local facilities.
- Acquire referrals to specialists when needed.

Use MDLIVE for virtual dermatology care including:

- Acne
- Rashes
- Eczema
- Psoriasis
- Dermatitis
- Suspicious spots
- Rosacea
- And more

Connect with a licensed physician by visiting mdliveforcigna.com or calling 888-726-3171.

MEDICAL BENEFITS

PREVENTIVE CARE

In-network preventive care is free for medical plan members.

The Americhem medical plans pay 100% of the cost of preventive care when received from a network provider. This means you won't have to pay anything out of your pocket.

Preventive care helps keep you healthier long-term.



An annual preventive exam can help **IDENTIFY FUTURE HEALTH RISKS** and treat issues early when care is more manageable and potentially more effective.

Preventive care helps keep your costs low.



With a preventive care exam each year, you can **TARGET HEALTH ISSUES EARLY** when they are less expensive to treat. You can also effectively manage chronic conditions for better long-term health.

Preventive care keeps your health up to date.



Yearly check-ins with your doctor keeps your health on track with **AGE- AND GENDER-SPECIFIC EXAMS, VACCINATIONS, AND SCREENINGS** that could save your life.

Some services are generally not considered preventive if you get them as part of a visit to diagnose, monitor, or treat an illness or injury. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam based on your plan design.

Learn more about preventive care at mycigna.com. Select "Medical" and scroll down to "Preventive Care".

SAVE MONEY ON YOUR HEALTH CARE



Choose an in-network provider.

Choose an in-network provider and you'll pay less out of your pocket. Why? Because in-network doctors and facilities contract with the insurance company and agree to charge a lower price for services.



Request an in-network lab.

When your doctor orders a test, confirm that an in-network lab will be used. If your tests are sent to an out-of-network lab, you may incur additional out-of-pocket expenses.



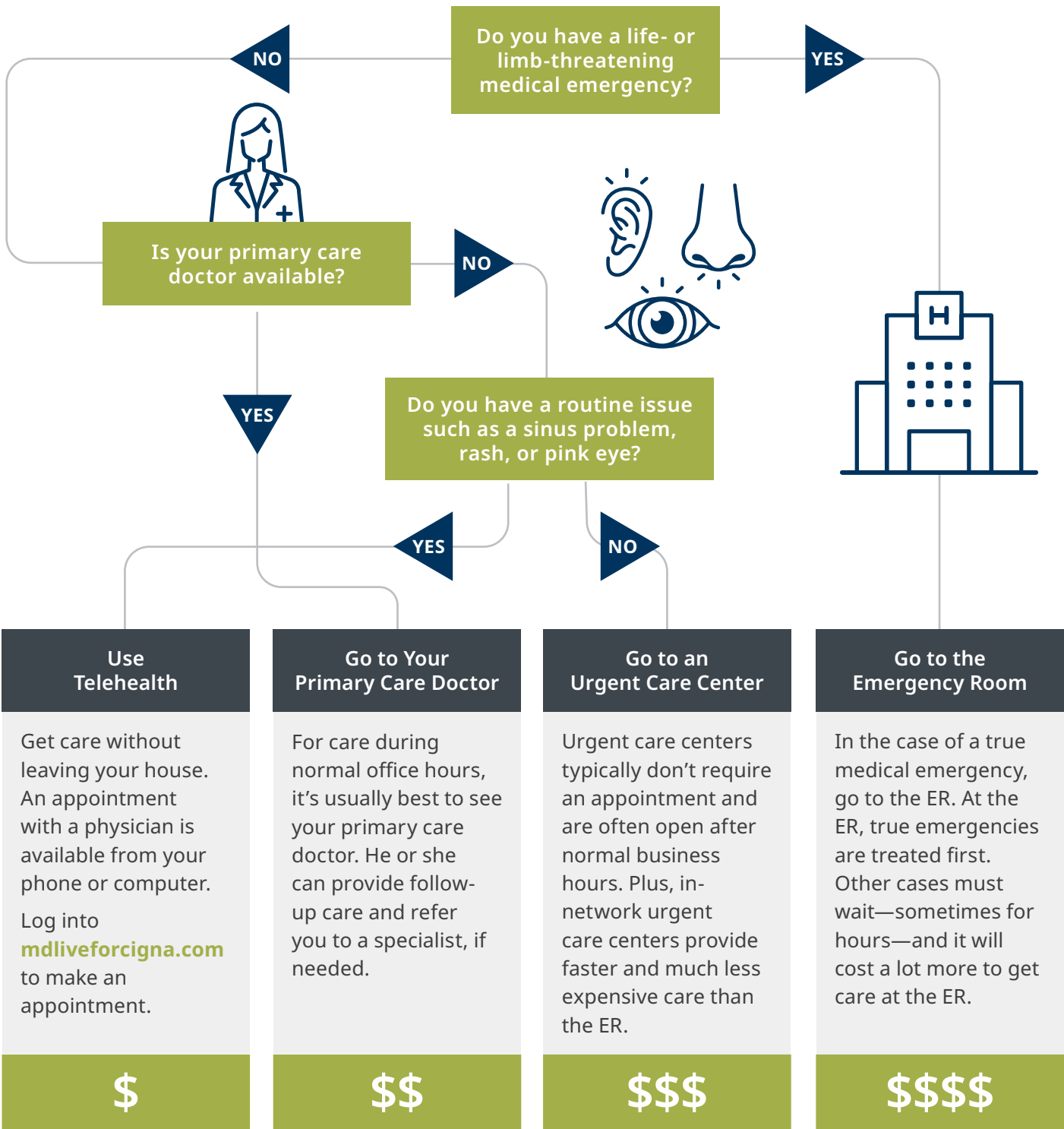
Check your explanation of benefits.

After your appointment, review your explanation of benefits (EOB) and provider bill to confirm you were billed correctly.

MEDICAL BENEFITS

Know where to go for care.

Where you go for medical services can make a big difference in how much you pay and how long you wait to see a health care provider. Use the chart below to help you choose where to go for care.



PHARMACY PROGRAMS

SPECIALTY MEDICATIONS

Under the Cigna prescription drug plan, you will be able to go to your retail pharmacy for one fill of your specialty medication. Please note, Cigna's pharmacy management program may require prior authorization for specialty and branded medications before they are dispensed. Visit mycigna.com/druglist for a complete list or download the myCigna app and click on "Price a Medication."

Call the number on back of your Cigna ID card, Monday–Friday, 9 a.m.–8 p.m. EST, if you have additional questions.

STEP THERAPY

Step therapy is a prior authorization program. Certain medications in the step therapy program need approval before they're covered.

Cigna pharmacy management offers step therapy to treat several common medical conditions, including:

- ADD/ADHD
- Allergies
- Asthma
- Bladder problems
- Depression
- Heartburn/ulcer
- High blood pressure
- High cholesterol
- Mental health
- Osteoporosis
- Pain (narcotic and non-narcotic)
- Skin conditions
- Sleep disorders

When you fill a prescription for a step therapy medication, Cigna will send you and your doctor a letter explaining what steps you need to take before you refill your medication. This may include trying a generic or lower cost alternative, or asking Cigna for authorization for coverage of your medication. At any time, if your doctor feels a different medication isn't right for you due to medical reasons, he/she can request authorization for continued coverage of a step therapy medication.

You can find step therapy medications on your prescription drug list at mycigna.com/druglist. If "ST" is listed next to your medication name, then it's part of the step therapy program.

FORMULARY EXCLUSIONS

A formulary is a list of drugs covered under your plan, with details about the type of coverage. There are certain medications that are not covered under your plan. However, there are preferred alternatives for these conditions that are covered by your plan.

Log into mycigna.com/druglist and select "Value 4 Tier" to review the Value formulary for the medical plan and find out if your prescription is covered.

SAVE ON SPECIALTY

Certain specialty medications are eligible for the SaveOnSP program. If you're filling an eligible medication, a representative from SaveOnSP will call you to talk about enrolling in the program. If you choose to participate, you'll pay \$0 for your medication. If you choose not to participate in SaveOnSP, you'll pay a higher cost share when you fill your medication.

SaveOnSP can help you save on medications for:

- Multiple Sclerosis
- Oncology
- Hepatitis C
- Rheumatoid Arthritis
- Inflammatory bowel disease
- Psoriasis

PHARMACY PROGRAMS

PATIENT ASSURANCE PROGRAM

Eligible employees with diabetes will not pay more than \$25 for a 30-day supply of insulin using the Patient Assurance Program. Show your Cigna ID card at the pharmacy when you fill one of the covered insulin products listed below. If you're already using one of the covered insulins, there are no additional steps needed.

- Basaglar
- Humalog
- Humulin
- Levemir

Additional insulin products may be included in the program. If you're currently taking an insulin that is not included in the program, talk with your doctor about whether taking an insulin covered under the program is right for you. Only you and your doctor can decide what's best for you.

QUANTITY LIMITS

For some medications, your plan only covers up to a certain amount over a certain length of time. For example, your plan may only cover 30 mg a day for 30 days of a certain medication. These medications have a (QL) next to them on your drug list. Visit mycigna.com/druglist for a complete list.

Medications that typically have quantity limits are often taken in amounts larger than, or for longer than may be appropriate, or are typically misused or abused.

Your plan will only cover a larger amount if your doctor's office requests and receives approval from Cigna.

MEMBER PAY DIFFERENCE PROGRAM

Generic medications offer the same strength and active ingredients as the brand-name medications, but often cost much less. Pharmacists automatically substitute generics for brand-name prescriptions unless a doctor specifies a brand is necessary. However, if you still prefer the brand-name medication to the generic, Cigna offers the Member Pay Difference program.

With the Member Pay Difference program, your plan will pay for the cost of the generic medication and put it toward the cost of the brand-name medication. Then you will pay the remaining balance for the brand-name medication. The medical plan will pay no more than the cost of the generic.

MAINTENANCE MEDICATIONS—CIGNA 90 NOW

Maintenance medications are taken regularly, over time, to treat an ongoing health condition.

- A 90-day supply of maintenance medication IS MANDATORY and must be filled at a 90-day network retail pharmacy (CVS, Walmart) or through home delivery Express Scripts.

HOME DELIVERY

Three ways to sign up for home delivery:

- 1. Electronically:** For the fastest service, ask your doctor's office to send your prescription electronically to Express Scripts Home Delivery, NCPDP 2623735.
- 2. By fax:** Have your doctor's office call 888-327-9791 to get a Fax Order form.
- 3. By phone:** For current prescriptions, you can transition them to home delivery by calling 800-835-3784.

WELLNESS PROGRAM

Wellness encompasses much more than just eating healthy and exercising. Your mental, emotional, safety, and financial welfare play an important role, too. The MotivateMe wellness program is about merging all of those components together.

Wellness Program Requirements	Program Dates	Surcharge	Frequency
Complete your health assessment: Step 1 of 2 Employees and spouses must complete the health assessment to unlock their remaining incentives	Jan. 1–Nov. 11, 2024	Employee: \$125 Spouse: \$125	1
Visit your PCP for a preventive visit with biometric labs (be sure to take your Cigna Wellness Screening form to be filled out and signed by PCP and fax, mail, or upload at mycigna.com: Step 2 of 2 Employees and spouses must complete the validated biometric screening to unlock their remaining incentives	Jan. 1–Nov. 11, 2024		1
Steerage Goals (Employee Only)	Program Dates	Incentive (\$150 cap)	Frequency
Get your orthopedic back surgery done at a Center of Excellence facility	Jan. 1–Dec. 31, 2024	\$50	1
Get your orthopedic joint surgery done at a Center of Excellence facility	Jan. 1–Dec. 31, 2024	\$50	1
Get your cardiac surgery done at a Center of Excellence facility	Jan. 1–Dec. 31, 2024	\$50	1
Get the best care during childbirth at a Center of Excellence facility	Jan. 1–Dec. 31, 2024	\$50	1
Get your bariatric surgery done at a Center of Excellence facility	Jan. 1–Dec. 31, 2024	\$50	1
Get your outpatient fertility treatment done at a Center of Excellence facility	Jan. 1–Dec. 31, 2024	\$50	1
Telephonic Coaching for Chronic Conditions (Employee Only)	Program Dates	Incentive	Frequency
Make progress toward or achieve a personal health goal	Jan. 1–Dec. 31, 2024	\$50	1
Preventive Goals (Employee Only)	Program Dates	Incentive	Frequency
Complete an annual physical (preventive exam)	Jan. 1–Nov. 11, 2024	\$50	1
Get a colon cancer screening (preventive exam)	Jan. 1–Dec. 31, 2024	\$50	1
Get a cervical cancer screening (preventive exam)	Jan. 1–Dec. 31, 2024	\$50	1
Get a mammogram (preventive exam)	Jan. 1–Dec. 31, 2024	\$50	1
Get a prostate screening (preventive exam)	Jan. 1–Dec. 31, 2024	\$50	1
Get a preventive dental exam	Jan. 1–Dec. 31, 2024	\$50	1
Omada: Pre-Diabetic Program (Employee Only)	Program Dates	Incentive	Frequency
Complete 9 lessons of the 16 week Cigna Diabetes Prevention program	Jan. 1–Dec. 31, 2024	\$75	1
Healthy Pregnancy, Health Babies (Employee and Spouse)	Program Dates	Incentive (no cap)	Frequency
Speak with a maternity nurse starting in your first trimester and after your baby is born	Jan. 1–Dec. 31, 2024	\$75	1
Speak with a maternity nurse starting in your second trimester and after your baby is born	Jan. 1–Dec. 31, 2024	\$75	1

Americhem is committed to helping you achieve your best health. Rewards for participating in the wellness program are available to all employees. You must complete the above goals to earn points. At each point threshold, you will be entered to win one of the associated incentives. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Human Resources and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status. Employees hired after August 31, 2024, are not required to complete the wellness program for 2025.

YOUR HEALTH FIRST

As part of your MotivateMe Wellness Program, you have access to personalized health coaching to help you manage a chronic condition.

A dedicated care coach partners with you to help you live a healthier, happier life.

You will have access to the following support tools and holistic care solutions:

- Cigna Care Coaching team for one-on-one support, identify barriers, and customize a care plan based on your needs.
- Cross-functional team of clinical experts, including physicians, pharmacists, nurses, certified diabetes educators (CDE), registered dietitians, exercise physiologists, behaviorists, and health educators to connect your care for improved health outcomes.
- Digital tools and online coaching options.

Cigna Care Coaches provide support for the following chronic conditions:

- Heart Disease
- Coronary Artery Disease
- Angina
- Congestive Heart Failure
- Acute Myocardial Infarction
- Peripheral Arterial Disease
- Asthma
- Chronic Obstructive Pulmonary Disease (Emphysema and Chronic Bronchitis)
- Diabetes Type 1 and Type 2
- Osteoarthritis
- Metabolic Syndrome/Weight Complications
- Low Back Pain
- Anxiety
- Bipolar Disorder
- Depression

If you qualify, a Cigna Care Coach will reach out to you.

CENTERS OF EXCELLENCE

Going to the hospital can be stressful. Choosing one shouldn't be. Cigna's Centers of Excellence have identified and ranked top-performing hospitals for 18 common inpatient conditions and procedures, like heart conditions, hip replacements, and surgeries to help you make your own decision.

Cigna has rated these Centers of Excellence above other in-network hospitals when it comes to health outcomes and savings for you for certain procedures or conditions.

Cigna reviews third-party data to compare hospitals' cost and health outcomes for each of the 18 conditions and procedures factoring in patient experience and cost. Based on all of this fact-finding, a hospital can get up to three stars for health outcomes and up to three stars for cost. If a hospital earns a total of five or six stars for any of the reviewed conditions and procedures, they're rated as a Center of Excellence for that condition or procedure.

WHY CHOOSE A CENTER OF EXCELLENCE?

Compared to other in-network hospitals, Center of Excellence hospitals have earned a top-rating for health outcomes and can save you money on your health care procedures.

FIND A HOSPITAL

To find Center of Excellence hospitals, go to mycigna.com and select "Find a Doctor or Facility." Once you've accessed the directory, look for the Center of Excellence symbol.

DENTAL BENEFITS

Americhem offers a dental insurance plan through Cigna.

The dental plan offers in- and out-of-network benefits, providing you the freedom to choose any provider. However, you will pay less out of your pocket when you choose a Cigna provider. Locate a Cigna network provider at mycigna.com.

The table below summarizes the key features of the dental plan. The coinsurance amounts listed reflect the amount you pay. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	Cigna Dental PPO	
	In Network	Out of Network*
Calendar Year Deductible Individual/Family	\$50/\$150	
Calendar Year Benefit Maximum	\$1,000	
Preventive Care (Oral exams, cleanings, x-rays)	Plan pays 100%	Plan pays 100%
Basic Services (Periodontal services, endodontic services, oral surgery, fillings)	20% after deductible	20% after deductible
Major Services (Bridges, crowns [inlays/onlays], dentures [full/partial])	50% after deductible	50% after deductible
Orthodontia Services**	50%	
Orthodontia Lifetime Maximum	\$1,500	

*Members may be balance billed for services received from out-of-network providers.

**Your deductible must be met before the plan pays for orthodontia services.



Regular dental visits tell your dentist a lot about your overall health, including whether or not you may be developing a disease like diabetes, heart disease, kidney disease, and some forms of cancer.

DENTAL COSTS

Listed below are the per pay period costs for dental insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

Level of Coverage	Cigna Dental PPO
Employee Only	\$5.54
Employee + Spouse	\$11.38
Employee + Child(ren)	\$16.64
Employee + Family	\$24.43

VISION BENEFITS

Americhem offers a vision insurance plan through VSP.

You have the freedom to choose any vision provider. However, you will maximize the plan benefits when you choose a network provider. Locate a VSP network provider at vsp.com.

The table below summarizes the key features of the vision plan. Please refer to the official plan documents for additional information on coverage and exclusions.

Summary of Covered Benefits	VSP Vision Plan	
	In Network	Out of Network
Eye Exam (Every 12 months)	\$10 copay	Reimbursement up to \$45
Standard Plastic Lenses (Every 12 months) Single/Bifocal/Trifocal	\$25 copay	Reimbursement up to \$30/\$50/\$65/\$50
Frames (Every 24 months)	Up to \$130 allowance	Reimbursement up to \$70
Contact Lenses (Every 12 months in lieu of standard plastic lenses) Elective Medically Necessary	\$130 allowance Plan pays 100%*	Reimbursement up to \$105 Reimbursement up to \$210
Laser Vision Correction	15–20% off retail; 5% off promotional price	Not covered

*\$210 allowance at affiliate providers.



Even if you have perfect vision, an annual eye exam is important. Just by examining your eyes, a doctor can find warning signs of high blood pressure, diabetes, and more than 200 other major diseases.

VISION COSTS

Listed below are the per pay period costs for vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

Level of Coverage	VSP Vision Plan
Employee Only	\$3.00
Employee + Spouse	\$5.05
Employee + Child(ren)	\$5.16
Employee + Family	\$8.31

HEALTH SAVINGS ACCOUNT

If you enroll in the Cigna HDHP/HSA \$1,750 plan, you may be eligible to open and fund a health savings account (HSA) through HSA Bank.

An HSA is a savings account that you can use to pay out-of-pocket health care expenses with pre-tax dollars.

AMERICHEM CONTRIBUTION

If you enroll in the Cigna HDHP/HSA \$1,750 plan and engage in the wellness program, Americhem will help you save by contributing to your account.

- **Employee-only:** \$500
- **All other coverage levels:** \$1,000

You must participate in the MotivateMe wellness program to earn the HSA contribution from Americhem.

2024 IRS HSA CONTRIBUTION MAXIMUMS

Contributions to an HSA (including the Americhem contribution) cannot exceed the IRS allowed annual maximums.

- **Individuals:** \$4,150
- **All other coverage levels:** \$8,300

If you are age 55+ by December 31, 2024, you may contribute an additional \$1,000.

HSA ELIGIBILITY

You are eligible to fund an HSA if:

- You are enrolled in the Cigna HDHP/HSA \$1,750 plan and meet additional eligibility requirements.

You are NOT eligible to fund an HSA if:

- You are covered by a non-HSA eligible medical plan, health care FSA, or health reimbursement arrangement.
- You are eligible to be claimed as a dependent on someone else's tax return.
- You are enrolled in Medicare, TRICARE, or TRICARE for Life.

Refer to **IRS Publication 969** for additional eligibility details. If you are over age 65, please contact Human Resources.

MAXIMIZE YOUR TAX SAVINGS WITH AN HSA

SPEND

Pay for eligible expenses such as deductibles, dental and vision exams, menstrual care products, and prescriptions.



SAVE

Roll over funds every year to boost your long-term savings. Even if you switch health plans or jobs, the money is yours to keep.



INVEST

Invest and grow HSA funds tax free—including interest and investment earnings. After age 65, spend HSA dollars on any expense penalty free.



FLEXIBLE SPENDING ACCOUNTS

Americhem offers three flexible spending accounts (FSAs), which are administered by Admin America.

Log into your account at adminamerica.com to: view your account balance(s), calculate tax savings, view eligible expenses, download forms, view transaction history, and more.

HEALTH CARE FSA (NOT ALLOWED IF YOU FUND AN HSA)

Pay for eligible out-of-pocket medical, dental, and vision expenses with pre-tax dollars.

The health care FSA maximum contribution is \$3,200 for the 2024 calendar year. You can roll over up to \$640 each year.

LIMITED PURPOSE HEALTH CARE FSA (IF YOU FUND AN HSA)

If you fund an HSA, you can also fund a limited purpose health care FSA. The limited purpose health care FSA can only be used for dental and vision expenses.

The limited purpose health care FSA maximum contribution is \$3,200 for the 2024 calendar year. You can roll over up to \$640 each year.

DEPENDENT CARE FSA

The dependent care FSA allows you to pay for eligible dependent day care expenses with pre-tax dollars. Eligible dependents are children under 13 years of age, or spouse, a child over 13, or elderly parent residing in your home who is physically or mentally unable to care for him or herself.

You may contribute up to \$5,000 to the dependent care FSA for the 2024 plan year if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you can each elect \$2,500 for the 2024 plan year.

HOW TO USE AN FSA

CONTRIBUTE



Decide how much to contribute to your FSA on a plan year basis up to the maximum allowable amounts. This amount will be evenly divided by the number of pay periods and deducted on a pre-tax basis from your paycheck.

PAY



Use your debit card to pay for eligible expenses at time of service or submit a claim for reimbursement at adminamerica.com. Keep all receipts in case Admin America requires you to verify the eligibility of a purchase.

USE IT OR LOSE IT



Use your health care and limited purpose health care FSA funds before the end of the year—any funds in excess of \$640 will be forfeited.

CRITICAL ILLNESS INSURANCE

Americhem provides you the option to purchase group critical illness insurance through Reliance Standard.

Critical illness insurance pays you a lump-sum benefit at the first diagnosis of a covered illness. It can be used any way you choose for the expenses health insurance doesn't cover.

You can elect coverage for yourself (\$10,000 or \$20,000), your spouse (up to 100% of employee's election), and dependent child(ren) (50% of employee's election). **Please refer to the official plan documents for a full list of covered conditions and costs.**

Example of covered conditions include:

- Heart attack
- Major organ failure
- Blindness
- End-stage renal failure
- Benign brain tumor
- Cancer

The critical illness plan also provides a \$50 wellness benefit, per insured, per calendar year, for completing a wellness test.

Note: Pre-existing condition limitations may apply.

HOSPITAL INDEMNITY INSURANCE

Americhem provides you the option to purchase hospital indemnity insurance through Reliance Standard.

This benefit provides a lump-sum amount due to a hospitalization up to \$1,500 per insured per year. You can elect coverage for yourself, your spouse and dependent child(ren). **Please refer to the official plan documents for a full list of covered conditions and costs.**

The hospital indemnity plan includes a hospital admission benefit.

Coverage is generally effective the first of the month following the enrollment process, including the new hire waiting period, which may take two to three weeks. **Please refer to the official plan documents for rates and a full list of covered injuries and expenses.**

Note: Pre-existing condition limitations may apply.



BASIC LIFE AND AD&D INSURANCE

Americhem provides basic life and AD&D insurance to all benefits-eligible employees AT NO COST.

If you die as a result of an accident, your beneficiary would receive both the life benefit and the AD&D benefit. **Please be sure to keep your beneficiary designations up to date.** Rates are age banded and benefits will reduce to 60% at age 70, 40% at age 75, and 30% at age 80. Once benefits reduce, you will not be eligible to increase the covered amount by increments or salary changes.

Class 1 (Executives, managers, and sales executives):

- **Employee life benefit:** 1.5x annual earnings up to a maximum of \$300,000
- **Employee AD&D benefit:** 3x annual earnings up to a maximum of \$300,000

Class 2 (All other employees):

- **Employee life benefit:** 1.5x annual earnings up to a maximum of \$150,000
- **Employee AD&D benefit:** 3x annual earnings up to a maximum of \$150,000

The value of company-paid basic life insurance in excess of \$50,000 is subject to social security and Medicare taxes and will be reported on the employee's annual W2 form.

Depending on your personal situation, basic life and AD&D insurance might not be enough coverage for your needs. To protect those who depend on you for financial security, you may want to purchase supplemental coverage.

SUPPLEMENTAL LIFE AND AD&D INSURANCE

Americhem provides you the option to purchase supplemental life and AD&D insurance for yourself, your spouse, and your dependent children through Reliance Standard.

You must purchase supplemental coverage for yourself in order to purchase coverage for your spouse and/or dependents. Supplemental life rates are age-banded. Benefits will reduce to 60% at age 70, 40% at age 75, and to 30% at age 80. Once benefits reduce, you will not be eligible to increase the covered amount by increments or salary changes.

- **Employee:** \$10,000 increments up to \$500,000 or 5x annual salary, whichever is less; guarantee issue: \$150,000
- **Spouse:** \$5,000 increments up to \$500,000 or 100% of the employee’s election, whichever is less; guarantee issue: \$40,000
- **Dependent children:** Birth to 6 months: \$1,000; 6 months to age 20 (or 26 if full-time student): \$2,000 increments up to \$10,000; guarantee issue: all amounts

If you elect supplemental coverage when you’re first eligible to enroll, you may purchase up to the guarantee issue amount(s) without completing a evidence of insurability (EOI). If you do not enroll when first eligible, and choose to enroll during a subsequent annual open enrollment period, you will be required to submit EOI for any amount of coverage. If you request a coverage amount that requires EOI, you will receive an email that contains a link. Once you complete the EOI, you will receive an immediate acceptance, declination, or response indicating your EOI has been elevated to a medical underwriter for additional review.

**ELECT
COVERAGE
NOW!**

SUPPLEMENTAL LIFE AND AD&D INSURANCE COSTS

Listed below are the monthly rates for supplemental life and AD&D insurance. The amount you pay for supplemental life and AD&D insurance is deducted from your paycheck on a post-tax basis. Spouse life rates are based on the employee’s age.

Supplemental Life Rates

Age	Employee and Spouse Rate Per \$1,000 of coverage	Child Rate Per \$1,000 of coverage
<25	\$0.043	\$0.17
25-29	\$0.047	
30-34	\$0.064	
35-39	\$0.094	
40-44	\$0.143	
45-49	\$0.223	
50-54	\$0.329	
55-59	\$0.470	
60-64	\$0.605	
65-69	\$0.860	
70-74	\$1.627	
75+	\$5.029	

Supplemental AD&D Rates

Employee Rate Per \$1,000 of coverage	Spouse Rate Per \$1,000 of coverage	Child Rate Per \$1,000 of coverage
\$0.030	\$0.030	\$0.030

DISABILITY INSURANCE

Disability insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury.



INJURY



DISABILITY INSURANCE



FINANCIAL PROTECTION

SHORT-TERM DISABILITY INSURANCE

Americhem automatically provides short-term disability (STD) insurance through Reliance Standard to all benefits-eligible employees **AT NO COST**. STD insurance is designed to help you meet your financial needs if you become unable to work due to an illness or injury. Benefits will be reduced by other income, including state-mandated STD plans.

- **Benefit:** Exempt: 100% of base weekly pay; non-exempt: 80% of base weekly pay
- **Elimination period:** 5 working days
- **Benefit duration:** Up to 26 weeks

LONG-TERM DISABILITY INSURANCE

Americhem automatically provides long-term disability (LTD) insurance through Reliance Standard to all benefits-eligible employees **AT NO COST**. LTD insurance is designed to help you meet your financial needs if your disability extends beyond the STD period.

- **Benefit:** 60% of base monthly pay up to monthly maximum
- **Monthly benefit maximum:** Class 1 (executives): \$15,000; Class 2 (managers and sales employees): \$10,000; Class 3 (all others): \$5,000
- **Elimination period:** 180 days
- **Benefit duration:** Benefits duration will reduce based on the age schedule shown below

Age	Benefit Duration
61 or less	to age 65
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 +	12 months

401(k) RETIREMENT SAVINGS PLAN

Americhem offers a 401(k) Retirement Savings Plan, which is administered by Fidelity.

Americhem provides you with a 401(k) retirement plan designed to help you build the asset base you will need to enjoy a financially secure retirement. Americhem makes a matching contribution dollar for dollar up to 3% of savings and then 50% on the next 2% of savings. If you are at least 19 years old and have completed three months of service, you will be automatically enrolled in the plan at a contribution rate of 5%. The payroll deduction will begin on the first paycheck following the pay period the enrollment begins. You may change or discontinue your contribution at any time directly through Fidelity.

The 401(k) plan allows you to elect how much salary you want to contribute (between 1% and 80% of your eligible pay up to the annual IRS limit) and direct the investment of your plan account, so you can tailor your own retirement package to meet your individual needs. There are many investment options that have a variety of growth and risk characteristics. You may allocate all of your contributions to one investment option or split them between any combination of options. Your contribution to a 401(k) is deducted from your pay before federal and state taxes are withheld, saving you tax dollars now while saving for your future.

You can access your account with Fidelity at [401k.com](https://www.fidelity.com/401k).

BEHAVIORAL HEALTH SUPPORT

If you are enrolled in a Cigna medical plan, EAP services are provided to you and your household members **AT NO COST** through Cigna.

The EAP provides:

- Up to six face-to-face sessions with a licensed mental health provider in Cigna's EAP network.
- Live chat with an Behavioral Health Support advocate.
- Access to legal services, including a 30-minute no-cost consultation with a network attorney for legal issues with 25% off select fees if the network attorney is retained.
- Access to financial services, such as 25% off tax preparation and a 30-minute complimentary phone consultation with a financial specialist.
- Access to identity theft support including a 60-minute consultation with a fraud resolution specialist who can help with what actions to take to recover from identity theft and how to protect against future risks.

No information is ever shared with Americhem.



Access your EAP by calling 877-622-4327 or log into mycigna.com.

ADDITIONAL BENEFITS

BEREAVEMENT SUPPORT SERVICES

As part of your basic life and AD&D coverage, you have access to end of life planning services through Reliance Standard.

Bereavement support services offer confidential and professional grief, financial, and legal counseling to help beneficiaries navigate every aspect of loss. Beneficiaries have unlimited access to counseling sessions via phone with a professional clinician. For assistance, call 855-775-4357.

TRAVEL ASSISTANCE SERVICES

As part of your basic life and AD&D insurance, you have access to travel assistance services through Reliance Standard AT NO COST. This service is available 24 hours a day, 7 days a week when traveling domestically or internationally more than 100 miles away from home.

Services available include:

- Assistance with passport/visa requirements
- Immunization and vaccination information
- Worldwide emergency medical and repatriation services
- Return of dependent children or traveling companion
- Translation and interpretation services
- Assistance with lost or stolen items
- Legal counseling
- Local medical referrals, prescription assistance, and eyeglasses replacement
- Transportation of remains

Call 800-456-3893 to access travel assistance services.

IDENTITY THEFT PROTECTION

Americhem provides you with identity theft protection through Reliance Standard. Protection includes, dark web monitoring with safety alerts, identity restoration services should your identity be compromised, and lost wallet protection. Call 855-246-7347.

AMERICHEM DISCOUNTS

Americhem provides you with exclusive access to discounts and cash back opportunities through BenefitHub.

Receive incredible discounts, rewards, and perks on thousands of brands to save big, every day.

BenefitHub offers you savings on:

- Travel
- Auto
- Electronics
- Apparel
- Education
- Entertainment
- Restaurants
- Health and wellness products
- Beauty and spa services
- Sports and outdoor equipment and events

Sign up to receive discounts and savings on the things you love at americhemdiscounts.benefitHub.com and enter the referral code MPSY6L, or scan the QR code to the right.



Scan the QR code to access your discounts.

CONTACTS

If you have any questions regarding your benefits or the material contained in this guide, please contact your local Human Resources Business Partner.

Benefits Information Website

employeeconnects.com/americhem

Provider/Plan	Policy Number	Contact Number	Website
Medical—Cigna	3343111	Pre-Enrollment: 888-806-5042 Post-Enrollment: 800-244-6224	mycigna.com
Telehealth—MDLIVE	3343111	888-726-3171	mdliveforcigna.com
Wellness Program—MotivateMe	3343111	800-244-6224	mycigna.com
Dental—Cigna	3343111	800-244-6224	mycigna.com
Vision—VSP	30042690	800-877-7195	vsp.com
Health Savings Account—HSA Bank	N/A	800-357-6246	mycigna.hsabank.com
Flexible Spending Accounts—Admin America	N/A	800-366-2961	adminamerica.com
Basic Life and AD&D Insurance—Reliance Standard	GL 166364 VAR 210523	800-351-7500	rsli.com Claims: lifeclaimsscan@rsli.com
Supplemental Life and AD&D Insurance—Reliance Standard	GL 166367 VAR 210527	800-351-7500	rsli.com Claims: lifeclaimsscan@rsli.com
Disability Insurance—Reliance Standard	LTD 134226	877-202-0055	matrixabsence.com
Critical Illness and Hospital Indemnity Insurance—Reliance Standard	VCI 869216 VHI 869223	877-202-0055	matrixabsence.com
401(k) Retirement Savings Plan—Fidelity	N/A	800-835-5097	401k.com
Americhem Discounts—BenefitHub	N/A	866-664-4621	americhemdiscounts.benefitHub.com Referral code: MPSY6L customercare@benefitHub.com
Behavioral Health Support—Cigna		877-622-4327	mycigna.com

This summary of benefits is not intended to be a complete description of the terms and Americhem insurance benefit plans. Please refer to the plan document(s) for a complete description. Each plan is governed in all respects by the terms of its legal plan document, rather than by this or any other summary of the insurance benefits provided by the plan. In the event of any conflict between a summary of the plan and the official document, the official document will prevail. Although Americhem maintains its benefit plans on an ongoing basis, Americhem reserves the right to terminate or amend each plan, in its entirety or in any part at any time. Images © 2023 Getty Images. All rights reserved.