

Owensboro Union



2024  
BENEFIT  
GUIDE

benefits to help you *GROW*



# Welcome to Your 2024 Benefits!

The company's benefits and offerings are designed to protect you and your family's health – both physical and financial – so that you can enjoy the greatest benefit of all, which is peace of mind.

We encourage you to read this Benefit Guide carefully so that you understand the variety of options that are available to you. Use it as a reference tool throughout the year.

The information in this Guide applies to the Asahi Kasei Health and Welfare Plan, plan number 501. This meets the requirements for a Summary of Material Modification as required by the Employee Retirement Income Security Act (ERISA).

The benefit enrollment communications (the Benefit Guide, the Benefit Plan Notice Requirements document, etc.) contain a general outline of covered benefits and do not include all the benefits, limitations and exclusions of the benefit programs. If there are any discrepancies between the illustrations contained herein and the benefit proposals or official benefit plan documents, the benefit proposals or official benefit plan documents prevail. See the official benefit plan documents for a full list of exclusions. The company reserves the right to amend, modify or terminate any plan at any time and in any manner.

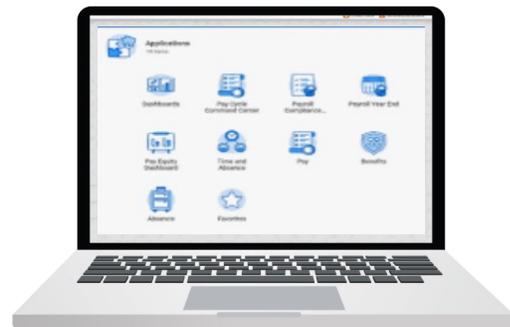
How to Enroll	2
Benefit Basics	3
Medical Plans	4
Medical Plan Comparison Chart	6
Dental	7
Vision	8
Flexible Spending Accounts (FSA)	9
Life and AD&D Insurance	11
Disability	13
EAP	14
Benefit Contacts	15



# How to Enroll

Enrollment for benefits is through Workday, our Human Resources Information System (HRIS). The site is available 24/7. <https://wd5.myworkday.com/wday/authgwy/akamerica/login.html> All employees will receive an action item in their Workday inbox asking them to complete enrollment. Detailed information about our benefits can be found at [www.akusbenefits.com](http://www.akusbenefits.com)

- Upon logging in to Workday, all employees will see an inbox task to enroll in benefits.
- To enroll in benefits or waive a coverage select **Manage or Enroll** in the applicable benefit “box” on the main screen.
- Once you select **Manage/Enroll** on the main screen, you will advance to the applicable benefit screen where you can enter elections.
- Once you have entered them, select **Confirm and Continue**.
- On the following screen, you can enter new dependents or remove existing dependents from the coverage.
- To add, select **Add New Dependent**.
- To remove, **unselect the check box** on the applicable dependent.
- Once you are finished, click **Save** and you will be taken back to the main screen.
- You are required to complete all fields marked with an asterisk(\*).
- Once you are finished with your enrollments, you will be taken to your enrollment summary page. Please review carefully! Once you’ve reviewed and are ready to submit your enrollments, you must review the legal notice at the bottom of the page and select the “I agree” check box. Then select **Submit**.



## WORKDAY MOBILE APP

You can now complete your enrollment from your mobile device! Download the Workday mobile app from the App Store today! Access Code: **akamerica** Once you **Submit** your enrollment, it provides a confirmation screen that you have the option to print for your records.



## AS YOU ENROLL, DON'T FORGET THE FOLLOWING:

- Confirm your personal information is correct, including your legal name and Social Security number as stated on your Social Security Card (contact the Benefits Team if there are any changes).
- Make sure all of your dependents have their legal name, Social Security number and birth date listed; **you may be required to provide back up documentation when adding a new dependent (e.g., marriage license for a spouse or birth certificate for a child).**
- Go through each benefit option, making sure you either elect or waive the coverage.
- Thoroughly review your elections; all payroll deductions for benefits are listed in Workday.
- Be sure to **SUBMIT** your enrollment so your elections are saved in Workday.
- Print and save the confirmation statement at the end for your files.



If you have any questions about your benefits, email the Benefits Team at [asahi-benefits@ak-america.com](mailto:asahi-benefits@ak-america.com).

# Benefit Basics

## Eligibility

All regular employees averaging 30 or more hours per week are eligible for benefits. If you elect coverage, your dependents are also eligible for medical, dental, vision, flexible spending accounts, and voluntary life and AD&D insurance coverage. Eligible dependents include:

- Your legal spouse
- Your legal child(ren). Child includes your natural, adopted child(ren), stepchild(ren), or any child for whom you have legal custody. Eligible children include:
  - > Your children up to age 26; and
  - > Your mentally or physically disabled children of any age if they rely on you for support and became disabled before age 26.
  - > You must also submit the appropriate documents to confirm the eligibility of any dependents being added to your coverage.

## Opt Out Program

You are eligible for up to \$100 a month if you opt-out of medical coverage for yourself and/or eligible dependents. You must re-enroll for opt-out compensation every year.

Tier	Opt Out Amount
Employee	\$75 per month
Spouse	\$75 per month
Employee + Spouse	\$100 per month
Employee + Child(ren)	\$75 per month
Family	\$100 per month

If you opt-out of the medical plan, you must submit the "Waiver of Coverage" form.

## When Coverage Begins

Coverage for Basic Life/AD&D, Short Term Disability, and Long Term Disability will begin on your date of hire. All other benefits begin on the first day of the month following your date of hire, or the date of the event if a qualified status change has occurred.

## When Coverage Ends

Coverage for you and your dependents terminates on your last day of employment. If your dependent has reached the maximum age, coverage ends on the last day of the month they reach age 26. If you

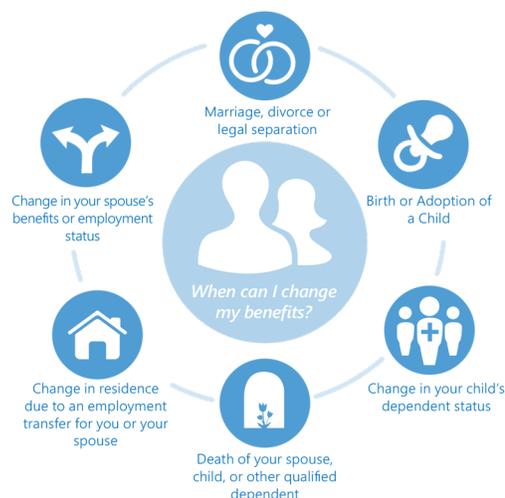
enroll an ineligible dependent on the Plan you may be subject to disciplinary steps up to and including termination. In addition, you may be held financially responsible for ineligible claims and administrative fees paid by the Plan.

## When You Can Change Coverage

Your benefit elections will be in effect for the entire Plan Year. You may only change your benefit elections during the Plan Year if you have a qualified change in status as defined by the Internal Revenue Code, and as allowed by the underlying health insurance plan.

Change in status events include those listed in the diagram below as well as:

- Being subject to a Qualified Medical Child Support Order which orders you to provide medical coverage for a child.
- Gain or loss of other coverage.



To make coverage changes due to these events, you must notify the Benefits Team:

- Within 30 days of a change in status event
- Within 60 days of the loss of Medicaid or CHIP coverage
- Within 60 days of when premium assistance under Medicaid or CHIP is determined.

If you do not notify the Benefits Team within the specified timeframe, you must wait until the next annual enrollment period to make a change. Changes in coverage must be due to an eligible event and be consistent with the event. For example, if you have a new baby, you can elect coverage that includes the baby.

# Medical Plans

You have three medical plan options: Plan I, Plan II, and Plan III administered by Blue Cross Blue Shield of North Carolina (BCBS NC). It's important to review your medical plan options each year to choose the right one for you and your family. While the plans are similar in some ways, each has its own features when it comes to how much you pay out-of-pocket for medical and prescription expenses. It's important to review the medical plan comparison chart to see how each plan covers different types of services.



## How the PPO Plans Work

- "PPO" stands for Preferred Provider Organization, where providers join together to form a network that offers discounted services to members.
- Under the Standard PPO Plan, you don't need a referral—you can see any provider you want to see, even a specialist. There's a lot of freedom with a PPO plan.
- You can go outside of the BCBS NC network to see non-PPO providers, but your benefits will be reduced and you'll pay more out-of-pocket.
- To find BCBS NC PPO providers, go to [www.blueconnectnc.com](http://www.blueconnectnc.com)
- **Important Notice:** All In-Network providers in North Carolina and some outside North Carolina are responsible for requesting PRIOR REVIEW and receive CERTIFICATION when necessary. This is required for all inpatient services such as hospitalization, surgery, and other services such as mental health or substance abuse treatment, home health care, skilled nursing care, durable medical equipment, and hospice services. Out-of-Network providers are not obligated to request PRIOR REVIEW, which means you are responsible for ensuring that you or your out-of-network provider requests PRIOR REVIEW and receives CERTIFICATION when necessary by BCBS NC. Failure to request PRIOR REVIEW and receive CERTIFICATION will result in a financial penalty. See the "Utilization Management" section of your BCBS NC booklet for details. Contact Customer Service at BCBS NC with questions if you have a specific medical procedure or service scheduled.

## Here's How the PPO Plans Work:



You pay nothing for eligible in-network preventive care.



For certain in-network health care services, you may only have a copay and that's it! The copay applies toward your out-of-pocket maximum, but does not apply toward your deductible.



Once you meet the deductible, the plan will pay the coinsurance (Plan I at 60% and Plans II and III at 90%).



If your out-of-pocket costs reach the annual maximum, the plan pays 100% for eligible care the remainder of the plan year.

# Medical Plans

## Prescription Drugs

To be eligible for prescription drug coverage, you must elect to participate in one of the medical plan options.

Medications are categorized in a **formulary**. A formulary is a list of prescription medications covered by the plan. Drugs may be included on the formulary, based on their effectiveness, safety, and cost. BCBS NC evaluates the formulary quarterly, so you may notice changes to the medications that are covered and/or the tier under which they are covered.

### IS THERE A PHARMACY NETWORK?

Yes. With BCBS NC, you have access to a wide network of pharmacies. Nearly every "chain" pharmacy is in the network (CVS, Rite-Aid, Walgreens and Walmart). You can also search for participating pharmacies online at [www.blueconnectnc.com](http://www.blueconnectnc.com) and click on "Find Doctor/Drug/Facility."

### WHAT ARE SPECIALTY DRUGS?

Specialty drugs are medications used to treat complex conditions, such as multiple sclerosis or rheumatoid arthritis, generally in the form of an injectable drug. These medications **must** be filled at the mail order specialty pharmacy Accredo by calling 1-833-599-0513 or visiting [www.accredo.com/BCNC](http://www.accredo.com/BCNC) to set up your account. You will need your BCBS NC Member ID Card and information about your prescription and the doctor who prescribed it. Accredo will help you schedule your first delivery and ship your medication and covered supplies via next-day delivery anywhere you choose in the United States.

### ARE THERE RESTRICTIONS ON CERTAIN MEDICATIONS?

Yes. There are limits and restrictions on the plan. Not all prescription drugs will be covered and some are excluded.

### QUANTITY LIMITS

Some medications are subject to quantity limits, meaning there is a limit of how many pills you can receive in a month. You will need to work with your doctor if you think you need more than the set amount. Your doctor will need to submit a reason for medical necessity in writing to BCBS NC for approval.

### PRIOR AUTHORIZATION/STEP THERAPY

Some drugs require that certain criteria must be met before coverage is provided. These drugs are typically not covered unless your physician and BCBS NC agree that the drug is medically necessary and that an alternative medication would be harmful to your health or ineffective. Please locate your medication on the BCBS NC formulary. If the drug is flagged as needing Prior Authorization or Step Therapy, you will need to reach out to your physician to take the necessary steps to have your medication covered by the Plan. ***Your physician must provide BCBS NC with details to validate prior authorization or step therapy when required, or you will be responsible for the entire cost of the medication.***



### MAIL ORDER PRESCRIPTION DRUG PROGRAM

Maintenance medications are drugs you take on a regular basis. BCBS NC utilizes Express Scripts Pharmacy for the home delivery mail order prescription drug program. This program enables you to receive a 90 day supply of medication delivered to your home, saving you time and money. To set up a prescription for home delivery, your provider can send the prescription to them electronically. You can create an account at [www.express-scripts.com](http://www.express-scripts.com), call the Express Scripts Pharmacy at 833-599-0449, or visit [www.esrx.com/BCNC](http://www.esrx.com/BCNC)



# Medical Plan Comparison Chart

Item/Service	Plan I	Plan II	Plan III
	In-Network	In-Network	In-Network
Calendar Year Deductible	\$600 Single \$1,800 Family <sup>1</sup>	\$800 Single \$2,400 Family <sup>1</sup>	\$300 Member \$900 Per Family <sup>1</sup>
<b>Coinsurance</b>	<b>60% BCBS NC 40% Plan Participant</b>	<b>85% BCBS NC 15% Plan Participant</b>	<b>80% BCBS NC 20% Plan Participant</b>
Annual Out-of-Pocket Maximum (includes Deductible, Coinsurance & Copays)	\$2,100 Single \$6,300 Family <sup>1</sup>	\$2,800 Single \$8,400 Family <sup>1</sup>	\$1,300 Member \$3,900 Family <sup>1</sup>
<b>Preventive Care Services</b>			
Health Maintenance Exam	Covered 100%, one per year	Covered 100%, one per year	Covered 100%, one per year
Annual Gynecological Exam	Covered 100%, one per year	Covered 100%, one per year	Covered 100%, one per year
Pap Smear Screening	Covered 100%, one per year	Covered 100%, one per year	Covered 100%, one per year
Well-Baby and Child Care	Covered 100%	Covered 100%	Covered 100%
Immunizations	Covered 100%	Covered 100%	Covered 100%
Routine Mammography Screening	Covered 100%	Covered 100%	Covered 100%
<b>Physician Office Services</b>			
Primary Care Provider Office Visit	40% after deductible	\$25 copay	\$15 copay
Specialist Physician Office Visit	40% after deductible	\$25 copay	\$15 copay
Chiropractic Care	40% after deductible (25 visit limit per year)	20% coinsurance (25 visit limit per year)	20% coinsurance (25 visit limiter per year)
<b>Emergency Medical Care</b>			
Hospital Emergency Room	\$150 copay then 20%	\$100 copay	\$100 copay
Urgent Care Center	40% after deductible	\$25 copay	\$15 copay
<b>Outpatient Diagnostic Services</b>			
Laboratory and Pathology Tests	40% after deductible	10% coinsurance	10% coinsurance
Diagnostic Tests and X-rays	40% after deductible	10% coinsurance	10% coinsurance
<b>Hospital Care</b>			
Inpatient Physician & Nursing Care, Hospital Services & Supplies	20% after deductible	10% after deductible	0% after deductible
Outpatient Mental Health Care & Substance Abuse Treatment	40% after deductible	Office visit: \$25 copay 10% after deductible	Office visit: \$15 copay 10% after deductible
<b>Prescription Drugs</b>			
Retail Pharmacy—30 day supply			
Tier 1: Generic	\$5 copay	\$12 copay	\$12 copay
Tier 2: Preferred Brand	\$20 copay	\$27 copay	\$27 copay
Tier 3: Non-Preferred Brand	\$35 copay	\$42 copay	\$42 copay
Tier 4: Specialty	\$35 copay	\$42 copay	\$42 copay
Mail Order—90 day supply			
Tier 1: Generic	\$0 copay	\$18 copay	\$20 copay
Tier 2: Preferred Brand	\$20 copay	\$33 copay	\$35 copay
Tier 3: Non-Preferred Brand	\$35 copay	\$48 copay	\$50 copay
Tier 4: Specialty	\$35 copay	\$48 copay	\$50 copay

<sup>1</sup>Both the deductible and out-of-pocket maximum are embedded. Once one plan participant within the family meets the deductible, the plan will begin to pay at the coinsurance, and if one person within the family meets the out-of-pocket maximum, the plan will begin to pay 100% for that family member. The remainder of the full family deductible and out-of-pocket maximum must be satisfied by the family.

This benefits summary is intended for use only as a source of reference. Official benefits, conditions, exclusions, and limitations are documented in the BCBS NC booklets as part of the Summary Plan Description (SPD) and Plan Documents. If there are discrepancies between this document and the SPD and/or Plan Documents, the SPD and Plan Documents will prevail.

# Dental

The company offers three separate dental coverage options for you and your family, administered by Delta Dental of North Carolina.

## PPO PLAN

You can receive services from any dentist you choose. However, when you select a dentist that participates in one of the Delta Dental networks, that dentist has agreed to accept Delta Dental's approved amount for services. If you visit a dentist that does not participate in the network, you may be balance billed for amounts exceeding the approved payment amount. This can result in significant out-of-pocket costs.

To find a participating dentist, visit [www.deltadentalnc.com](http://www.deltadentalnc.com) and click on "Find a Dentist" link, or call (800) 662-8856.

Please see your dental benefits booklet for specific details about benefits, limitations and exclusions. This is intended as a high level summary of the Plan. If there are any discrepancies between this summary and the SPD and Plan Document (booklet), the SPD and Plan Summary will prevail.

## Stay In-Network and Save!

<b>Delta Dental PPO Dentists</b>	<ul style="list-style-type: none"> <li>No balance billing on covered services</li> <li>Significant network discounts and large network</li> <li>Dentists file claims</li> </ul>
<b>Delta Dental Premier Dentists</b>	<ul style="list-style-type: none"> <li>No balance billing on covered services</li> <li>Significant network discounts and larger network</li> <li>Dentists file claims</li> </ul>
<b>Non-Participating Dentists</b>	<ul style="list-style-type: none"> <li>May be balance billed</li> <li>No network discounts</li> <li>May need to file own claims</li> </ul>



Dental Care Services	PPO In-Network			
	Plan I	Plan II	Plan III	
Annual Deductible (applies to Class II, III)	\$50	\$0	\$0	
Annual Benefit Maximum (applies to Class II & III)	\$1,000	\$1,000	\$1,000	
Lifetime Maximum (applies to Class IV)	Not Covered	\$1,000	\$1,000	
<b>Class I: Diagnostic &amp; Preventative Services</b>				
<ul style="list-style-type: none"> <li>Oral Exams</li> <li>X-rays</li> <li>Cleanings</li> </ul>	<ul style="list-style-type: none"> <li>Fluoride</li> <li>Sealants</li> </ul>	80%	80%	100%
<b>Class II: Basic Services</b>				
<ul style="list-style-type: none"> <li>Fillings</li> <li>Extractions</li> <li>Periodontal</li> </ul>	<ul style="list-style-type: none"> <li>Root Canals</li> <li>Crowns</li> <li>Repairs</li> </ul>	60%	60%	80%
<b>Class III: Major Services</b>				
<ul style="list-style-type: none"> <li>Bridges</li> </ul>	<ul style="list-style-type: none"> <li>Dentures</li> <li>Implants</li> </ul>	60%	60%	80%
<b>Class IV: Orthodontic Services</b>				
<ul style="list-style-type: none"> <li>Orthodontic Services—Braces</li> <li>Children up to age 20</li> </ul>		Not Covered	50%	50%

**Please note:** When you receive services from a Non-participating Dentist, the plan reimbursement fee may be less than what your dentist charges. You may be responsible for that difference.

## HOW DOES BALANCE BILLING WORK?



Dr. Jones charges \$750 for a crown.

Delta Dental Plans

The Delta Dental Plans will only cover \$600.

Since Dr. Jones isn't in the network, he has the right to bill you for the \$150 difference - plus the coinsurance you still have to pay.

On the other hand, if you visit an in-network dentist, he or she has already agreed to charge the \$600 that the plan covers for crowns, so there is no balance remaining.

A Dental ID card is not required to receive services.

# Vision

The vision plan is administered by Flores & Associates. You are able to visit the provider of your choosing and are reimbursed with when you provide an itemized receipt and a copy of your claim form to Flores & Associates for processing.

Members will receive a Flores Participant ID number approximately 3-5 business days after your enrollment has been received. This number will give you access to the [www.flores247.com](http://www.flores247.com) website, where you can manage your account and submit your receipt for reimbursement.

Vision Care Services			
	Plan I	Plan II	Plan III
<b>Eye Exam Reimbursement—Once every calendar year</b>			
Optometrist	Up to \$25	Up to \$50	Up to \$85
Ophthalmologist	Up to \$25	Up to \$50	Up to \$85
<b>Frames Reimbursement—Once every calendar year</b>			
Frames	Up to \$50	Up to \$75	Up to \$100
<b>Standard Lenses Reimbursement—Once every calendar year</b>			
Single Vision	Up to \$18	Up to \$35	Up to \$53
Bifocal	Up to \$23	Up to \$45	Up to \$68
Trifocal	Up to \$28	Up to \$55	Up to \$83
Contacts <i>(in lieu of eyeglass frames &amp; lenses)</i>	Up to \$75	Up to \$100	Up to \$125

## Ways to Submit a Claim

### Web Portal:

Scan and upload your claim at [www.flores247.com](http://www.flores247.com)

### Mobile App:

Download Flores Mobile through Apple Store or Google Play

### Mail Claims:

PO Box 31397 Charlotte, NC 28231

Certified mail will need to be sent to 2013 West Morehead Street, Suite B, Charlotte, NC 28208

### Fax Claims:

704-335-0818 or 800-726-9982

All receipts for reimbursement must include the following:



- Date of Service
- Description of Service
- Out-of-Pocket Cost
- Provider Name
- Patient Name

# Flexible Spending Accounts

*Flexible Spending Accounts (FSAs) let you set aside money on a pre-tax basis to pay for your out-of-pocket health and dependent (day) care costs. Money is taken from your pay before taxes are withheld, which lowers your taxable income. And you will never be taxed on the money you use from the account to pay for eligible expenses. There are two types of accounts: the Health Care FSA and the Dependent Care FSA. You can participate in a flexible spending account even if you are not enrolled in a medical plan. They are administered by Flores & Associates.*



## Health Care FSA

You can use your Health Care FSA to pay for eligible expenses not covered by your medical, dental, and vision plans. Examples of eligible expenses include medical, prescription drug, dental, and vision copayments and coinsurance; orthodontia expenses; LASIK eye surgery; fertility treatments; and smoking cessation programs.

A complete list of qualified expenses is available on the IRS website, [www.irs.gov](http://www.irs.gov). Enter "Publication 502" in the search box.

## Dependent Care FSA

The Dependent Care FSA allows you to pay for your dependents' daycare while you are at work or school. If you have dependent children under the age of 13 or tax dependents of any age who are unable to care for themselves, you can enroll in this plan and choose the amount you want to put aside for daycare. These services must be necessary for you and your spouse to work to be eligible for reimbursement.

Some examples of eligible Dependent Care Expenses include babysitters,\* after school care, daycare centers, nursery schools, summer day camps, and elder care. If you are electing to participate in the Dependent Care FSA, be sure to keep record of the name of your daycare provider and tax identification number (or SSN) for your personal tax purposes.

A complete list of qualified expenses is available on the IRS website, [www.irs.gov](http://www.irs.gov). Enter "Publication 503" in the search box. If you contribute to a Dependent Care FSA, you must file IRS Form 2441 with your Federal Income Tax Return. Form 2441 is simply an informational form on which you report the amount you pay and who you paid for day care.

\*Important Note: The babysitter must claim his/her wages for tax purposes. If he or she is not claiming their wages, you will not be reimbursed for these expenses.

## 2024 Annual Limits

- **Health Care FSA:** \$3,200
- **Dependent Care FSA:** \$5,000 (\$2,500 if married filing separately)

## How FSAs Work

Each year during the annual enrollment period, you decide how much to set aside for health care and/or dependent care expenses. Your contributions are deducted from your paycheck on a pre-tax basis in equal amounts throughout the plan year. Once you enroll in a FSA, you cannot change your contribution amount for the rest of the plan year unless you have a qualifying change in status.

## Use It or Lose It

When you elect to participate in an FSA, funds in your account must be used for qualified medical or dependent care expenses, or they are forfeited at the end of the year.

FSA Claim Deadlines

	2024 Contributions		2025 Contributions	
	Eligible Dates of Service	Claims Submissions Due By	Eligible Dates of Service	Claims Submissions Due By
Medical FSA	Jan. 1, 2024 – March 15, 2025	April 15, 2025	Jan. 1, 2025 – March 15, 2026	April 15, 2026
Dependent Care FSA	Jan. 1, 2024 – Dec. 31, 2024	March 31, 2025	Jan. 1, 2025 – Dec. 31, 2025	March 31, 2026



Not sure how much to set aside? Use the savings calculator found [here](#).

# Flexible Spending Accounts

## Health Care FSA Claims Submission

When you enroll in a Health Care FSA, you will automatically receive a debit card by mail. Use this card to pay your eligible medical, dental, and vision care expenses—just as you would a traditional bank debit card or credit card. Claims can also be submitted via the Flores & Associates [website](#) or via the mobile app.

The Health Care FSA allows you to access your FSA balance immediately—you do not need to pay eligible expenses first and wait for reimbursement. However, in accordance with IRS regulations, you still must keep and submit receipts to validate that your expenses were eligible for reimbursement through your Health Care FSA.

If you do not provide the required documentation, your FSA Debit Card will be deactivated until you are able to substantiate your expenses. Register receipts, which do not outline the service or supply, generally are not considered valid documentation. Ask your provider to give you an itemized, detailed receipt for services.

All new Health Care FSA enrollees will receive a FSA Debit Card from Flores & Associates. Cards will be mailed directly to your home. Be aware it may arrive in an unmarked envelope.

## Mobile App



Flores Mobile lets you file claims and attach documentation using your smart phone. Just select “Capture” from the main screen, photograph your documentation using your device’s camera and tap “Submit.” It’s that easy! Download the Flores & Associates app in the App Store or Google Play.

## KEEP YOUR RECEIPTS



Even though you may use your FSA Debit Card to pay for eligible healthcare expenses, you should always save your receipts in case additional documentation is required.

## Quick Tips for Using the Benefits Card

- **The card may be declined for one of a few reasons:**
  1. The merchant does not accept the Benefits Card.
  2. The expense is not eligible under the Health Care FSA.
  3. Your card has been temporarily suspended due to an unsubstantiated or ineligible expense.
- **You may have to submit expense documentation for transactions from some merchants, and not from others.** Many eligible merchants can automatically substantiate – or verify that the expenses paid for with the card are Health Care FSA eligible – your transaction at the point of sale. Others, including most health care providers, may not have this capability.
- **You will receive Documentation Requests by email if you have an email address on file.** These emails are not spam messages, so be sure to watch for them.
- **Save your card, even after you use up your Health Care FSA funds or the plan year ends.** It can be used for different plan years until the expiration date on the card.
- **If enrolled in the Dependent Care FSA, you will not receive a debit card.** You pay for eligible expenses as you normally would and then submit your claim for reimbursement, along with receipts to Flores & Associates.



# Life and AD&D Insurance

## Basic Life and AD&D

The company provides all eligible employees with basic life insurance that is equal to \$30,000. This life insurance policy will pay your beneficiary a benefit in the event of your death.

In addition, the company provides all eligible employees with accidental death and dismemberment (AD&D) insurance that is equal to \$30,000. Examples of accidental injuries covered include accidental loss of limb (e.g., arm, leg), sight, or permanent paralysis.

The company pays the full cost of basic life insurance and AD&D coverage, and you are automatically enrolled if you are eligible.

Life and AD&D benefits are administered by Lincoln Financial Group. Benefits begin to reduce for employees age 70 and older. Review the carrier certificate for details.

## Optional Life and AD&D

In addition to the basic coverage provided to you at no cost, you can purchase optional life insurance and/or AD&D coverage for you, your spouse, and your children under the plan.

- You must elect employee coverage in order to elect coverage for your spouse and/or children.
- The amount of spouse or child life insurance may not exceed 50% of the amount of life insurance you as an employee have in force.
- Monthly rates for Optional Life are \$0.295 per \$1,000 of benefit for employee only coverage or \$0.255 per \$1,000 of benefit for spouse coverage and/or child(ren).
- Deductions will be adjusted annually if you fall into a new age band, and all deductions for optional life and/or AD&D benefits are taken post-tax from your pay.
- Monthly rates for Optional AD&D are \$0.04 per \$1,000 of benefit for employee only coverage or \$0.06 per \$1,000 of benefit, which includes spouse and/or child(ren).
- Coverage effective dates and increases in coverage may be delayed if you are disabled on the date coverage is scheduled to take effect. Review the carrier certificate for details.



Employee Optional Life	
Option 1	\$25,000
Option 2	\$50,000
Option 3	\$75,000
Option 4	\$100,000
Option 5	\$125,000
Option 6	\$150,000

Spouse Optional Life	
Option 1	\$25,000
Option 2	\$50,000
Option 3	\$75,000
Option 4	\$100,000

Child Optional Life	
Option 1	\$5,000
Option 2	\$10,000

AD&D Benefits	
Employee	Increments of \$10,000 to the lesser of 10 times annual earnings or \$500,000.
Spouse	50% of your coverage
Spouse & Child(ren)	40% of your coverage on spouse, 10% of your coverage on each child
Child(ren)	15% of your coverage up to \$20,000 on each child

# Life and AD&D Insurance

## Evidence of Insurability (Proof of Good Health)

For new hires, no Evidence of Insurability (EOI) is required for elections made within the Initial Election Period\*. For active employees with no coverage currently in force, EOI is required for any election. For active employees with current coverage in force, EOI is required for an increase in excess of one level. The EOI application can be accessed online through Lincoln's website via the link in Workday.

Elections for your spouse over the Guaranteed Issue amount of \$50,000 or an election more than one level above the current coverage amount will require Evidence of Insurability. The Evidence of Insurability application can be accessed online through Lincoln's website via link in Workday.

Children Optional Life / AD&D Coverage and Optional Employee and Spouse AD&D coverage do not require evidence of insurability.

*\*Initial election period = within 31 days of hire date*



Evidence of Insurability is completed online through the Lincoln Financial portal, which you can access via the link in Workday. Use the employer code: **ASAHIKASEI**

## 5 Reasons to have Life Insurance

Life is expensive, death can be even more costly. Don't leave loved ones unprotected - life insurance allows your loved ones time to grieve without financial worry.



**\$6,560**

AVERAGE COST OF A  
**Funeral**



**\$6,772**

AVERAGE COST OF A  
**Credit Card Debit**



**\$18,133**

AVERAGE COST OF A  
**A Four-Year College per Year**



**\$16,803**

AVERAGE YEARLY COST OF HOUSING  
**Renting and Owning**



**\$24,560**

AVERAGE YEARLY EXPENSES  
**Utilities, Health Care, and  
Miscellaneous Cash**

# Disability

## Short Term Disability



The company will provide short term disability benefits through the pay continuation program. This benefit provides important financial security in the event of a brief illness or injury. This benefit is paid by the company through payroll and is administered by Lincoln Financial, who reviews and approves claims with required medical certification.

Item	STD Benefit
Weekly Benefit	60% of your base hourly rate, based on a 40-hour work week.
Elimination Period	Benefits begin after 3 consecutive days unless your disability is due to an accidental injury, then benefits begin on the first day.
Maximum Benefit Period	Benefits are payable for up to 26 weeks, as long as you remain disabled throughout this time.

## Long Term Disability



The Long Term Disability (LTD) plan provides income to employees who are disabled for an extended period of time. The company pays the full cost of this plan and eligible employees are automatically enrolled in coverage. This benefit is insured through Lincoln Financial.

Your coverage effective date or any increase in coverage may be delayed if you are disabled on the date coverage is scheduled to take effect. Review the carrier certificate for details.

Item	LTD Benefit
Monthly Benefit	60% of your monthly base salary to the maximum monthly amount of \$5,000.
Elimination Period	You need to satisfy a 180-day Elimination Period before benefits begin.
Maximum Benefit Period	For a disability which begins before you reach age 60, the Maximum Benefit Period will be the greater of the Social Security Normal Retirement Age (SSNRA) or to age 65 (but not less than 5 years).  If you become disabled at age 60 or later, the benefit duration is based on a maximum payment schedule. See carrier certificate for details.

## STD & LTD PROTECT YOUR FINANCES



**1 IN 4 WORKERS**

will experience a period of disability before they retire.

46%

On top of that, **46% OF AMERICANS**

wouldn't be able to cover a \$400 emergency expense without resorting to accumulating debt.



If you were unable to work due to a short medical emergency, **HOW WOULD YOU PAY FOR IT?**

# Additional Benefit Programs

*We offer additional benefit programs that go beyond monetary benefits to help you cope with life's challenges, at no cost to you!*

## Health Advocate Employee Assistance Program (EAP)

A free, confidential counseling and referral service to help you and your family resolve problems affecting your personal or work lives, no matter what the issue! Through the Employee Assistance program (EAP), you may take advantage of the following benefits and services:



**24-Hour Telephone Access** – Call 866-799-2728 24 hours a day, seven days per week.



**Confidential Counseling** – Get access to a Master's degree level Licensed Professional Counselor who can help with stress, depression, relationship issues, work/life balance issues, and more! Call, email, or access via the web or app for 24/7 support or receive up to eight free in person counseling sessions and referrals to community services.



**Interactive Web Resources** – Use a full range of web-based tools and resources on a variety of behavioral health, work/life and other relevant topics.



## TO ACCESS THE HEALTH ADVOCATE EAP SERVICES

- Call 1-877-240-6863
- Visit [www.healthadvocate.com/members](http://www.healthadvocate.com/members) and enter the company name **Asahi Kasei**
- Email [answers@healthadvocate.com](mailto:answers@healthadvocate.com)
- Download the app.



# Benefit Contacts

Provider	Benefit	Contact Information	
Blue Cross Blue Shield of North Carolina (BCBS NC)	Medical/Prescription Plans	Customer Service and Prior Authorization/Certification	(877) 275-9787 <a href="http://www.blueconnectnc.com">www.blueconnectnc.com</a>
		HealthLine Blue - 24/7 Nurse Access	(877) 477-2424
		Express Scripts Maintenance Drug Mail Order Program	(833) 599-0449 <a href="http://www.express-scripts.com">www.express-scripts.com</a> <a href="http://esrx.com/BCNC">esrx.com/BCNC</a>
		Express Scripts Accredo Specialty Pharmacy (Specialty Drug Mail Order)	(833) 599-0513 <a href="http://www.accredo.com/BCNC">www.accredo.com/BCNC</a>
Health Advocate	Employee Assistance Plan (EAP)	Customer Service	(877) 240-6863 <a href="http://www.healthadvocate.com/members">www.healthadvocate.com/members</a> Enter company name: Asahi KASEI. <a href="mailto:answers@healthadvocate.com">answers@healthadvocate.com</a>
Delta Dental of North Carolina	Dental PPO Plan	General Information/ Find a Provider	(800) 662-8856 <a href="http://www.deltadentalnc.com">www.deltadentalnc.com</a>
Flores & Associates	Vision	Claims	PO BOX 31397 Charlotte, NC 28231-1397
	Vision	Customer Service	(800) 532-3327 <a href="http://www.flores247.com">www.flores247.com</a>
	Flexible Spending Accounts		
Lincoln Financial Group	Life Insurance/AD&D	Contact the Benefits Team	
Transamerica	401(k) Retirement Plan	Customer Service	(800) 755-5801 <a href="http://asahikasei.trretire.com">asahikasei.trretire.com</a>
Asahi Kasei Benefits Team	Benefits Specialist	Evan Sizemore	(980) 319-0821
		Debbie Wortman	(704) 587-8532
	Benefits Team	Email	<a href="mailto:asahi-benefits@ak-america.com">asahi-benefits@ak-america.com</a>