

# Asahi Kasei Health and Welfare Benefits Notices

For Plan Year January 1 2022 – December 31, 2022

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Should you have any questions regarding the content of the notices, please contact us at Plan Administrator, Attn: Benefits Department, 1300 South Lakes Drive, Charlotte, NC 28273, (704) 587-8882, emailing [asahi-benefits@ak-america.com](mailto:asahi-benefits@ak-america.com), or by visiting the Plan’s website at [www.akusbenefits.com](http://www.akusbenefits.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 6-7 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 (the "Plan"). 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 Highlights Book, the Open Enrollment Presentation, the letters, 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 – 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, 1300 South Lakes Drive, Charlotte, NC 28273, (704) 587-8882, or by visiting the Plan's website at [www.akusbenefits.com](http://www.akusbenefits.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? Call 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](http://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](http://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](http://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 July 31, 2021. Contact your State for more information on eligibility.**

### ALABAMA – Medicaid

Website: <http://myalhipp.com/>

Phone: 1-855-692-5447

### ALASKA – Medicaid

The AK Health Insurance Premium Payment Program

Website: <http://myakhipp.com/>

Phone: 1-866-251-4861

Email: [CustomerService@MyAKHIPP.com](mailto:CustomerService@MyAKHIPP.com)

Medicaid Eligibility:

<http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx>

### ARKANSAS – Medicaid

Website: <http://myarhipp.com/>

Phone: 1-855-MyARHIPP (855-692-7447)

### CALIFORNIA – MEDICAID

Website: Health Insurance Premium Payment (HIPP) Program

<http://dhcs.ca.gov/hipp>

Phone: 1-916-445-8322

Email: [hipp@dhcs.ca.gov](mailto:hipp@dhcs.ca.gov)

### COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: <https://www.healthfirstcolorado.com/>

Health First Colorado Member Contact Center:

1-800-221-3943/ State Relay 711

CHP+: <https://www.colorado.gov/pacific/hcpf/child-health-plan-plus>

CHP+ Customer Service: 1-800-359-1991/ State Relay 711

Health Insurance Buy-In Program (HIBI):

<https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program>

HIBI Customer Service: 1-855-692-6442

### FLORIDA – Medicaid

Website:

<https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html>

Phone: 1-877-357-3268

### GEORGIA – Medicaid

Website: <https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp>

Phone: 1-678-564-1162 ext 2131

### INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64

Website: <http://www.in.gov/fssa/hip/>

Phone: 1-877-438-4479

All other Medicaid

Website: <https://www.in.gov/medicaid/>

Phone 1-800-457-4584

### IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: <https://dhs.iowa.gov/ime/members>

Medicaid Phone: 1-800-338-8366

Hawki Website: <http://dhs.iowa.gov/Hawki>

Hawki Phone: 1-800-257-8563

HIPP Website: <https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>

HIPP Phone: 1-888-346-9562

### KANSAS – Medicaid

Website: <https://www.kancare.ks.gov/>

Phone: 1-800-792-4884

### KENTUCKY – 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: [KIHIPPPROGRAM@ky.gov](mailto:KIHIPPPROGRAM@ky.gov)

KCHIP Website: <https://kidshealth.ky.gov/Pages/index.aspx>

Phone: 1-877-524-4718

Kentucky Medicaid Website: <https://chfs.ky.gov>

### LOUISIANA – Medicaid

Website: [www.medicaid.la.gov](http://www.medicaid.la.gov) or [www.ldh.la.gov/lahipp](http://www.ldh.la.gov/lahipp)

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

**MAINE – Medicaid**

Enrollment Website: <https://www.maine.gov/dhhs/ofi/applications-forms>

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

**MASSACHUSETTS – Medicaid and CHIP**

Website: <https://www.mass.gov/info-details/masshealth-premium-assistance-pa>

Phone: 1-800-862-4840

**MINNESOTA – Medicaid**

Website: <https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp>

Phone: 1-800-657-3739

**MISSOURI – Medicaid**

Website: <http://www.dss.mo.gov/mhd/participants/pages/hipp.htm>

Phone: 1-573-751-2005

**MONTANA – Medicaid**

Website: <http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP>

Phone: 1-800-694-3084

**NEBRASKA – Medicaid**

Website: <http://www.ACCESSNebraska.ne.gov>

Phone: 1-855-632-7633

Lincoln: 1-402-473-7000

Omaha: 1-402-595-1178

**NEVADA – Medicaid**

Medicaid Website: <http://dhcfp.nv.gov>

Medicaid Phone: 1-800-992-0900

**NEW HAMPSHIRE – Medicaid**

Website: <https://www.dhhs.nh.gov/oii/hipp.htm>

Phone: 1-603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext 5218

**NEW JERSEY – Medicaid and CHIP**

Medicaid Website:

<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

Medicaid Phone: 1-609-631-2392

CHIP Website: <http://www.njfamilycare.org/index.html>

CHIP Phone: 1-800-701-0710

**NEW YORK – Medicaid**

Website: [https://www.health.ny.gov/health\\_care/medicaid/](https://www.health.ny.gov/health_care/medicaid/)

Phone: 1-800-541-2831

**NORTH CAROLINA – Medicaid**

Website: <https://medicaid.ncdhhs.gov/>

Phone: 1-919-855-4100

**NORTH DAKOTA – Medicaid**

Website: <http://www.nd.gov/dhs/services/medicalsev/medicaid/>

Phone: 1-844-854-4825

**OKLAHOMA – Medicaid and CHIP**

Website: <http://www.insureoklahoma.org>

Phone: 1-888-365-3742

**OREGON – Medicaid**

Website: <http://healthcare.oregon.gov/Pages/index.aspx>

<http://www.oregonhealthcare.gov/index-es.html>

Phone: 1-800-699-9075

**PENNSYLVANIA – Medicaid**

Website:

<https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx>

Phone: 1-800-692-7462

**RHODE ISLAND – Medicaid and CHIP**

Website: <http://www.eohhs.ri.gov/>

Phone: 1-855-697-4347, or 1-401-462-0311 (Direct Rlte Share Line)

**SOUTH CAROLINA – Medicaid**

Website: <https://www.scdhhs.gov>

Phone: 1-888-549-0820

**SOUTH DAKOTA - Medicaid**

Website: <http://dss.sd.gov>

Phone: 1-888-828-0059

**TEXAS – Medicaid**

Website: <http://gethipptexas.com/>

Phone: 1-800-440-0493

**UTAH – Medicaid and CHIP**

Medicaid Website: <https://medicaid.utah.gov/>

CHIP Website: <http://health.utah.gov/chip>

Phone: 1-877-543-7669

**VERMONT– Medicaid**

Website: <http://www.greenmountaincare.org/>

Phone: 1-800-250-8427

**VIRGINIA – Medicaid and CHIP**

Website: <https://www.coverva.org/hipp/>

Medicaid Phone: 1-800-432-5924

CHIP Phone: 1-855-242-8282

**WASHINGTON – Medicaid**

Website: <https://www.hca.wa.gov/>

Phone: 1-800-562-3022

**WEST VIRGINIA – Medicaid**

Website: <http://mywvhipp.com/>

Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

**WISCONSIN – Medicaid and CHIP**

Website: <https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>

Phone: 1-800-362-3002

**WYOMING – Medicaid**

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 July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://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/](http://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 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 America, Inc. Health & Welfare Benefits 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.**

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#### **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 15<sup>th</sup> to December 7<sup>th</sup>. 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](http://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](http://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, 2021
Name of Entity/Sender:	Asahi Kasei America, Inc.
Contact--Position/Office:	Asahi Kasei Benefits
Address:	13800 South Lakes Drive, Charlotte, NC 28273
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.

## ADA 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 employed in a group that is offered the program and you voluntarily choose to participate in the program you will be asked to complete a biometric screening, which includes a blood 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 diabetes or high cholesterol. You are not required to participate in the wellness program (e.g., you can decide not to complete the biometric screening).

However, employees who choose to participate in the wellness program may be eligible for reduced premium costs for your coverage under the Plan. If you fail to timely complete the biometric screening process, you will not be 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 also 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, in order 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 health Insurance Portability and Accountability Act of 1996 (HIPAA) requires the Plan to maintain privacy of your protected health information (PHI) and to provide you with a notice of the Plan's legal duties and privacy practices with respect to your health information. The Asahi Kasei Health and Welfare Benefits Plan (Plan) maintains a Notice of Privacy Practices that provides information to individuals whose 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).

## Temporary Extension of Certain Deadlines for Benefits Due to the COVID-19 Outbreak

On May 4, 2020, the U.S. Departments of Labor and the Treasury issued guidance that temporarily extended the deadlines in place for certain benefit changes and processes associated with election, notification, payment and claims/appeals. To protect individuals from losing benefits, the agencies are adjusting deadlines that may be missed during the "Outbreak Period," which is defined as the period beginning March 1, 2020 and ending 60 days after the end of the National Emergency, which has yet to be announced.

Events that occurred before March 1, 2020 also qualify for this relief if the timeframe to complete the action ended on or after March 1, 2020.

The extension of the deadlines will end on the first of the following to occur:

1. One year from the date the event began; or
2. Sixty days after the federal government declares the COVID-19 National Emergency over.

This applies to:

- The 30-day period (or 60-day period, if applicable) to request special enrollment;
- The 60-day election period for COBRA continuation coverage;
- The due date for making COBRA premium payments;
- The date for a covered employee or qualified beneficiary to provide required notifications of a qualifying event or a determination of disability;
- The date for which a qualified beneficiary to be provided a notice of a qualified beneficiary's right to elect COBRA continuation coverage;

- The date within which individuals may file a benefit claim or appeal an adverse benefit determination with respect to claims for benefits under ERISA (including the medical and prescription drug benefits, dental benefits, vision benefits, disability benefits, and any other benefit subject to ERISA);
- With respect to medical and prescription drug benefits, the date within which an individual may file a request for an external review after receipt of an adverse benefit determination or final internal adverse benefit determination; and
- With respect to medical and prescription drug benefits, the date within which an individual may file information to perfect a request for external review upon a finding that the request was not complete.

## 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 the 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](http://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.

## Summary Annual Report for Asahi Kasei Health & Welfare Plan

This is a summary of the form 5500 annual report of the Asahi Kasei America, Inc., EIN: 132698638, Plan No. 501, a welfare benefit plan offered by Asahi Kasei America, Inc., for the period of 01/01/2020 through 12/31/2020.

The Form 5500 annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act (ERISA). This Summary Annual Report for Plan No. 501 covers Health, Life Insurance, Dental, Vision, Temporary Disability, Prepaid Legal, Long-term Disability, Other (LEAVE SERVICES, EAP, CANCER, FSA, EXEC DIS)

**Asahi Kasei America, Inc.** has committed itself to pay certain medical claims incurred under the terms of the plan.

### Insurance Information

All components of the plan other than the Health FSA component are provided through insurance contracts. Name of insurer, type of benefit provided, and premiums paid for each component are set forth in the table below.

The total amount of premiums paid for the plan year ending 12/31/2020, is \$1,863,554.

Type of Benefit	Name of Insurer	Premium Paid
EXEC DISABILITY	PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY	\$30,520
EXEC DISABILITY	PROVIDENT LIFE AND ACCIDENT INSURANCE COMPANY	\$5,524
EXEC DISABILITY	Provident Life and Casualty Insurance Company	\$6,672
PREPAID LEGAL	PREPAID LEGAL SERVICES INC DBA LEGALSHIELD	\$24,652
Vision	UNITEDHEALTHCARE INSURANCE COMPANY	\$115,358
Health, Dental, Vision	AETNA LIFE INSURANCE COMPANY	\$18,376

Health, Dental, Vision	AETNA LIFE INSURANCE COMPANY	\$24,331
Life Insurance	LINCOLN LIFE ASSURANCE COMPANY OF BOSTON	\$977,949
Long-term Disability	LINCOLN LIFE ASSURANCE COMPANY OF BOSTON	\$390,273
Temporary Disability	LINCOLN LIFE ASSURANCE COMPANY OF BOSTON	\$144,181
LEAVE SERVICES	LINCOLN LIFE ASSURANCE COMPANY OF BOSTON	\$35,242
CANCER/SPEC DISEASE	AMERICAN HERITAGE LIFE INSURANCE COMPANY	\$26,372
CANCER/SPEC DISEASE	AMERICAN HERITAGE LIFE INSURANCE COMPANY	\$8,604
CANCER/SPEC DISEASE	AMERICAN HERITAGE LIFE INSURANCE COMPANY	\$29,039
EAP / HEALTH ADVOCACY	WEST HEALTH ADVOCATE SOLUTIONS, INC.	\$26,461

### **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 plan administrator, at Asahi Kasei America, Inc., 800 Third Avenue, 30th Floor, Suite 150, New York, NY, 10022, USA phone number +1 517-721-9859.

You also have the legally protected right to examine the annual report at the main office of the plan: 800 Third Avenue, 30th Floor, Suite 150, New York, NY, 10022, USA, 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.

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

This is a summary of the annual report for the ASAHI KASEI 401(K) RETIREMENT PLAN (Employer Identification Number 13- 2698638, Plan Number 001) for the plan year 01/01/2020 through 12/31/2020. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

### **Basic Financial Statement**

Benefits under the plan are provided by insurance contracts and a trust fund. Plan expenses were \$3,498,961. These expenses included \$216,415 in administrative expenses and \$3,281,556 in benefits paid to participants and beneficiaries, and \$990 in corrective distributions. A total of 772 persons were participants in or beneficiaries of the plan at the end of the plan year, although not all of these persons had yet earned the right to receive benefits.

The value of plan assets, after subtracting liabilities of the plan, was \$100,396,395 as of the end of the plan year, compared to \$35,560,173 as of the beginning of the plan year. During the plan year the plan experienced a change in its net assets of \$64,836,222. 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 \$23,985,576, including employer contributions

of \$3,749,729, employee contributions of \$4,355,199, other contributions/income of \$1,495,057 (including Rollovers) and earnings from investments of \$14,385,591.

### **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 800 THIRD AVENUE, 30TH FLOOR, NEW YORK, NY 10022 and phone number, 212-371-9900. 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: 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](mailto:DOL_PRA_PUBLIC@dol.gov) and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 06/30/2022)

