

# Asahi**KASEI**



## 2023 BENEFIT GUIDE

benefits to help you **GROW**



# How to Enroll

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

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



## WORKDAY MOBILE APP

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



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

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



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

# Benefit Basics

## Eligibility

All regular employees averaging 30 or more hours per week are eligible for benefits.

If you elect coverage, your dependents are also eligible for medical, dental, vision, and voluntary life and AD&D insurance coverage. Eligible dependents include:

- Your legal spouse
- Your legal child(ren). Child includes your natural, adopted child(ren), stepchild(ren), or any child for whom you have legal custody. Eligible children include:
  - > Your children up to age 26; and
  - > Your mentally or physically disabled children of any age if they rely on you for support and became disabled before age 26.

## When Coverage Begins

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

## When Coverage Ends

Coverage for you and your dependents terminates on your last day of employment. If your dependent has reached the maximum age, coverage ends on the last day of the month they reach age 26. **If you enroll an ineligible dependent on the Plan you may be subject to disciplinary steps up to and including termination. In addition, you may be held financially responsible for ineligible claims and administrative fees paid by the Plan.**



## When You Can Change Coverage

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

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

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



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

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

If you do not notify the Benefits Team within the specified timeframe, you must wait until the next annual enrollment period to make a change.

Changes in coverage must be due to an eligible event and be consistent with the event. For example, if you have a new baby, you can elect coverage that includes the baby.

# Medical Plans

You have three medical plan options: Plan A (Core), PPO Plan 2, and the HDHP with Health Savings Account administered by Blue Cross Blue Shield of North Carolina (BCBS NC). It's important to review your medical plan options each year to choose the right one for you and your family. While the plans are similar in some ways, each has its own features when it comes to how much you pay out-of-pocket for medical and prescription expenses. It's important to review the medical plan comparison chart to see how each plan covers different types of services.



## How the PPO Plans Work

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

## Here's How the PPO Plans Work:



You pay nothing for eligible in-network preventive care.



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



For in-network services, once you meet the deductible, the plan will pay 85% (Plan A Core) or 90% (PPO 2) coinsurance\*.

\*80% for chiropractic services



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

# Medical Plans

## How the HDHP with Health Savings Account (HSA) Works

The High Deductible Health Plan (HDHP) with HSA is designed to give you more control over your medical expenses while saving for future expenses. This type of plan has higher deductibles and no copays for services or prescription drugs, so all coverage is subject to deductible and coinsurance. However, the cost to enroll in the plan (employee payroll deductions) is less expensive, such that any cost savings can be re-directed to the HSA to save for qualified medical expenses.

- Under the HDHP with HSA Plan, you pay out-of-pocket for most of your healthcare costs until you reach your deductible. After you reach your deductible, coinsurance kicks in and the plan begins to pay a portion of your costs until you reach your out-of-pocket maximum. Preventive care services are always covered 100%, even if you have not met your deductible.
- Like the PPO plan, you don't need a referral—you can see any provider you want to see, even a specialist.
- You can go outside of the BCBS NC network to see non-participating providers, but your benefits will be reduced and you'll pay more out-of-pocket. (Also see **Important Notice** on page 4.)
- To find BCBS NC HDHP providers in North Carolina, go to [www.BlueCrossNC.com](http://www.BlueCrossNC.com) and click "Find Doctor/Drug/Facility."

## What is a Health Savings Account?

A Health Savings Account (HSA) is a private savings account. You make tax-free contributions to the account and use it to pay for qualified medical, dental and vision expenses for you, your spouse, and for dependents you claim on your tax return. The money is not taxed as long as it is used for qualified expenses.

- You are considered eligible to contribute only if you:
  - > Are covered under a qualified high deductible health plan (the BCBS NC HDHP with HSA is qualified)
  - > Have no other health coverage under a non-qualified medical plan (such as a PPO)
  - > May not be claimed as a dependent on another person's tax return
  - > Are not currently enrolled in Medicare, Medicaid or TRICARE.\*
  - > Are not enrolled in a healthcare Flexible Spending Account. You must spend down your current FSA balance to \$0 by December 31 to begin contributing to an HSA the following January 1st.
- You make contributions to your HSA with pre-tax dollars through payroll deduction. You may contribute up to the IRS maximum each year. The maximums for 2023 are \$3,850 for single coverage and \$7,750 for family coverage. Individuals age 55+ may make an additional \$1,000 catch-up contribution.
- You may change your HSA contributions at any time.
- In addition to your contributions, Asahi Kasei will match your contribution up to \$500 for single coverage and \$1,000 for family coverage. The match is made each pay period.
- HealthEquity, through BCBS NC, is our HSA administrator. They keep track of your HSA balance, offer investment options and provide other important administration services.
- Once your HSA account is opened, HealthEquity will send you a debit card, which you can use to make payments to your providers and also pay for prescriptions at the pharmacy.

## KEY ADVANTAGES OF AN HSA



Use your HSA to pay for eligible medical expenses including deductibles, co-insurance, prescriptions, vision, and dental care.



Unused funds will roll over year to year. There's no "use it or lose it" penalty. You may change your HSA contributions at any time.



Build more savings through investing. Choose from a variety of self-directed investment option with no minimum balance required.



After age 65, funds can be withdrawn for any purpose without penalty, but may be subject to income tax if not used for IRS-qualified medical expenses.



Learn more about your Health Savings Account by visiting HealthEquity's website at [www.healthequity.com](http://www.healthequity.com)

### **IMPORTANT!**

HSA contributions are not allowed once you become eligible and enroll in Medicare. If you enroll in Medicare Part A anytime after your initial Enrollment Period, your Medicare Part A coverage will start 6 months back from the date you apply for Medicare, but no earlier than the first of the month you were eligible for Medicare. To avoid a tax penalty, you should stop contributing to your HSA at least 6 months before you apply for Medicare.

\*Veterans who seek medical care through VA services for service-connected disabilities and veterans with a disability rating from the VA are eligible to make or receive HSA contributions, as long as they are enrolled in a qualifying HDHP. Otherwise, you cannot make contributions to your HSA within 3 months of receiving medical care through the VA.

# Medical Plans

## Prescription Drugs

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

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

### IS THERE A PHARMACY NETWORK?

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

### WHAT ARE SPECIALTY DRUGS?

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

### ARE THERE RESTRICTIONS ON CERTAIN MEDICATIONS?

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

### QUANTITY LIMITS

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

## PRIOR AUTHORIZATION/STEP THERAPY

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



## MAIL ORDER PRESCRIPTION DRUG PROGRAM

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



# Medical Plan Comparison Chart

| Item/Service                                                                | PPO 2                                            | Plan A (Core)                                                 | HDHP with HSA Plan                                |
|-----------------------------------------------------------------------------|--------------------------------------------------|---------------------------------------------------------------|---------------------------------------------------|
|                                                                             | In-Network                                       | In-Network                                                    | In-Network                                        |
| Calendar Year Deductible                                                    | \$100 Single<br>\$200 Family <sup>1</sup>        | \$750 Single<br>\$2,250 Family <sup>1</sup>                   | \$1,500 Member<br>\$3,000 Per Family <sup>2</sup> |
| <b>Coinsurance</b>                                                          | <b>90% BCBS NC<br/>10% Plan Participant</b>      | <b>85% BCBS NC<br/>15% Plan Participant</b>                   | <b>80% BCBS NC<br/>20% Plan Participant</b>       |
| Annual Out-of-Pocket Maximum<br>(includes Deductible, Coinsurance & Copays) | \$500 Single<br>\$1,000 Family <sup>1</sup>      | \$3,000 Single<br>\$6,000 Family <sup>1</sup>                 | \$2,650 Member<br>\$5,300 Family <sup>2</sup>     |
| <b>Preventive Care Services</b>                                             |                                                  |                                                               |                                                   |
| Health Maintenance Exam                                                     | Covered 100%, one per year                       | Covered 100%, one per year                                    | Covered 100%, one per year                        |
| Annual Gynecological Exam                                                   | Covered 100%, one per year                       | Covered 100%, one per year                                    | Covered 100%, one per year                        |
| Pap Smear Screening (lab services only)                                     | Covered 100%, one per year                       | Covered 100%, one per year                                    | Covered 100%, one per year                        |
| Well-Baby and Child Care                                                    | Covered 100%                                     | Covered 100%                                                  | Covered 100%                                      |
| Immunizations                                                               | Covered 100%                                     | Covered 100%                                                  | Covered 100%                                      |
| Routine Mammography Screening                                               | Covered 100%                                     | Covered 100%                                                  | Covered 100%                                      |
| <b>Physician Office Services</b>                                            |                                                  |                                                               |                                                   |
| Primary Care Provider Office Visit                                          | \$20 copay                                       | \$25 copay                                                    | 20% after deductible                              |
| Specialist Physician Office Visit                                           | \$20 copay                                       | \$50 copay                                                    | 20% after deductible                              |
| Chiropractic Care <sup>3</sup>                                              | \$20 copay                                       | 20% coinsurance                                               | 20% after deductible                              |
| <b>Emergency Medical Care</b>                                               |                                                  |                                                               |                                                   |
| Hospital Emergency Room                                                     | \$50 copay                                       | \$150 copay first visit, \$300 thereafter; waived if admitted | 20% after deductible                              |
| Urgent Care Center                                                          | \$20 copay                                       | \$50 copay                                                    | 20% after deductible                              |
| <b>Diagnostic Services</b>                                                  |                                                  |                                                               |                                                   |
| Laboratory and Pathology Tests                                              | 10% after deductible                             | 15% after deductible                                          | 20% after deductible                              |
| Diagnostic Tests and X-rays                                                 | 10% after deductible                             | 15% after deductible                                          | 20% after deductible                              |
| <b>Hospital Care</b>                                                        |                                                  |                                                               |                                                   |
| Inpatient Physician & Nursing Care, Hospital Services & Supplies            | 10% after deductible                             | 15% after deductible                                          | 20% after deductible                              |
| Outpatient Mental Health Care & Substance Abuse Treatment                   | Office visit: \$20 copay<br>10% after deductible | Office visit: \$50 copay<br>15% after deductible              | 20% after deductible                              |
| <b>Prescription Drugs</b>                                                   |                                                  |                                                               |                                                   |
| Retail Pharmacy—30 day supply                                               |                                                  |                                                               |                                                   |
| Tier 1: Generic                                                             | \$10 copay                                       | \$10 copay                                                    |                                                   |
| Tier 2: Preferred Brand                                                     | \$20 copay                                       | \$35 copay                                                    | 20% after deductible                              |
| Tier 3: Non-Preferred Brand                                                 | \$40 copay                                       | \$45 copay                                                    |                                                   |
| Tier 4: Preferred Specialty                                                 | \$40 copay                                       | \$50 copay                                                    |                                                   |
| Mail Order—90 day supply                                                    |                                                  |                                                               |                                                   |
| Tier 1: Generic                                                             | \$10 copay                                       | \$25 copay                                                    |                                                   |
| Tier 2: Preferred Brand                                                     | \$20 copay                                       | \$87.50 copay                                                 | 20% after deductible                              |
| Tier 3: Non-Preferred Brand                                                 | \$40 copay                                       | \$112.20 copay                                                |                                                   |
| Tier 4: Preferred Specialty                                                 | \$40 copay                                       | \$125.00 copay                                                |                                                   |

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

<sup>2</sup>The deductible and out-of-pocket maximum are aggregate, which means the full family deductible must be satisfied under a two-person or family contract before the plan will begin to pay at the coinsurance, and the full family out-of-pocket maximum applies.

<sup>3</sup>Limited to 25 visits per year.

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

# Value-Added Benefits

## Teladoc Visits

Enrollment in any of the medical plans includes telehealth services from Teladoc for a \$5 copay on the PPO plans, and no more than a \$45 charge on the HDHP with HSA. This service gives you access to online medical, behavioral health, and dermatology services anywhere in the US through the phone or video chat. Online doctors are available for virtual consultations with or without an appointment. Great for when you can't get to your primary care doctor's office or when you need care after hours. Online doctors are able to call in non-narcotic prescriptions to your local pharmacy to help with your care. Use Teladoc any time for non-emergency health concerns such as:

- Rash, sunburn, or insect bites
- Cold and flu
- Eye irritation or redness
- Sore throat
- Other minor illnesses or injuries

Teladoc also gives you more choices for visiting with a therapist or psychiatrist. From the comfort of home, everyone covered under your plan can make an appointment and talk through difficult challenges you may be facing such as anxiety, depression, or grief.

Download the Teladoc app, visit [www.teladoc.com](http://www.teladoc.com) or call 800-835-2362 to activate your account and seek care.

NOTE: It is recommended to activate your Teladoc account before you need it, which includes a brief medical history.



## Health Advocate

Health Advocate is available at no cost to employees, spouses and dependents, and is completely confidential.

Health Advocate provides support to help you make sense of healthcare and take control of your health. Advocates are available over the phone, online, or through the mobile app. Connect with them for help with:

### ENROLLMENT



Learn and ask questions about the differences in the medical plans, how they work, what they cover, and more.

### MEDICAL CARE



Get answers about medical conditions, find out about the latest research, and connect with the right in-network providers for second opinions.

### ADMINISTRATIVE ISSUES



Navigate through issues you are having with eligibility, coverage questions, medical bills, transferring medical records, and more.

### ON THE GO



Download the app to access your Health Advocate benefits, as well as check the status of your cases and upload documents.

You can reach Health Advocate by calling 866-799-2728, emailing [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com), or by visiting [www.healthadvocate.com/members](http://www.healthadvocate.com/members). They also have a mobile app available on the App Store and Google Play for added convenience. Your Health Advocate benefit can be accessed during their normal business hours Monday - Friday, from 8 a.m. to midnight, Eastern Time. Staff is available for assistance after hours and on weekends.



It's important to note this is not a way to enroll over the phone; this is just a resource for questions.

# Dental

Asahi Kasei offers a PPO dental coverage option for you and your family, administered by Delta Dental of North Carolina. **NEW for 2023: the annual benefit maximum has increased from \$1,500 to \$2,000 per person per benefit year!**

## PPO PLAN

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

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

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

## Stay In-Network and Save!

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



| Dental Care Services                                                                                         | PPO                                                                                            |                 |                            |      |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------|----------------------------|------|
|                                                                                                              | PPO Select                                                                                     | Premier Dentist | Non-Participating Dentist* |      |
| Annual Deductible (applies to Class II, III)                                                                 | \$50 Single / \$150 Family                                                                     |                 |                            |      |
| Annual Benefit Maximum (applies to Class II & III)                                                           | \$2,000 per benefit year, per covered person                                                   |                 |                            |      |
| Lifetime Maximum (applies to Class IV)                                                                       | \$1,500 per lifetime, per covered person                                                       |                 |                            |      |
| <b>Class I: Diagnostic &amp; Preventative Services</b>                                                       |                                                                                                |                 |                            |      |
| <ul style="list-style-type: none"> <li>Oral Exams</li> <li>X-rays</li> <li>Cleanings</li> </ul>              | <ul style="list-style-type: none"> <li>Fluoride</li> <li>Sealants</li> </ul>                   | 100%            | 100%                       | 100% |
| <b>Class II: Basic Services</b>                                                                              |                                                                                                |                 |                            |      |
| <ul style="list-style-type: none"> <li>Fillings</li> <li>Extractions</li> <li>Periodontal</li> </ul>         | <ul style="list-style-type: none"> <li>Root Canals</li> <li>Crowns</li> <li>Repairs</li> </ul> | 80%             | 80%                        | 80%  |
| <b>Class III: Major Services</b>                                                                             |                                                                                                |                 |                            |      |
| <ul style="list-style-type: none"> <li>Bridges</li> </ul>                                                    | <ul style="list-style-type: none"> <li>Dentures</li> <li>Implants</li> </ul>                   | 80%             | 80%                        | 80%  |
| <b>Class IV: Orthodontic Services</b>                                                                        |                                                                                                |                 |                            |      |
| <ul style="list-style-type: none"> <li>Orthodontic Services—Braces</li> <li>Children up to age 19</li> </ul> |                                                                                                | 50%             | 50%                        | 50%  |

\*When you receive services from a Non-participating Dentist, the percentages in this column indicate the portion of Delta Dental's Non-participating Dentist Fee that will be paid for those services. The Non-participating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.

## HOW DOES BALANCE BILLING WORK?



Dr. Jones charges \$750 for a crown.

Delta Dental Plans

The Delta Dental Plans will only cover \$600.

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

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

A Dental ID card is not required to receive services.

# Vision

The vision plan is insured by United Healthcare (UHC). You will receive the maximum benefits when you receive care from an in-network provider. If you elect to see an out-of-network provider, you will pay out-of-pocket at the time of service and then submit a claim form to UHC for reimbursement at the out-of-network allowance. **However, we have enhanced the out-of-network reimbursement schedule for lenses 2023!** For a listing of UHC providers, visit [www.myuhcvision.com](http://www.myuhcvision.com) and select "Find a Provider" from the toolbar, enter your zip code, and click "Get Results." To ensure you are viewing the most up-to-date network associated with this plan, it is recommended to register and then sign in before searching for a provider.

Members do not need an ID card to obtain care as in-network providers can look up eligibility online. However, you can go online to view, print, and save your virtual Member ID Card at [www.myuhcvision.com](http://www.myuhcvision.com) when you are registered and logged in. On the main menu, click the "Print ID Card" tile.

| Vision Care Services                                                                | PPO                                                               |                          |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------|
|                                                                                     | In-Network (Member Cost)                                          | Out-of-Network Allowance |
| <b>Eye Exam—Once every calendar year</b>                                            |                                                                   |                          |
| Exam                                                                                | \$10 copay                                                        | Up to \$42               |
| <b>Frames—Once every calendar year</b>                                              |                                                                   |                          |
| Frames                                                                              | Up to \$130 Allowance and 30% off balance over \$130 <sup>1</sup> | Up to \$37               |
| <b>Standard Plastic Lenses (in lieu of contact lenses)—Once every calendar year</b> |                                                                   |                          |
| Single Vision                                                                       | \$30 copay                                                        | Up to \$40               |
| Lined Bifocal                                                                       | \$30 copay                                                        | Up to \$50               |
| Lined Trifocal                                                                      | \$30 copay                                                        | Up to \$60               |
| Lenticular                                                                          | \$30 copay                                                        | Up to \$60               |
| <b>Contact Lenses (in lieu of glasses)—Once every calendar year</b>                 |                                                                   |                          |
| Elective Selection <sup>2</sup>                                                     | \$30 copay                                                        | Up to \$73               |
| Elective Non-selection <sup>2</sup>                                                 | Up to \$105.00                                                    | Up to \$73               |

<sup>1</sup>30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify all discounts with your provider.

<sup>2</sup>Coverage for Selection contact lenses does not apply at Costco, Walmart, or Sam's Club locations. The allowance for Non-selection contact lenses is in lieu of the lens copay. No portion will be exclusively applied to the fitting and evaluation.

## Additional UHC Discounts!

Receive 15% off standard or 5% off promotional pricing for laser vision correction at Laser Vision Network of America, with more than 550 network provider locations and even greater discounts through set pricing at LasikPlus locations. For more information, call 888-563-4497 or visit [www.uhclasik.com](http://www.uhclasik.com)

Get up to a 20% discount on an additional pair of eyeglasses or contact lenses at in-network providers after your vision benefits have been exhausted.

Save 50-80% off high-quality hearing aids when you buy them through UHC For more information, visit [www.uhhearing.com](http://www.uhhearing.com) or call 855-523-9355 8am—8pm CST Monday—Friday.



Contact UHC at (800) 638-3120 or at [www.myuhcvision.com](http://www.myuhcvision.com)

# Flexible Spending Accounts

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



## Health Care FSA

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

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

## Dependent Care FSA

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

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

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

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

## Annual Limits

- **Health Care FSA:** \$3,050
- **Dependent Care FSA:** \$5,000 (\$2,500 if married filing separately)

## How FSAs Work

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

## Use It or Lose It

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

FSA Claim Deadlines

|                    | 2023 Contributions            |                           | 2024 Contributions            |                           |
|--------------------|-------------------------------|---------------------------|-------------------------------|---------------------------|
|                    | Eligible Dates of Service     | Claims Submissions Due By | Eligible Dates of Service     | Claims Submissions Due By |
| Medical FSA        | Jan. 1, 2023 – March 15, 2024 | April 15, 2024            | Jan. 1, 2024 – March 15, 2025 | April 15, 2025            |
| Dependent Care FSA | Jan. 1, 2023 – Dec. 31, 2023  | March 31, 2024            | Jan. 1, 2024 – Dec. 31, 2024  | March 31, 2025            |



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

# Flexible Spending Accounts

## Health Care FSA Claims Submission

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

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

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

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

## Mobile App



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

## KEEP YOUR RECEIPTS



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

## Quick Tips for Using the Benefits Card

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



# Life and AD&D Insurance

## Basic Life and AD&D

Asahi Kasei provides all eligible employees with basic life insurance that is equal to two times your annual earnings up to a maximum of \$750,000. This life insurance policy will pay your beneficiary a benefit in the event of your death.

In addition, Asahi Kasei provides all eligible employees with accidental death and dismemberment (AD&D) insurance that is equal to two times your annual earnings up to a maximum of \$750,000. Examples of accidental injuries covered include accidental loss of limb (e.g., arm, leg), sight, or permanent paralysis.

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

Life and AD&D benefits begin to reduce for employees age 70 and older. Review the carrier certificate for details.

*NOTE: According to the IRS regulations, the value of employer-provided group term life insurance over \$50,000 is taxable income. This "additional taxable income" is subject to Social Security and Medicare taxes and must be reported on the employee's W-2 Form as "other" compensation.*

## Optional Life and AD&D

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

- You must elect employee coverage in order to elect coverage for your spouse and/or children.
- For optional life insurance, the cost of employee and spouse coverage depends on the employee's age for employee optional life insurance, or the spouse's age for optional spouse life insurance. Rates are age banded and can be found in Workday.

- Deductions will be adjusted annually if you fall into a new age band, and all deductions for optional life and/or AD&D benefits are taken post-tax from your pay.
- Monthly rates for AD&D are \$0.03 per \$1,000 of benefit for employee only coverage or \$0.048 per \$1,000 of benefit, which includes spouse and/or child(ren).
- Coverage effective dates and increases in coverage may be delayed if you are disabled on the date coverage is scheduled to take effect. Review the carrier certificate for details.

| Optional Life Benefits |                                                                                                                      |
|------------------------|----------------------------------------------------------------------------------------------------------------------|
| Employee               | Increments of \$25,000 up to the lesser of \$750,000 or 5x your annual salary                                        |
| Spouse                 | Increments of \$25,000, up to a maximum of \$375,000 or 50% of the employee's elected optional life insurance amount |
| Children               | Increments of \$10,000 to a maximum of \$50,000, or 50% of the employee's elected optional life insurance amount     |
| Age Reduction          | Employee and spousal coverage will be reduced as you age. See carrier certificate for specific details.              |

| Optional AD&D Benefits |                                                                                                         |
|------------------------|---------------------------------------------------------------------------------------------------------|
| Employee               | Increments of \$50,000 to a maximum of \$500,000                                                        |
| Spouse                 | Increments of \$25,000 to a maximum of \$250,000 or 50% of the employee's elected optional AD&D amount  |
| Child(ren)             | Increments of \$5,000 to a maximum of \$50,000 or 10% of the employee's elected optional AD&D amount    |
| Age Reduction          | Employee and spousal coverage will be reduced as you age. See carrier certificate for specific details. |



# Life and AD&D Insurance

## Evidence of Insurability (Proof of Good Health)

If you are applying for coverage during your initial enrollment period (e.g., new hire enrollment period) you can request coverage up to the Guarantee Issue (GI) amounts below. Any application over these Guarantee Issue amounts will be subject to Evidence of Insurability (EOI).

- Employee Optional Life Insurance: \$500,000 (GI amount reduces to 65% (\$325,000) at age 70, and to 50% (\$250,000) at age 75.)
- Spouse Optional Life Insurance: \$50,000 (GI amount reduces based on employee's age and schedule.)

Evidence of Insurability is also required if:

- You or your spouse waived coverage during your initial enrollment period as a new hire and want to elect coverage during annual enrollment for any amount you elect.
- You or your spouse elect to increase the benefit level more than one \$25,000 increment either at annual enrollment or due to a change in status.
- You or your spouse want to change your election amount as a result of a change in status and that amount exceeds the GI amount.
- You wish to increase your benefit above the GI amount and were denied previously.

Optional life coverage is effective once you (and your dependents) are approved for the coverage, and payroll deductions have begun. Optional life deductions are taken from your pay check on a post-tax basis. Coverage effective dates and increases in coverage may be delayed if you and/or your dependents are disabled on the date coverage is scheduled to take effect. Review the carrier certificate for details.

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



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

## 5 Reasons to have Life Insurance

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



**\$6,560**

**AVERAGE COST OF A  
Funeral**



**\$6,772**

**AVERAGE COST OF A  
Credit Card Debit**



**\$18,133**

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



**\$16,803**

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



**\$24,560**

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

# Disability

## Short Term Disability



The Short Term Disability (STD) plan provides important financial security in the event of a brief illness or injury. This benefit is paid for by Asahi Kasei, and is insured by Lincoln Financial.

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

| Item                   | STD Benefit                                                                                   |
|------------------------|-----------------------------------------------------------------------------------------------|
| Weekly Benefit         | 66 2/3% of basic weekly earnings, up to a maximum weekly benefit of \$2,500.                  |
| Elimination Period     | Benefits begin on the 8th day from an accident or illness.                                    |
| Maximum Benefit Period | Benefits are payable for up to 25 weeks, as long as you remain disabled throughout this time. |

Payments are made to you directly from Lincoln Financial.

## Long Term Disability



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

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

| Item                   | LTD Benefit                                                                                                                                                                                                                                                                                                                                              |
|------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly Benefit        | 66 2/3% of your basic monthly income, up to a maximum benefit of \$12,500 per month.                                                                                                                                                                                                                                                                     |
| Elimination Period     | You need to satisfy a 180-day Elimination Period before benefits begin.                                                                                                                                                                                                                                                                                  |
| Maximum Benefit Period | For a disability which begins before you reach age 60, the Maximum Benefit Period will be the greater of the Social Security Normal Retirement Age (SSNRA) or to age 65 (but not less than 5 years).<br><br>If you become disabled at age 60 or later, the benefit duration is based on a maximum payment schedule. See carrier certificate for details. |

Payments are made to you directly from Lincoln Financial.

## STD & LTD PROTECT YOUR FINANCES



**1 IN 4 WORKERS**

will experience a period of disability before they retire.

**46%** 

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

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



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

# Additional Benefit Programs

We offer additional benefit programs that go beyond monetary benefits that can help you cope with life's challenges.

## Health Advocate Employee Assistance Program (EAP)

A free, confidential counseling and referral service to help you and your family resolve problems affecting your personal or work lives, not matter what the issue! Through the Employee Assistance program (EAP), you may take advantage of the following benefits and services:



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



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



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

## ID Theft Shield

Receive assistance with criminal and financial identity theft issues, as well as:

- Credit report with analysis and score for member and spouse/domestic partner
- Continuous monitoring with activity alerts
- Full identity restoration with a licensed investigator through Kroll

## Legal Shield

Get trusted legal advice and resources when you need them from Legal Shield to prevent legal problems from becoming serious or financially devastating. This service offers assistance with common legal issues such as tragic accident, debt collection, DUI/DWI, child support, foreclosure, tenant/landlord issues, bankruptcy, IRS audits, custody/visitation, and wills, and includes the following:

- **Legal Advice** – Business or personal emergency assistance 24/7, after-hours legal consultation for covered legal emergencies, and letters and phone calls on your behalf at the discretion of your provided attorney.
- **Document Review** – Legal documents/contracts up to 10 pages.
- **Moving Traffic Violations** – Available 15 days after enrollment.
- **Wills** – Standard will preparation with yearly reviews/updates with Living Will, Healthcare Power of Attorney.
- **Accidents** – Defense for charges of manslaughter, negligent homicide, or vehicular homicide.
- **IRS Audit Services** – One hour of consultation, advice or assistance when your are notified of an audit by the IRS.
- **Trial Defense Assistance** – If you or your spouse is named in a covered civil or job-related criminal action filed in court.
- **Discounts** – 25% off additional legal services.

Costs for ID Theft and Legal Shield can be found in Workday.

## TO ACCESS THE HEALTH ADVOCATE EAP OR ADVOCACY SERVICES

- Call 1-866-799-2728
- Visit [www.healthadvocate.com/members](http://www.healthadvocate.com/members) and enter the company name **Asahi Kasei**
- Email [answers@healthadvocate.com](mailto:answers@healthadvocate.com)
- Download the app.



# Retirement Plan

Asahi Kasei offers employees the opportunity to save for retirement through the Asahi Kasei 401(k) Retirement Plan. It is a salary deferral plan and is designed to help you attain a comfortable retirement. It gives you the option of saving money for your retirement on a pre-tax or on an after-tax (Roth) basis. Transamerica Retirement Solutions is the Plan's recordkeeper.

The company contributes generously to the 401(k) Plan. The company will match 100% of the first 5% you defer, up to the IRS maximum. The company will also make a 3% non-elective contribution on your behalf, even if you don't contribute to the Plan. This means that if you choose to defer AT LEAST 5% of your pay, the company will contribute 8%! Contributions are deposited into your account each pay period.

You may increase or decrease your 401(k) deferral contributions or change the type of your 401(k) contributions (Roth or pre-tax) at any time by notifying Transamerica by phone or through the website. Changes may take up to two payrolls to take effect. You may also change your investment choices at any time by notifying Transamerica.

Employees who do not make an election will default and 5% of your eligible compensation will be contributed to your account each pay period. Also, your contribution level will increase by 1% each year, until it reaches 10% of your eligible compensation. These increases will occur each year on July 1st. Employees can prevent default by making an active election with Transamerica, even if the election is to defer 0%.

Employees are eligible to join the plan the first of the month following 30 days from the date of hire.

Contact Transamerica at 800-755-5801 or by logging in at [Transamerica.com/portal](https://transamerica.com/portal)



## SET UP YOUR ACCOUNT AT TRANSAMERICA

Employees can set up their account with Transamerica AFTER they have received their first paycheck.

- Go to [Transamerica.com/portal/home](https://transamerica.com/portal/home) to get started!
- Click "Create an account" in the top-right corner
- On the next page, you'll be prompted to enter your Social Security number and go through a verification process.



## REVIEW YOUR ACCOUNT

Once you have established your account with Transamerica, you can take control of your retirement and plan and for your financial future.

- Check account balance
- Use education tools to help you create and easily modify your retirement income strategy
- Transfer between funds
- Review investment performance
- Manage contributions and fund allocations



## NAME YOUR BENEFICIARIES

This simple but important step ensures your account assets will go where you choose in the event of your death.

- Look for "Beneficiaries" in your account Home menu on the Transamerica website.



## CONSIDER CONSOLIDATING

If you have retirement accounts with other financial providers or in IRAs, you may roll over, or transfer, any portion of your balances to your plan account at any time.

- This could make planning easier, simplify your finances, and offer other benefits.
- For step-by-step guidance, email Transamerica at [consolidate@transamerica.com](mailto:consolidate@transamerica.com) or call 800-275-8714.

# Benefit Contacts

| Provider                                           | Benefit                                              | Contact Information                                                    |                                                                                                                                                                                    |
|----------------------------------------------------|------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Blue Cross Blue Shield of North Carolina (BCBS NC) | Medical/Prescription Plans                           | Customer Service and Prior Authorization/Certification                 | (877) 275-9787<br><a href="http://www.mybcbsnc.com">www.mybcbsnc.com</a>                                                                                                           |
|                                                    |                                                      | HealthLine Blue - 24/7 Nurse Access                                    | (877) 477-2424                                                                                                                                                                     |
|                                                    |                                                      | Express Scripts Maintenance Drug Mail Order Program                    | (833) 599-0449<br><a href="http://www.express-scripts.com">www.express-scripts.com</a><br><a href="http://esrx.com/BCNC">esrx.com/BCNC</a>                                         |
|                                                    |                                                      | Express Scripts Accredo Specialty Pharmacy (Specialty Drug Mail Order) | (833) 599-0513<br><a href="http://www.accredo.com/BCNC">www.accredo.com/BCNC</a>                                                                                                   |
| Health Advocate                                    | Advocacy Services and Employee Assistance Plan (EAP) | Customer Service                                                       | (866) 799-2728<br><a href="http://www.healthadvocate.com/members">www.healthadvocate.com/members</a><br><a href="mailto:answers@healthadvocate.com">answers@healthadvocate.com</a> |
| Teladoc Health (BCBS NC Medical Plans)             | Telemedicine                                         | To request a visit                                                     | (800) 835-2362<br><a href="http://www.teladoc.com">www.teladoc.com</a>                                                                                                             |
| Delta Dental                                       | Dental PPO Plan                                      | General Information/<br>Find a Provider                                | (800) 662-8856<br><a href="http://www.deltadentalnc.com">www.deltadentalnc.com</a>                                                                                                 |
| United Health Care Vision                          | Vision                                               | General Information/<br>Find a Provider                                | (800) 638-3120<br><a href="http://www.myuhcvision.com">www.myuhcvision.com</a>                                                                                                     |
| Health Equity (BCBS NC HDHP Medical Plan)          | Health Savings Account                               | Customer Service                                                       | (866) 346-5800<br><a href="http://www.healthequity.com">www.healthequity.com</a>                                                                                                   |
| Flores & Associates                                | Flexible Spending Accounts                           | Customer Service                                                       | (800) 532-3327<br><a href="http://www.flores247.com">www.flores247.com</a>                                                                                                         |
| Lincoln Financial Group                            | Life Insurance/AD&D                                  | Contact the Benefits Team                                              |                                                                                                                                                                                    |
| Lincoln Financial Group                            | Short Term Disability                                | Disability Intake                                                      | (888) 408-7300<br><a href="http://www.mylincolnportal.com">www.mylincolnportal.com</a>                                                                                             |
| Lincoln Financial Group                            | Long Term Disability                                 | Disability Intake                                                      | (888) 408-7300<br><a href="http://www.mylincolnportal.com">www.mylincolnportal.com</a>                                                                                             |
| Legal Shield                                       | Pre-Paid Legal Advice Plan                           | Customer Service                                                       | (800) 654-7757<br><a href="http://www.legalshield.com">www.legalshield.com</a>                                                                                                     |
| ID Theft Shield                                    | ID Theft Protection Plan                             | Customer Service                                                       | (888) 494-8519<br><a href="http://www.idshield.com">www.idshield.com</a>                                                                                                           |
| Transamerica                                       | 401(k) Retirement Plan                               | Customer Service                                                       | (800) 755-5801<br><a href="http://asahikasei.trretire.com">asahikasei.trretire.com</a>                                                                                             |

Feel free to contact the Asahi Kasei Benefit Team by sending an email to [asahi-benefits@ak-america.com](mailto:asahi-benefits@ak-america.com)