AsahiKASEI

Health and Welfare Benefits Notices

For Plan Year January 1, 2026 – December 31, 2026

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Should you have any questions regarding the content of the notices, please contact us at Plan Administrator, Attn: Benefits Department, 39525 Mackenzie Drive, Suite 500, Novi, MI 48377, (704) 587-8882, or by visiting the Plan's website at asahi-benefits@ak-america.com As an alternative to viewing the plan materials online on our intranet site or the Plan Administrator's offices, you may request printed copies by contacting the Plan Administrator.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see pages 7-8 for more details.

Summary of Material Modification

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

Disclosure About the Benefit Enrollment Communications

The benefit enrollment communications (the Benefit Guide, the Health and Welfare Benefits Notices, 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. Asahi Kasei reserves the right to amend, modify or terminate any plan at any time and in any manner.

In addition, please be aware that the information contained in these materials is based on our current understanding of the federal health care reform legislation, signed into law in March 2010. Our interpretation of this complex legislation continues to evolve, as additional regulatory guidance is provided by the U.S. government. Therefore, we defer to the actual carrier contracts, processes and the law itself as the governing documents.

Midyear Election Changes to Pre-Tax Benefits

We sponsor a program that allows you to pay for certain benefits using pre-tax dollars. With this program, contributions are deducted from your paycheck before federal, state and Social Security taxes are withheld. As a result, you reduce your taxable income and take home more money. How much you save in taxes will vary depending on where you live and on your own personal tax situation.

These programs are regulated by the Internal Revenue Service (IRS). The IRS requires you to make your pre-tax elections before the start of the plan year January 1 – December 31. The IRS permits you to change your pre-tax contribution amount mid-year only if you experience a change in status, which includes the following:

- Birth, placement for adoption, or adoption of a child, or being subject to a Qualified Medical Child Support Order which orders you to provide medical coverage for a child.
- Marriage, legal separation, annulment or divorce.
- Death of a dependent.
- A change in employment status that affects eligibility under the plan.
- A change in election that is on account of, and corresponds with, a change made under another employer plan.
- A dependent satisfying, or ceasing to satisfy, eligibility requirements under the health care plan.

The change you make must be consistent with the change in status. For example, if you get married, you may add your new spouse to your coverage. If your spouse's employment terminates and he/she loses employer-sponsored coverage, you may elect coverage for yourself and your spouse under our program. However, the change must be requested within 30 days of the change in status. If you do not notify the Benefits Department within 30 days, you must wait until the next annual enrollment period to make a change.

These rules relate to the program allowing you to pay for certain benefits using pre-tax dollars. Please review the medical booklet and other vendor documents for information about when those programs allow you to elect or cancel coverage, add or drop dependents, and make other changes to your benefit coverage, as the rules for those programs may differ from the pre-tax program.

HIPAA Special Enrollment Rights Notice

If you are declining enrollment in Asahi Kasei group health coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Finally, you and/or your dependents may have special enrollment rights if coverage is lost under Medicaid or a State health insurance ("CHIP") program, or when you and/or your dependents gain eligibility for state premium assistance. You have 60 days from the occurrence of one of these events to notify the company and enroll in the plan.

To request special enrollment or obtain more information, contact the Plan Administrator, Attn: Benefits Department, 13800 South Lakes Drive, Charlotte, NC 28273, (704) 587-8882, or by visiting the Plan's website at asahi-benefits@ak-america.com

Women's Health Cancer Rights Act (WHCRA) Notice

Do you know that your Plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema?

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your plan administrator at (704) 587-8882 for more information.

Newborns' And Mothers' Health Protection Act (NMHPA) Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

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 March 17, 2025. Contact your State for more information on eligibility:

ALABAMA – Medicaid	**ALASKA – Medicaid**
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov test
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**INDIANA – Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**
Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA – Medicaid	**NEBRASKA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	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.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 1-401-462-0311 (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: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: https://dvha.vermont.gov/members/medicaid/hipp-program 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: 1-304-558-1700 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 March 17, 2025, 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. Dept. of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov/
Phone: 1-877-267-2323, Menu Option 4, Ext. 61565

Medicare Part D
Creditable Coverage Notice

Important Notice from Asahi Kasei America, Inc.,
About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Asahi Kasei and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **Asahi Kasei has determined that the prescription drug coverage offered by the Asahi Kasei Health and Welfare Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan while enrolled in Asahi Kasei coverage as an active employee, please note that your Asahi Kasei coverage will be the primary payer for your prescription drug benefits and Medicare will pay secondary. As a result, the value of your Medicare prescription drug benefits will be significantly reduced. Medicare will usually pay primary for your prescription drug benefits if you participate in Asahi Kasei coverage as a former employee.

You may also choose to drop your Asahi Kasei coverage. If you do decide to join a Medicare drug plan and drop your current Asahi Kasei coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Asahi Kasei and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Asahi Kasei changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	October 14, 2025
Name of Entity/Sender:	Asahi Kasei America, Inc.
Contact--Position/Office	Asahi Kasei Benefits
Address:	39525 Mackenzie Drive, Suite 500, Novi, MI 48377
Phone Number:	(704) 587-8882

HIPAA Wellness Program
Reasonable Alternative Standards Notice

Your group health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all eligible employees. 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 us at (704) 587-8882 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.

EEOC Wellness Program Notice

NOTICE REGARDING WELLNESS PROGRAM

The Asahi Kasei wellness incentive program is a voluntary wellness program available to all employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve employee health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you are employerd in a group that offers the program and you voluntarily choose to participate in the program you will be asked to complete a biometric screening, which includes a test for heart disease, infection, kidney and liver disorders, anemia, bone, blood, and muscle disease (including certain types of cancer) and other health issues such as diabestes or choleterol. You are not required to participate in the wellness program (e.g., you an decide not to complete the biometirc screening).

However, employees who choose to participate in the wellness program may be eligible for reduced premium costs for coverage under the Plan. If you fail to timely complete the biometric screening process, you will not ne eligible for the wellness program rewards for that Plan Year.

The medical information collected will be used to provide you with information to help you understand your current health and potential risks and may be used to offer you services through the wellness program, such as health coaching. You are also encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Asahi Kasei may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only entity that will receive your personally identifiable health information under the wellness program is the third-party administrator for the biometric screening and wellness program, to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Plan Administrator (see cover page for contact information).

HIPAA Notice of Availability of Notice of Privacy Practices

The Asahi Kasei Health and Welfare Benefits Plan (Plan) maintains a Notice of Privacy Practices that provides information to individuals whose protected health information (PHI) will be used or maintained by the Plan. If you would like a copy of the Plan's Notice of Privacy Practices, please contact the Plan Administrator (see cover page for contact information).

Continuation of Coverage (COBRA)

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a Federal law requiring most group health benefit plans to offer employees and their families the opportunity to temporarily extend their health care coverage beyond the date on which their health care coverage would normally terminate.

Contact the Plan Administrator if you or your spouse or dependent children lose group health coverage due to the occurrence of a COBRA Qualifying Event, which may include your termination or reduction in hours of employment, death, divorce, no longer satisfying dependent eligibility conditions, etc. **Under the law, the employee or family member is responsible for informing the Plan Administrator of any family status change (e.g., divorce or attaining the limiting age) within 60 days of the event. Otherwise, COBRA rights will be lost.**

For more information about COBRA and to see a list of events eligible for COBRA, please refer to the General/Initial COBRA Notice as well as the Plan Document.

Health Insurance Marketplace Notice

The state in which you reside has a website, called the Health Insurance Marketplace, where you can buy medical insurance directly from insurance companies.

The marketplace offers "one-stop shopping" to find and compare medical insurance options for you and your family. Open enrollment for the marketplace begins and ends on the dates posted on the applicable state's marketplace website. You may buy health insurance for yourself and your family members from your state's marketplace.

However, if you and your dependents are offered medical coverage through the Plan, your employer pays a portion of the cost of that coverage, so you may not find less expensive coverage through your state's marketplace. Also keep in mind that the contributions you and your employer make to the cost of

coverage in the Plan are made with pre-tax dollars that are not subject to income tax. If you buy health insurance through your state marketplace, you will pay for it with after-tax dollars.

Also, except for unusual circumstances, you will not be eligible for federal premium assistance (explained below) to help pay the cost of a marketplace policy whenever the Plan meets government "minimum value" and "affordability" standards.

A federal tax credit that lowers the monthly premium of an individual health insurance policy purchased from the Marketplace is available to families with incomes between 100% and 400% of the federal poverty level. If you are employed and your income is at this level, you and your family members are eligible for premium assistance if one of the following applies:

- Your employer does not offer health coverage to you at all,
- Your employer offers you coverage but it does not meet the federal government's "minimum value standard", or
- Your employer's health plan is not "affordable" for you, meaning the cost of single coverage (that is, coverage for just you, not you plus your family members) is more than 9.83% of your household income for the year.

For more information about available benefits and your premium costs under the Plan, please contact the Plan Administrator identified above.

For more information about the Marketplace, go to www.healthcare.gov and select your state's marketplace website. You may be asked for information about your offer of group medical coverage under the Plan, which can be found in the Plan document or by contacting the Plan Administrator.

Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 12-31-2026)

PART A: General Information

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

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

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

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

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

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12% of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income. [1, 2]

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

[1] Indexed annually; see https://www.irs.gov/pub/irs-drop/rp-22-34.pdf for 2023.

[2] An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

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

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

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

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

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

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

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

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact (704) 587-8882.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

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

3. Employer name Asahi Kasei		4. Employer Identification Number (EIN) 13-2698638
5. Employer address 800 Third Avenue, 30th Floor, Suite 150		6. Employer phone number
7. City New York	8. State NY	9. ZIP code 10022
10. Who can we contact about employee health coverage at this job? Lisa Rizak		
11. Phone number (if different from above)	12. Email address Asahi-benefits@ak-america.com	

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

As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☐ Some employees. Eligible employees are:

- With respect to dependents:
  - ☐ We do offer coverage. Eligible dependents are:
  - ☐ We do not offer coverage.

☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

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

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

Summary Annual Report

for

Asahi KASEI America, Inc.

Dated: July 01, 2025

Summary Annual Report

This is a summary of the annual report of the Asahi KASEI America, Inc., EIN 132698638, Plan Asahi KASEI Health and Welfare Plan, Plan No. 501, a welfare benefit plan, for period January 01, 2024 through December 31, 2024. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

All components of the plan other than the Health FSA component are provided through insurance contract(s).

Asahi KASEI America, Inc. has committed itself to pay certain Health, Dental, Vision, Temporary Disability, Severance Pay, Prescription Drug claims incurred under the terms of the plan.

Insurance Information

The plan has contracts with EyeMed Vision Care on behalf of the Fidelity Security Life Insurance Company of New York, AETNA LIFE INSURANCE COMPANY, LINCOLN NATIONAL LIFE INSURANCE COMPANY, HEALTH ADVOCATE SOLUTIONS, INC. and Federal Insurance Company to pay Life Insurance, Health, Vision, Temporary Disability, Long-term Disability, Other (ACCIDENTAL DEATH & DISMEMBERMENT, EAP, HEALTH ADVOCACY, LEAVE SERVICES), Dental incurred under the terms of the plan. The total premiums paid for the plan year ending December 31, 2024 were $3,200,005.00.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Asahi KASEI America, Inc., who is the Plan Administrator, at 800 Third Avenue, 30th Floor, New York, NY, 10022, or by telephone at +1 (517) 721-9859. You have the right to receive from the plan administrator, on request and at no charge.

You also have the legally protected right to examine the annual report at the main office of the plan 800 Third Avenue, 30th Floor, New York, NY, 10022 and at the U.S. Department of Labor in Washington, D.C. or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

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 less than one minute per notice (approximately 3 hours and 11 minutes per plan). 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, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email DOL_PRA_PUBLIC@dol.gov and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2026)

SUMMARY ANNUAL REPORT FOR
ASAHI KASEI 401(K) RETIREMENT PLAN

This is a summary of the annual report Form 5500 Annual Return/Report of Employee Benefit Plan of ASAHI KASEI 401(K) RETIREMENT PLAN and Employer Identification Number 13-2698638/Plan Number 001 for the plan year 01/01/2024 through 12/31/2024. The Form 5500 annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA). Your plan is a single employer, defined contribution plan with the following characteristics: profit sharing, ERISA section 404(c), total participant-directed account, code section 401(k) feature, code section 401(m) arrangement, 401(k) or 403(b) plan that provides for automatic enrollment, total or partial participant-directed account.

Basic Financial Statement

Benefits under the plan are provided by insurance contracts and a trust fund. Plan expenses were $22,411,086. These expenses included $256,683 in administrative expenses and $22,032,481 in benefits paid to participants and beneficiaries, $121,922 in certain deemed and/or corrective distributions. A total of 1966 persons were participants in or beneficiaries of the plan at the end of the plan year.

The value of plan assets, after subtracting liabilities of the plan, was $293,587,253 as of the end of the plan year, compared to $249,474,496 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of $44,112,757. This change includes unrealized appreciation or depreciation in the value of plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. The plan had total income of $66,523,843, including employer contributions of $12,142,449, employee contributions of $13,325,309, other contributions/other income of $3,443,630, and earnings from investments of $37,612,455.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. An accountant's report.
2. Financial information and information on payments to service providers.
3. Assets held for investment.
4. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the plan administrator, at 39525 Mackenzie Drive Suite 500, Novi, MI 48377 and phone number, 517-721-9859. The charge to cover copying costs will be $5.00 for the full annual report, or $0.25 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan: 39525 Mackenzie Drive Suite 500, Novi, MI 48377, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210. The annual report is also available online at the Department of Labor website www.efast.dol.gov.

OMB Control number 1210-0040; Expiration Date 03/31/2026

Notice of Benefits Available Under M.G.L. Chapter 175M

Paid Family and Medical Leave (PFML)

Available Leave

Covered individuals may be entitled to family and medical leave for the following reasons:

- up to 20 weeks of paid medical leave in a benefit year if they have a serious health condition that incapacitates them from work.
- up to 12 weeks of paid family leave in a benefit year related to the birth, adoption, or foster care placement of a child, to care for a family member with a serious health condition, or because of a qualifying exigency arising out of the fact that a family member is on active duty or has been notified of an impending call to active duty in the Armed Forces.
- up to 26 weeks of paid family leave in a benefit year to care for a family member who is a covered service member with a serious health condition.

Covered individuals are eligible for no more than 26 total weeks, in the aggregate, of paid family and medical leave in a single benefit year.

Benefits

To fund PFML benefits, employers may deduct payroll contributions of up to 0.46% (adjusted annually) from a covered individual's wages or other earnings. A covered individual's average weekly earnings will determine his or her benefit amount, for a maximum weekly benefit of up to $1,170.64 (adjusted annually).

Who is a Covered Individual Under the Law?

Generally, a worker qualifies as a covered individual eligible for PFML benefits if they are:

- covered by unemployment insurance in Massachusetts and paid wages by a Massachusetts employer; or
- a self-employed individual who resides and works in Massachusetts and chooses to opt-in to the program; and
- has earned at least 30 times the expected benefit and at least $6,300 (adjusted annually) in the last four completed quarters preceding the application for benefits.

Job Protection

Generally, an employee who has taken paid family or medical leave must be restored to the employee's previous position or to an equal position, with the same status, pay, employment benefits, length-of-service credit, and seniority as of the date of leave.

These job protections do not apply to former employees, independent contractors, or self-employed individuals.

Health Insurance

Employers must provide for, contribute to, or otherwise maintain the employee's employment-related health insurance benefits, if any, at the level and under the conditions coverage would have been provided if the employee had continued working continuously for the duration of such leave.

Private Plans

If an employer offers employees paid family leave, medical leave, or both, with benefits that are at least as generous as those provided under the law, the employer may apply for an exemption from paying the contributions. Employees continue to be protected from discrimination and retaliation under the law even when an employer opts to provide paid leave benefits through a private plan.

Name of Private Insurer: _____ Private plan is for: ☐ Medical ☐ Family ☐ Both

Address: _____ Phone: _____

City, State & Zip Code: _____ Website: _____

No Retaliation or Discrimination

- It is unlawful for an employer to discriminate or retaliate against an employee for exercising any right to which s/he is entitled under the law.
- An employee or former employee who is discriminated or retaliated against for exercising rights under the law may, not more than three years after the violation occurs, institute a civil action in the superior court, and may be entitled to damages of as much as three times his or her lost wages.

If you have questions or concerns about your PFML rights, call:

PFML Paid Family & Medical Leave MASSACHUSETTS

(833) 344-7365 **or visit:** https://www.mass.gov/DFML

This notice must be posted in a conspicuous place on the employer's premises.

2025 Poster
Revised 10/2024

Paid Leave Oregon

What you need to know

Starting in September 2023, Paid Leave Oregon will serve most employees in Oregon by providing paid leave for the birth or adoption of a child, you or a loved one's serious illness or if you experience sexual assault, domestic violence, harassment, or stalking.

What benefits are provided through Paid Leave Oregon and who is eligible?

Employees in Oregon that have earned at least $1,000 in the prior year may qualify for up to 12 weeks of paid family, medical or safe leave in a benefit year. While on leave, Paid Leave Oregon pays employees a percentage of their wages. Benefit amounts depend on what an employee earned in the prior year.

Who pays for Paid Leave Oregon?

Starting on January 1, 2023, employees and employers contribute to Paid Leave Oregon through payroll taxes. Contributions are calculated as a percentage of wages and your employer will deduct your portion of the contribution rate from your paycheck.

When do I need to tell my employer about taking leave?

If your leave is foreseeable, you are required to give notice to your employer at least 30 days before starting paid family, medical or safe leave. If you do not give the required notice, Paid Leave Oregon may reduce your first weekly benefit by 25%.

How do I apply for Paid Leave?

In September 2023, you can apply for leave with Paid Leave Oregon online at **paidleave.oregon.gov** or request a paper application from the department. If your application is denied, you can appeal the decision with the Oregon Employment Department.

State of Oregon
Employment Department

What are my rights?

If you are eligible for paid leave, your employer cannot prevent you from taking it. Your job is protected while you take paid leave if you have worked for your employer for at least 90 consecutive calendar days. You will not lose your pension rights while on leave and your employer must keep giving you the same health benefits as when you are working.

How is my information protected?

Any health information related to family, medical or safe leave that you choose to share with your employer is confidential and can only be released with your permission, unless the release is required by law.

What if I have questions about my rights?

It is unlawful for your employer to discriminate or retaliate against you because you asked about or claimed paid leave benefits. If your employer is not following the law, you have the right to bring a civil suit in court or to file a complaint with the Oregon Bureau of Labor & Industries (BOLI). You can file a complaint with BOLI online, via phone or email:

Web: www.oregon.gov/boli
Call: 971-245-3844
Email: help@boli.oregon.gov

Learn more about Paid Leave Oregon
Web: paidleave.oregon.gov
Call: 833-854-0166
Email: paidleave@oregon.gov

NOTICE OF EMPLOYEE RIGHTS UNDER THE CONNECTICUT FAMILY AND MEDICAL LEAVE ACT (CTFMLA) & CONNECTICUT PAID LEAVE ACT (CTPL)

CONNECTICUT DEPARTMENT OF LABOR AND CONNECTICUT PAID LEAVE AUTHORITY

LEAVE ENTITLEMENT AND ELIGIBILITY:
The CTFMLA provides eligible employees, after 3 consecutive months on the job, up to 12 weeks of unpaid, job-protected leave during a 12-month period for qualifying family or medical leave reasons. Employees are entitled to return to their same job at the end of leave. The CTPL provides income replacement benefits to eligible employees who are unable to work for the same leave reasons. These leave options may run at the same time.

Qualifying reasons for leave include:

- The birth of a child and care within the first year after birth;
- The placement of a child with employee for adoption or foster care and care for child within the first year after placement;
- To care for a family member with a serious health condition. Family includes spouse (the person to whom one is legally married), sibling, son or daughter, grandparent, grandchild or parent, or an individual related to the employee by blood or affinity;
- Because of the employee's own serious health condition;
- To serve as an organ or bone marrow donor;
- To address qualifying exigencies arising from a spouse, son, daughter or parent's active duty service in the armed forces; or
- To care or a spouse, son, daughter, parent or next of kin with a serious injury or illness incurred on active duty in the armed forces.

It also allows eligible employees to receive two extra weeks of leave (up to a total of 14 weeks) in connection with an incapacity that occurs during pregnancy. CTFMLA further allows eligible employees to take up to 26 weeks of leave in a single 12-month period to care for a covered servicemember with a serious injury or illness.

Employees may also take up to 12 days of leave to deal with the effects of family violence separate from leave time available under state or federal law. While this is not protected under CTFMLA, it is protected under the Connecticut Family Violence Leave Act and an employee can apply for CTPL in connection with these absences.

Leave does not have to be taken all at once. Employees may take leave intermittently (in separate blocks of time) or to reduce their work schedule.

CTFMLA leave is unpaid. However, an employer may require, or an employee may request to use their accrued, paid time off. An employee may choose to preserve up to 2 weeks of their accrued, paid time off. This accrued, paid time off is in addition to the income-replacement benefits available to employees under CTPL.

APPLYING FOR INCOME-REPLACEMENT BENEFITS UNDER CTPL
Wage replacement benefits under the CTPL may also be available for CTFMLA absences. More information about Connecticut's Paid Leave program and instructions for how to apply are available at https://ctpaidleave.org/.
Some employers have received approval from the CT Paid Leave Authority to provide CTPL benefits to their employees through an approved private plan instead of through the state's CTPL program. Employers that have approved private plans are required to notify their employees how to file claims for benefits through their private plan and who the employees can contact for answers to questions about their plan. CTPL benefits are available for up to 12 weeks in a 12-month period, with an additional two weeks available to an employee for incapacity or medical treatment during pregnancy. Benefits are limited to 12 days for leave to deal with the effects of family violence.

EMPLOYER NOTIFICATION FOR CTFMLA LEAVE
Employees should provide at least 30-days advance notice to their employer of the need to take CTFMLA leave if they can. If they are unable to because they do not know they need leave, the employee must provide notice as soon as they can. An employer may require a medical certification to support a request for leave.

WHAT IS PROHIBITED?
The CTFMLA prohibits employers from:

- Interfering with or denying any rights provided by the CTFMLA or CTPL. Examples include, but are not limited to, improperly refusing to grant CTFMLA leave or discouraging employees from using CTFMLA leave or applying for CTPL benefits.
- Disciplining, terminating, discriminating against, or retaliating against any individual for taking CTFMLA leave or applying for CTPL benefits, for opposing or complaining about any unlawful practice, or being involved in any proceeding related to the CTFMLA.

If you believe that your CTFMLA rights have been violated, you can either file a complaint directly in Superior Court or with the Connecticut Department of Labor.

To file a CTFMLA complaint with the Connecticut Department of Labor, complete and submit the appropriate CTFMLA complaint form found on the Department's website found at THE CONNECTICUT FAMILY & MEDICAL LEAVE ACT and CT PAID LEAVE APPEALS.

More information about the CTFMLA is available at THE CONNECTICUT FAMILY & MEDICAL LEAVE ACT and CT PAID LEAVE APPEALS and CTPL at https://ctpaidleave.org/.

NOTICE

Connecticut General Statutes §§ 31-57r - 31-57w – Paid Sick Leave

Each employer with 25 or more employees, based on the number of employees on its payroll for the week containing January 1st annually, shall provide paid sick leave annually to each of its employees in the state. The paid sick leave shall accrue beginning January 1, 2025, for current employees, or for employees hired after January 1, 2025, beginning on the employee's date of employment.

Accrual

The accrual is at a rate of 1 hour of paid sick leave for each 30 hours worked by an employee up to a maximum of 40 hours per year (the employer shall choose any 365-day period used to calculate employee benefits in order to administer paid sick leave).

- No employee shall be entitled to use more than the maximum number of accrued hours.

Carry Over

Each employee shall be entitled to carry over up to 40 unused accrued hours of paid sick leave from the current year period to the following year period.

Use of Paid Sick Leave

An employee shall be entitled to the use of accrued paid sick leave 120 calendar days after their date of hire.

Employees may use accrued paid sick leave in one-hour increments.

Recordkeeping

Employers must track and keep records of hours worked and paid sick leave accrued and used for every employee.

Pay

Each employer shall pay each employee for paid sick leave at a pay rate equal to the greater of either:

- the normal hourly wage for that employee; or
- the minimum fair wage rate under section 31-58 of the general statutes in effect for the pay period during which the employee used paid sick leave.

Reasons for Use of Leave

An employee may use paid sick leave for his or her own:

- illness, injury or health condition;
- the medical diagnosis, care or treatment of his or her mental illness or physical illness, injury or health condition;
- preventative medical care; or
- mental health wellness day.

An employee may use paid sick leave for a family member's:

- illness, injury or health condition;
- the medical diagnosis, care or treatment of a mental or physical illness, injury or health condition; or
- preventative medical care.

An employee may use paid sick leave when either:

- the employer's place of business; or
- a family member's school or place of care

closes by order of a public official due to a public health emergency.

An employee may use paid sick leave when a health authority, the employer of the employee or the employee's family member, or a health care provider determines that the employee or the employee's family member poses a risk to the health of others because of exposure to a communicable disease.

An employee may use paid sick leave if the employee or the employee's family member is a victim of family violence or sexual assault:

- for medical care or psychological or other counseling for physical or psychological injury or disability;
- to obtain services from a victim services organization;
- to relocate due to such family violence or sexual assault;
- to participate in any civil or criminal proceedings related to or resulting from such family violence or sexual assault.

"Family member" means a spouse, sibling, child, grandparent, grandchild, or parent of an employee, or an individual who is related to the employee by blood or by an affinity whose close association the employee shows to be equivalent to those family relationships.

Documentation

No employer shall require an employee to provide any documentation that paid sick leave is being taken for a reason covered by the paid sick leave law.

Prohibition of Retaliation or Discrimination

No employer shall take retaliatory personnel action or discriminate against an employee because the employee:

- requests or uses paid sick leave either in accordance with the act; or
- in accordance with the employer's own paid sick leave policy, as the case may be; or
- files a complaint with the Labor Commissioner alleging the employer's violation of the act.

Collective Bargaining

Nothing in the act shall diminish any rights provided to any employee under a collective bargaining agreement, preempt or override the terms of any collective bargaining agreement effective prior to January 1, 2012, or July 1, 2012, pursuant to chapter 319pp.

Complaint Process

Any employee aggrieved by a violation of the provisions of the law may file a complaint with the Labor Commissioner. Upon receipt of any such complaint, said Commissioner may hold a hearing. After a hearing, the Commissioner may assess a civil penalty or award other relief.

Employees may file a complaint on the Department of Labor website: https://portal.ct.gov/dol/divisions/wage-and-workplace-standards/wage-complaint?language=en_US

This is not the complete Paid Sick Leave law. Please contact your Human Resources office for additional information.

Effective 1/1/25

COLORADO
Family and Medical Leave Insurance Program (FAMLI)
Department of Labor and Employment

FAMLI Program Notice

Updated December 2023 | famli.colorado.gov

Deductions from Employee Wages start January 1, 2023

- The employee share of FAMLI premiums is set at 0.45% of employee wages through 2024. For 2025 and beyond, the director of the FAMLI Division sets the premium rate according to a formula based on the monetary value of the fund each year. Employers with a total of ten or more employees nationwide must also contribute an additional 0.45% of wages for a total of 0.9%, but employers with nine or fewer employees are only responsible for sending the 0.45% employee share to the FAMLI Division.
- **Starting in 2023, employers may begin deducting up to 0.45% from employees' wages for FAMLI contributions.** This can be done through a simple payroll deduction, and employees will notice the deduction on their regular paychecks. Employers are responsible for collecting those deductions and sending them into the FAMLI Division on behalf of their employees once a quarter.

Benefits start January 1, 2024

- Starting in 2024, paid family and medical leave benefits are available to most Colorado employees who have a qualifying condition and who earned $2,500 over the previous year for work performed in Colorado.
- The qualifying conditions for paid family and medical leave are:
  - Caring for a new child during the first year after the birth, adoption, or foster care placement of that child.
  - Caring for a family member with a serious health condition.
  - Caring for your own serious health condition.
  - Making arrangements for a family member's military deployment.
  - Obtaining safe housing, care, and/or legal assistance in response to domestic violence, stalking, sexual assault, or sexual abuse.
- Covered employees are entitled to up to 12 weeks of paid family and medical leave per year. Individuals with serious health conditions caused by pregnancy complications or childbirth complications are entitled to up to 4 more weeks of paid family and medical leave per year for a total of 16 weeks.
- Leave may be taken continuously, intermittently, or in the form of a reduced schedule.
- Leave will be paid at a rate of up to 90% of the employee's average weekly wage, based on a sliding scale. Employees may estimate their benefits by using the benefits calculator available at famli.colorado.gov.
- You don't have to work for your employer a minimum amount of time in order to qualify for paid family and medical leave benefits.
- If FAMLI leave is used for a reason that also qualifies as leave under the federal FMLA, then the leave will also count as FMLA leave used.
- Employees may choose to use sick leave or other paid time off before using FAMLI benefits, but they are not required to do so.
- Employers and employees may mutually agree to supplement FAMLI benefits with sick leave or other paid time off in order to provide full wage replacement.

Filing Claims

- Benefits will be available starting January 2024. Instructions on how to apply for benefits are available at famli.colorado.gov.
- Employees or their designated representatives apply for FAMLI benefits by submitting an application and any required documentation through My FAMLI+, available at famli.colorado.gov.
- Applications may be submitted in advance of the absence from work, and in some circumstances, they may be submitted after the absence has begun.
- Approved applications will be paid by the FAMLI Division within two weeks after the claim is properly filed, and weekly thereafter for the duration of the approved leave.
- Employees can appeal claim determinations to the FAMLI Division.
- Individuals who attempt to defraud the FAMLI program may be disqualified from receiving benefits.

Job protection and continued benefits

- Employers may not interfere with employees' rights under FAMLI, and may not discriminate or retaliate against them for exercising those rights, including taking FAMLI leave, talking to others about FAMLI, and filing complaints of FAMLI violations.
- An employee who has worked for the employer for at least 180 days is entitled to return to the same position, or an equivalent position, upon their return from FAMLI leave.

Retaliation, Discrimination, and Interference Prohibited

- Employers may not interfere with employees' rights under FAMLI, and may not discriminate or retaliate against them for exercising those rights.
- Employees who suffer retaliation, discrimination, or interference may file suit in court, or may file a complaint with the FAMLI Division.

Other Important Information

- An employer may offer a private plan that provides the same benefits as the state FAMLI plan, and imposes no additional costs or restrictions. Private plans must be approved by the FAMLI Division.
- Employees and employers are encouraged to report FAMLI violations to the FAMLI Division.

Pregnancy Rights of Employees

Non-Discrimination

Louisiana employers who employ more than twenty-five employees for each working day in each of twenty or more calendar weeks in the current or preceding calendar year are prohibited from discriminating against an applicant for employment or an employee with medical needs causing limitations arising from **pregnancy, childbirth,** and **related medical conditions.**

Reasonable Accommodations

Louisiana employers have a general duty to reasonably accommodate an employee's physical limitations caused by her pregnancy, unless the employer can demonstrate the accommodation would pose an undue hardship on the operation of its business. "Reasonable accommodation" may include but is not limited to:

- Making existing facilities readily accessible to and usable by an applicant or employee with covered limitations;
- Providing scheduled and more frequent or longer compensated break periods;
- Providing more frequent bathroom breaks;
- Providing a private place, other than a bathroom stall, for the purpose of expressing breast milk;
- Modifying food or drink policy;
- Providing seating or allowing the employee to sit more frequently if the job requires the employee to stand;
- Assistance with manual labor and limits on lifting;
- Temporarily transferring the employee to a less strenuous or hazardous vacant position, if qualified;
- Providing job restructuring or light duty, if available;
- Acquiring or modifying equipment or devices necessary for performing essential job functions; or
- Modifying work schedules.

Employer Obligations

In addressing an employee's pregnancy, childbirth, or related medical condition, Louisiana employers may not:

- Refuse to promote her;
- Refuse to select her for a training program leading to promotion, provided she is able to complete the training program at least three months prior to the anticipated date of departure for her pregnancy leave;
- Discharge her from employment or from a training program leading to promotion;
- Discriminate against her in compensation or in terms, conditions, or privileges of employment;
- Deny the same benefits and privileges of employment given other non-pregnant persons, including the taking of disability or sick leave made available to temporarily disabled employees;
- Deny leave to her for a reasonable amount of time;
- Refuse to transfer her to a less strenuous or hazardous position, if so requested and if a policy, practice, or collective bargaining agreement is in place authorizing such a transfer.

The provisions of law detailed herein may be found in La. R.S. 23:341 and 23:342.

Complaints arising from these provisions of law may be made to the Louisiana Commission on Human Rights (LCHR). To learn more or to file a complaint online please visit the following site: https://gov.louisiana.gov/page/lchr.

La. R.S. 23:342 states that this notice shall be posted in a conspicuous place in an area that is accessible to employees in an employer's place of business.

November 2021

LOUISIANA WORKFORCE COMMISSION
The Department of Labor

www.laworks.net

An Equal Opportunity Employer Program. Auxiliary aids and services are available upon request to individuals with disabilities. 1-800-259-5154 (TDD)

VICTIMS OF DOMESTIC OR SEXUAL VIOLENCE

LEAVE TIME ALLOWED

See Section 285.630, RSMo., and refer to Sections 285.625 to 285.670 RSMo. for definitions.

EMPLOYEES who are victims of domestic or sexual violence, or have a family or household member who is a victim of domestic or sexual violence, may take unpaid leave from work to address such violence by:

- Seeking medical attention for, or recovering from, physical or psychological injuries caused by such violence.
- Obtaining services from a victim services organization.
- Obtaining psychological or other counseling.
- Participating in safety planning, temporarily or permanently relocating, or taking other actions to increase the safety of the employee or employee's family or household.
- Seeking legal assistance or remedies to ensure health and safety.

In the case of domestic or sexual violence as defined by statute, an individual who works for a business with 50 or more employees is entitled to up to two workweeks of unpaid leave within any 12-month period to address the related matters above. An individual who works for a business employing 20 to 49 employees is entitled to up to one workweek of unpaid leave within any 12-month period to address such matters.

Leave may be taken intermittently or on a reduced work schedule. The employee shall provide to the employer 48 hours notice unless such notice is not practicable.

EMPLOYER:

- May request certification that the employee or member of family or household is a victim as described above.
- Must restore the employee to the position of employment held prior to the reporting of domestic or sexual violence or an equivalent position.
- Must maintain coverage for the employee and any family or household member under any group health plan for the duration of such leave at the level and under the conditions coverage would have been provided had the employee continued in the employment previously held.
- May, under many circumstances, recover from the employee the premium paid for maintaining coverage if the employee fails to return from leave after the leave period has expired.

Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program.
TDD/TTY: 800-735-2966 Relay Missouri: 711

DIVISION OF LABOR STANDARDS

LS -112 (01-23) AI

New Jersey Department of Labor and Workforce Development

Your employer is subject to the

Family Leave Insurance

provisions of the New Jersey Temporary Disability Benefits Law

New Jersey law provides up to 6 weeks of family leave insurance benefits. Beginning July 1, 2020, the law will allow up to 12 weeks of continuous family leave or 56 days of intermittent leave. Employees who are covered by family leave insurance can apply for benefits to:

- bond with a child within 12 months of the child's birth or placement by adoption or foster care. The applicant, or the applicant's spouse or domestic or civil union partner, must be the child's biological, adoptive or foster parent, unless a surrogate carried the child.
- care for a family member with a serious health condition. Supporting documentation from a health care provider is mandatory.
- care for a victim of domestic violence or a sexually violent offence or for a victim's family member.

"Family member" means a child, parent, parent-in-law, sibling, grandparent, grandchild, spouse, domestic partner, civil union partner, and any other person related by blood to the employee or with whom the employee has a close association that is the equivalent of a family relationship.

"Child" means a biological, adopted, or foster child, stepchild or legal ward of a parent. A child gained by way of a valid written contract between the parent and a surrogate (gestational carrier) is included in this definition.

State Family Leave Insurance Plan ("state plan")

You can get program information and an application for family leave benefits (form FL-1) online at *myleavebenefits.nj.gov*, by phone at 609-292-7060, or by mail: Division of Family Leave Insurance, P.O. Box 387, Trenton, NJ 08625-0387.

New mothers who receive temporary disability benefits through the state plan for their pregnancy will get instructions on how to file for family leave benefits after the child is born.

Private Family Leave Insurance Plan ("private plan")

An employer may provide family leave insurance through a private insurance carrier, if this Division approves the plan. If your employer has an approved private plan, your employer must provide information about coverage and provide the forms to apply for benefits.

Who pays for Family Leave Insurance?

Payroll contributions from employees finance this program. Family leave insurance coverage under the state plan will require contributions to be deducted from employee wages. The deductions must be noted on the employee's pay envelope, paycheck, or on some other form of notice. In 2018, the taxable wage base for family leave insurance benefits is the same as the taxable wage base for unemployment and temporary disability insurance.

Enforced by: NJ Department of Labor and Workforce Development
Division of Temporary Disability Insurance, PO Box 387, Trenton, NJ 08625-0387

This and other required employer posters are available free online at *nj.gov/labor*, or from the Office of Constituent Relations, PO Box 110, Trenton, NJ 08625-0110 • 609-777-3200.

The New Jersey Department of Labor and Workforce Development is an equal opportunity employer with equal opportunity programs. Auxiliary aids and services are available upon request to individuals with disabilities.

NEW JERSEY DEPARTMENT OF LWD LABOR AND WORKFORCE DEVELOPMENT
nj.gov/labor

Display this poster in a conspicuous place

PR-2 (4/19)

Employer Name:	Asahi KASEI America, Inc.
Employer State of Situs:	North Carolina
Name of Issuer:	Blue Cross Blue Shield of North Carolina
Plan Marketing Name:	Blue Options Asahi Kasei HSHP with HSA Fund
Plan Year:	2025

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2025 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	Employer Plan Covered Benefit?
1	Accidental Injury – Dental	Ambulatory	Pgs. 10 & 17	
2	Allergy Injections and Testing	Ambulatory	Pg. 11	
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	
4	Durable Medical Equipment	Ambulatory	Pg. 13	
5	Hospice	Ambulatory	Pg. 28	
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	
11	Sterilization (vasectomy men)	Ambulatory	Pg. 19	
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	
17	Reconstructive Surgery	Hospitalization	Pgs. 15 - 16, & 35	
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	
19	Skilled Nursing Facility	Hospitalization	Pg. 21	
20	Transplants - Human Organ Transplants (including transportation & lodging)	Hospitalization	Pgs. 18 & 31	
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	
22	Intranasal opioid reversal agent associated with opioid overdosing	MH/SUD	Pg. 32	
23	Mental (Behavioral) Health Treatment (including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	
25	Substance Use Disorders (including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	
26	Tele-Psychiatry	MH/SUD	Pg. 11	
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental Document	
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 18	
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 18	
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 18	
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 18	
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

Employer Name:	Asahi KASEI America, Inc.
Employer State of Situs:	North Carolina
Name of Issuer:	Blue Cross Blue Shield of North Carolina
Plan Marketing Name:	Blue Options Asahi Kasei Core PPO
Plan Year:	2025

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2025 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	Employer Plan Covered Benefit?
1	Accidental Injury – Dental	Ambulatory	Pgs. 10 & 17	
2	Allergy Injections and Testing	Ambulatory	Pg. 11	
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	
4	Durable Medical Equipment	Ambulatory	Pg. 13	
5	Hospice	Ambulatory	Pg. 28	
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	
19	Skilled Nursing Facility	Hospitalization	Pg. 21	
20	Transplants - Human Organ Transplants (including transportation & lodging)	Hospitalization	Pgs. 18 & 31	
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	
23	Mental (Behavioral) Health Treatment (including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	
25	Substance Use Disorders (including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	
26	Tele-Psychiatry	MH/SUD	Pg. 11	
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See Allkids Pediatric Dental Document	
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 10 & 16	
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	
38	Pap Tests/ Prostate-Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

Employer Name:	Asahi KASEI America, Inc.
Employer State of Situs:	North Carolina
Name of Issuer:	Blue Cross Blue Shield of North Carolina
Plan Marketing Name:	Blue Options Asahi Kasei Enhanced PPO
Plan Year:	2025

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2025 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

Item	EHB Benefit	EHB Category	Benchmark Page # Reference	Employer Plan Covered Benefit?
1	Accidental Injury – Dental	Ambulatory	Pgs. 10 & 17	
2	Allergy Injections and Testing	Ambulatory	Pg. 11	
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	
4	Durable Medical Equipment	Ambulatory	Pg. 13	
5	Hospice	Ambulatory	Pg. 28	
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 18 & 24	
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	
15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	
16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	
19	Skilled Nursing Facility	Hospitalization	Pg. 21	
20	Transplants - Human Organ Transplants (including transportation & lodging)	Hospitalization	Pgs. 18 & 31	
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	
22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	
23	Mental (Behavioral) Health Treatment (including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	
25	Substance Use Disorders (including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	
26	Tele-Psychiatry	MH/SUD	Pg. 11	
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See ABSide Pediatric Dental Document	
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	
31	Outpatient Prescription Drugs	Prescription drugs	Pgs. 29 - 34	
32	Colorectal Cancer Examination and Screening	Preventive and Wellness Services	Pgs. 12 & 16	
33	Contraceptive/Birth Control Services	Preventive and Wellness Services	Pgs. 13 & 16	
34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 35, & 24	
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 16	
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 16	
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	
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Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

Employer Name:	Asahi KASEI America, Inc.
Employer State of Situs:	North Carolina
Name of Issuer:	Blue Cross Blue Shield of North Carolina
Plan Marketing Name:	Blue Options Asahi Kasei Basic PPO
Plan Year:	2025

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
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- Prescription drugs
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- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2025 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)

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6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	
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11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	
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17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	
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25	Substance Use Disorders (including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	
26	Tele-Psychiatry	MH/SUD	Pg. 11	
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	
28	Pediatric Dental Care	Pediatric Oral and Vision Care	See Alkids Pediatric Dental Document	
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34	Diabetes Self-Management Training and Education	Preventive and Wellness Services	Pgs. 11 & 35	
35	Diabetic Supplies for Treatment of Diabetes	Preventive and Wellness Services	Pgs. 31 - 32	
36	Mammography - Screening	Preventive and Wellness Services	Pgs. 12, 15, & 24	
37	Osteoporosis - Bone Mass Measurement	Preventive and Wellness Services	Pgs. 12 & 18	
38	Pap Tests/ Prostate- Specific Antigen Tests/ Ovarian Cancer Surveillance Test	Preventive and Wellness Services	Pg. 18	
39	Preventive Care Services	Preventive and Wellness Services	Pg. 18	
40	Sterilization (women)	Preventive and Wellness Services	Pgs. 10 & 19	
41	Chiropractic & Osteopathic Manipulation	Rehabilitative and Habilitative Services and Devices	Pgs. 12 - 13	
42	Habilitative and Rehabilitative Services	Rehabilitative and Habilitative Services and Devices	Pgs. 8, 9, 11, 12, 22, & 35	

Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

State of Illinois
Illinois Department of Labor

This is a summary of laws that satisfies Illinois Department of Labor posting requirements.

Your Rights Under Illinois Employment Laws

The mission of the Illinois Department of Labor is to protect and promote the wages, welfare, working conditions, and safety of Illinois workers by enforcing State labor and employment laws, providing compliance assistance to employers, and increasing public awareness of workplace protections. Through enforcement, education, and community partnerships, the Department works to ensure that workers are paid what they are owed and that employers who follow the law remain competitive.

Minimum Wage & Overtime

SETS MINIMUM WAGE FOR EMPLOYEES

Effective Jan. 1 2025

$15.00 PER HOUR

Applies to employers with 4 or more employees. Domestic workers are covered even if the employer only has 1 worker. Certain workers are not covered by the Minimum Wage Law and some workers may be paid less than the minimum wage under limited conditions.

$9.00 PER HOUR

Applies to tipped employees. If an employee's tips combined with the wages from the employer do not equal the minimum wage, the employer must make up the difference.

$13.00 PER HOUR

Applies to youths (under 18) working fewer than 650 hours per calendar year.

Overtime

Most hourly employees and some salaried employees are covered by the overtime law and must be compensated at time and one-half their regular pay for hours worked over 40 in a workweek.

Hotline: 1-800-478-3998

Child Labor

WORKERS UNDER AGE 16

Children under the age of 14 may not work in most jobs, except under limited conditions.
14 and 15-year-olds may work if the following requirements are met:

- Employment certificates have been issued by the school district and filed with the Department of Labor confirming that a minor is old enough to work, physically capable to perform the job, and that the job will not interfere with the minor's education;
  - The work is not deemed a hazardous occupation (a full listing can be found on our website);
  - Work is limited to 3 hours per day on school days, 8 hours per day on non- school days and no more than 6 days or 18 hours per week when school is in session or 40 hours per week when school is not in session.
  - Work is performed only between the hours of 7 a.m. to 7 p.m. during the school year (7 a.m. to 9 p.m. June through September); and
  - A 30-minute meal period is provided no later than the fifth hour of work.

Hotline: 1-800-645-5784

Unpaid Wages

WAGE PAYMENT AND COLLECTION ACT

- Employees must receive their final compensation, including earned wages, vacation pay, commissions and bonuses on their next regularly scheduled payday.
- Unauthorized deductions from paychecks are not allowed except as specified by law.
- Employers must reimburse employees for all necessary expenditures or losses incurred by an employee during the scope of employment and related to services performed for the employer. Employee must submit reimbursement request within 30 calendar days unless an employer policy allows for additional time to submit.
- Employer must provide an employee with a paystub for every pay period.

Hotline: 1-312-793-2808

Meal & Rest Periods

ONE DAY REST IN SEVEN ACT

Provides employees with 24 consecutive hours of rest within every seven (7) consecutive day period.

- Employers may obtain permits from the Department allowing employees to voluntarily work seven consecutive days.
- Employees working 7 1/2 continuous hours must be allowed a meal period of at least 20 minutes no later than 5 hours after the start of work, and an additional 20 minutes if working a 12 hour shift or longer.
- Employees must be afforded reasonable bathroom breaks.

Hotline: 1-312-793-2804

Violent Crime Victims' Leave

Provides employees who are victims of domestic, gender, or sexual violence, or other crimes of violence, or who have family or household members who are victims with up to 12 weeks of unpaid leave and other accommodations and protections during a 12-month period.

- Effective 1/1/24 employees who have worked at least 1250 hours in the previous 12 months working for employers with 50 or more employees (employees eligible under the Family Bereavement Leave Act, 820 ILCS 154 et seq.) are entitled to 2 additional weeks unpaid leave for certain reasons relating to a family or household member's death due to a crime of violence to be completed within 60 days after the date the employee received notice of the death of the victim.

Hotline: 1-312-793-2800

Paid Leave

REQUIRES PAID LEAVE FOR ANY REASON

- **Workers:** Earn up to 40 hours of paid leave from work per year.
- **Use:** Workers can use paid leave for any reason of their choosing. Employers may not require workers to provide a reason for their paid leave request.
- **Accrual:** Workers earn 1 hour of paid leave for every 40 hours they work. Employers may also provide workers with all paid leave hours at the start of the 12-month period (frontloading).
- **Carryover:** Workers rollover all unused accrued paid leave at the end of the year. Any unused frontloaded leave does not have to be carried over.
- **Retaliation is prohibited:** Penalties may apply to employers that take adverse action against workers who exercise their rights under this law.

Existing Policy and Exclusions

Certain exceptions may apply for employers who already provide their workers with paid leave. There are also certain categories of workers that are not covered by the law.

Hotline: 312-793-2600

Equal Pay Act

Requires employers to pay equal wages to men and women doing the same or substantially similar work, unless such wage differences are based upon a seniority system, a merit system, or factors other than gender.

- Employers and employment agencies are banned from asking applicants past wage and compensation histories.
- Employees may disclose or discuss their own salaries, benefits, and other compensation with their co-workers and colleagues.
- Employers are not allowed to pay less to African American employees versus non- African American employees
- Certain employees at large businesses may request wage/salary history for their job title from IDOL.
- Employers that publish job postings must include that position's pay and benefits if an individual works in Illinois or, if working remotely out of state, reports to a supervisor or work location in Illinois.

Hotline: 1-866-372-4365

For more information or to file a complaint, contact the Department at:
524 South 2nd St, Suite 400, Springfield, IL 62701 (217) 782-6206
160 N. LaSalle, St, Suite C-1300, Chicago, IL 60601 (312) 793-2800
2309 W. Main Street, Suite 115 Marion, IL 62959 (618) 993-7090
For a complete text of the laws, visit our website: www.labor.illinois.gov

THIS NOTICE MUST BE DISPLAYED IN A CONSPICUOUS PLACE ON THE PREMISES OF THE EMPLOYER WHERE OTHER NOTICES ARE POSTED.

Printed by Authority of State of Illinois 12/24 IOCI 25-1213 IOCI

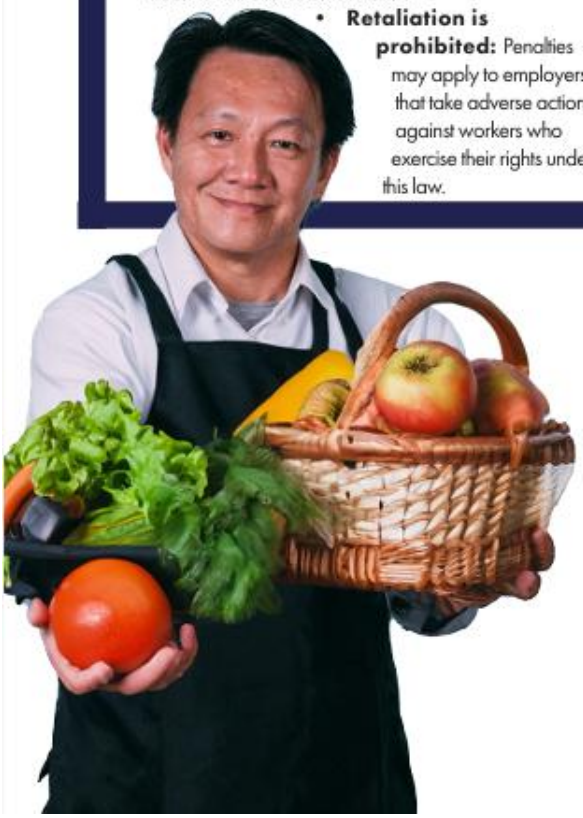
State of Illinois
Illinois Department of Labor

PAID LEAVE FOR ALL WORKERS ACT NOTICE

Employers must provide employees with up to 40 hours of paid leave for any reason.

Paid Leave

- **Workers:** Earn up to 40 hours of paid leave from work per year.
- **Use:** Workers can use paid leave for any reason of their choosing. Employers may not require workers to provide a reason for their paid leave request or require a worker to find a replacement worker.
- **Accrual:** Workers earn 1 hour of paid leave for every 40 hours they work. Employers may also provide workers with all paid leave hours at the start of the 12-month period (frontloading).
- **Carryover:** Workers rollover all unused accrued paid leave at the end of the year. Any unused frontloaded leave does not have to be carried over.
- **Retaliation is prohibited:** Penalties may apply to employers that take adverse action against workers who exercise their rights under this law.



Penalties

Workers may recover the amount they should have been paid for the leave, penalties, and other equitable relief.

Filing a Complaint

A worker may file a complaint with the Illinois Department of Labor alleging a violation of this Act by filling out a complaint form at **labor.illinois.gov/paidleave**.

Existing Policy and Exclusions

Certain exceptions may apply for employers who already provide their workers with paid leave. There are also certain categories of workers that are not covered by the law.

See QR code for more information on how to file a complaint and applicable exceptions to the law.

For a complete text of the laws, visit our website at:
www.labor.illinois.gov

For more information or to file a Complaint, contact us at:
DOL.PaidLeave@illinois.gov
312-793-2600

THIS NOTICE MUST BE DISPLAYED IN A CONSPICUOUS PLACE ON THE PREMISES OF THE EMPLOYER WHERE OTHER NOTICES ARE POSTED.

State of Illinois
Illinois Department of Labor

Victims' Economic Security and Safety Act (VESSA)

REQUIRED NOTICE FOR EMPLOYERS

VESSA provides employees who are victims of domestic violence, sexual violence, gender violence, or any other crime of violence, and employees who have a family or household member who is a victim of such violence, with unpaid, job-guaranteed leave; reasonable accommodations; and protections from discrimination and retaliation.

This time may be used if the employee or the employee's family or household member is:

- Experiencing an incident of domestic violence, sexual violence, gender violence, or any other crime of violence
- Recovering from the violence;
- Seeking or receiving medical help, legal assistance (including participation in legal proceedings), counseling, safety planning, or other assistance;
- Temporarily or permanently relocating;
- Taking other actions to increase the safety of the victim from future domestic, sexual, or gender violence, or any other crime of violence, or to ensure economic security.
- Attending the funeral or alternative to a funeral if death is caused by crime of violence;
- Making arrangements necessitated by a death caused by a crime of violence; or
- Grieving a death caused by a crime of violence.

NOTICE AND CERTIFICATION Employees must provide the employer with at least 48 hours advance notice of the intention to take leave, unless providing advance notice is not practicable. If an employee is unable to provide advance notice, an employee must provide notice when an employee is able to do so, within a reasonable period of time after the absence.
Certification may be provided to the employer by a sworn statement of the employee and other documentation, if the employee has possession, such as the following:

- Documentation from an employee, agent or volunteer of a victim services organization, an attorney, a member of the clergy, or medical or other professional assisting in addressing the violence;
- A police, court, or military record;
- A death certificate, published obituary, or written verification of death, burial, or memorial services, or
- Other corroborating evidence.

AMOUNT OF LEAVE permitted during a 12-month period under the VESSA based on number of employees:

Number of employees	Leave permitted
1-14 employees	4 weeks
15-49 employees	8 weeks
50 or more employees	12 weeks*

Leave may be taken consecutively, intermittently, or on a reduced work schedule basis.

*As of January 1, 2024, employees who have worked at least 1250 hours in the previous 12 months working for employers with 50 or more employees (employees eligible under the Family Bereavement Leave Act, 820 ILCS 154 et seq.) are entitled to 2 additional weeks unpaid leave for certain reasons relating to a family or household member's death due to a crime of violence to be completed within 60 days after the date the employee received notice of the death of the victim.

ACCOMMODATIONS VESSA provides that employees are entitled to reasonable accommodations to address the needs of the victim(s). Accommodations include, but are not limited to, an adjustment to the job structure, workplace facility, work requirements, or telephone number, seating assignment, or physical security of the work area.

DISCRIMINATION AND RETALIATION VESSA prohibits employers from discriminating, retaliating, or otherwise treating an employee or job applicant unfavorably if the individual involved:

- Is or is perceived to be a victim of domestic, sexual, or gender violence, or any other crime of violence;
- Attended, participated in, prepared for, or requested leave to attend, participate in, or prepare for a criminal or civil court or administrative proceeding relating to domestic, sexual, or gender violence, or any other crime of violence;
- Requested or took VESSA leave for any reason;
- Requested an accommodation, regardless of whether the accommodation was granted;
- The workplace is disrupted or threatened by the action of a person whom the individual states has committed or threatened to commit domestic, sexual, or gender violence, or any other crime of violence, against the individual or the individual's family or household member; or
- Exercised any other rights under VESSA.

COMPLAINTS For information on filing a complaint please call: **312-793-2600** or visit labor.illinois.gov/vessa

CONFIDENTIALITY Employers must maintain the confidentiality of all information pertaining to the use of VESSA leave pursuant to 820 ILCS 180/30(d).

labor.illinois.gov • DOL.LeaveRights@Illinois.gov

Lincoln Tower Plaza
524 South 2nd Street, Suite 400
Springfield, Illinois 62701
(217) 782-6206
Fax: (217) 782-0596

Michael A Bilandic Building
160 North LaSalle, Suite C-1300
Chicago, Illinois 60601-3150
(312) 793-2800
Fax: (312) 793-5257

Regional Office Building
2309 West Main Street, Suite 115
Marion, Illinois 62959
(618) 993-7090
Fax: (618) 993-7258

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CHICAGO OFFICE OF LABOR STANDARDS

MINIMUM WAGE

SETS MINIMUM WAGE IN CHICAGO (MCC 6-105)

July 1, 2025, Effective Date	Standard Employer 4 or more employees	Youth Workers	Tipped Workers	
			Standard Employer	Youth
Min Wage	$16.60	$16.50	$12.62	$12.54
Overtime Min Wage	$24.90	$24.75	$20.92	$20.79

All Domestic Workers must receive at least the $16.60 minimum wage.
If the tipped wage plus tips does not equal the minimum wage, the Employer must make up the difference.

WAGE THEFT

FORBIDS THE THEFT OF WAGES AND BENEFITS (MCC 6-100)

Wage Theft	Violations and Fines
• Wage Theft means the non-payment of wages, including paid time off or other paid benefits • Employers must pay Workers on time	• Workers can recoup unpaid wages plus damages • Violators may be subject to fines or civil actions

HUMAN TRAFFICKING

WORKERS ARE PROTECTED UNDER CHICAGO AND ILLINOIS LAW

If you or someone you know is being forced to engage in any activity or forced to work, cannot leave, is having their wages taken, has had their passport or ID taken away, or is being threatened with deportation if they don't work,
Call the National Human Trafficking Hotline 1-888-373-7888 or **Text "HELP"** to 233733 to access free help and services.
Available at all times in 160 languages and operated by a nongovernmental organization.

FILE A COMPLAINT

Call 311, use the CHI 311 app, or file a Complaint Form at Chicago.gov/LaborStandards.

ADDITIONAL RESOURCES AND CONTACT INFORMATION

Chicago.gov/LaborStandards

Additional guidance and resources are available at the above listed website. You can find FAQ (frequently asked question) forms, and applicable Promulgated Rules and Regulations for all Chicago Labor Laws.

Address of OLS	E-mail and Phone Number of OLS	Webinar Recordings
Office of Labor Standards 2350 West Ogden Avenue, 2nd Floor Chicago, Illinois 60608	You can reach the OLS at: bacplaborstandards@cityofchicago.org Or 312-744-2211	OLS routinely hosts educational webinars on Chicago's Labor Laws, recordings of those webinars can be accessed at: https://www.youtube.com/chicagobacp

BACP
Business Affairs and Consumer Protection

This Notice must be displayed in a conspicuous place at the place of employment and provided with each Covered Employee's first paycheck. Retaliation is prohibited. Notice effective on July 1, 2025. Last updated May 31, 2025.
Scan QR Code to find info for each Labor Law:

CHICAGO OFFICE OF LABOR STANDARDS

PAID LEAVE

REQUIRES PAID LEAVE TO BE USED FOR ANY REASON (MCC 6-130)

Employers must provide Employees who work at least 80 hours within any 120-day period the ability to use Paid Leave (PL) for any reason for an Employee's choosing

Earning Leave	Using Leave	Carrying Over
PL accrues at a rate of 1 hour of PL for every 35 hours worked (up to 40 hours in a 12- month period)	Employees must be allowed to use accrued PL no later than on the 90th day following the commencement of employment	Up to 16 PL hours can be carried over between 12-month periods (if PL is not frontloaded)

PAID SICK AND SAFE LEAVE

REQUIRES PAID LEAVE FOR MEDICAL OR SAFETY REASONS (MCC 6-130)

Employers must provide Employees who work at least 80 hours within any 120-day period the ability to use Paid Sick Leave (PSL) for medical and safety reasons for both the Employees and their family members

Earning Leave	Using Leave	Carrying Over
PSL accrues at a rate of 1 hour of PSL for every 35 hours worked (up to 40 hours in a 12- month period)	Employees must be allowed to use accrued PSL no later than on the 30th day following the commencement of employment	Up to 80 PSL hours can be carried over between 12-month period

EMPLOYER POLICIES

EMPLOYERS MUST PROVIDE PAID TIME OFF POLICIES (MCC 6-130)

Policies	Payout of PL upon employment termination
• Establishment of Paid Time Off Policies, Employer must share Paid Time Off policies with Employees; Paid Leave can be reasonably denied; minimum usage increments cannot exceed 4 hours for PL and 2 hours for PSL	• Small Employers (1-50 employees) are exempt • Medium Employers (51-100 employees) and Large Employers (101+ employees) must pay out up to 56 hours

FILE A COMPLAINT

Call 311, use the CHI 311 app, or file a Complaint Form at Chicago.gov/LaborStandards.

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Scan QR Code to find info for each Labor Law:

dc paid family leave

GOVERNMENT OF THE DISTRICT OF COLUMBIA

DISTRICT OF COLUMBIA DEPARTMENT OF EMPLOYMENT SERVICES

DEPARTMENT OF EMPLOYMENT SERVICES

NOTICE TO EMPLOYEES

Information on Paid Family Leave in the District of Columbia

Your employer is subject to the District of Columbia's Paid Family Leave law, which provides covered employees paid time off from work for qualifying parental, family, medical, and prenatal events. For more information about the Paid Family Leave program, please visit the Office of Paid Family Leave's website at dcpaidfamilyleave.dc.gov.

Covered Workers

To receive benefits under the Paid Family Leave program, you must work for a covered employer in DC. To find out if you are a covered worker, you can ask your employer or contact the Office of Paid Family Leave using the contact information below. Your employer is required to tell you if you are covered by the Paid Family Leave program. Additionally, your employer is required to provide you information about the Paid Family Leave program at these three (3) times:

1. At the time you were hired;
2. At least once a year; and
3. If you ask your employer for leave that could qualify for benefits under the Paid Family Leave program.

Covered Events

There are four (4) kinds of Paid Family Leave benefits:

1. Parental leave - receive benefits to bond with a new child for up to 12 weeks in a year;
2. Family leave - receive benefits to care for a family member for up to 12 weeks in a year;
3. Medical leave - receive benefits for your own serious health condition for up to 12 weeks in a year; and
4. Prenatal leave - receive benefits for prenatal medical care for up to 2 weeks in a year.

Maximum Leave Entitlement

Each kind of leave has its own eligibility rules and its own limit on the length of time you can receive benefits in a year. The maximum amount of leave for any combination of parental, family, and medical leave is 12 weeks. However, there is an exception for pregnant women who take prenatal leave. Pregnant women are eligible for 2 weeks of prenatal leave while pregnant and 12 weeks of parental leave after giving birth, for a maximum of 14 weeks.

Applying for Benefits

If you have experienced an event that may qualify for benefits, be sure to apply no more than 30 days after your event. You can learn more about applying for benefits with the Office of Paid Family Leave at dcpaidfamilyleave.dc.gov.

Benefit Amounts

Paid Family Leave benefits are based on the wages your employer paid to you and reported to the Department of Employment Services. If you believe your wages were reported incorrectly, you have the right to provide proof of your correct wages. The current maximum weekly benefit amount is $1,190.

Employee Protection

The Office of Paid Family Leave does not administer any job protections for District workers who take leave from work. However, some job protections may be available under laws and regulations administered by the District's Office of Human Rights (OHR).

Under the Universal Paid Leave Act, the Office of Paid Family Leave is required to provide notice of the following:

1. That retaliation by a covered employer against a covered employee for requesting, applying for, or using paid-leave benefits is prohibited;
2. That an employee who works for a covered employer with under 20 employees shall not be entitled to job protection if he or she decides to take paid leave pursuant to this act; and
3. That employees have a right to file a complaint with OHR if they feel they have been retaliated against for requesting, applying for, or using paid leave.

For more information on OHR and job protections, please visit the following web address: **ohr.dc.gov**.

For more information about Paid Family Leave, please visit the Office of Paid Family Leave's website at dcpaidfamilyleave.dc.gov, call 202-899-3700, or email does.opfl@dc.gov.