

To: All Benefits-Eligible New Hire – AKM Semiconductor, Inc
From: Asahi Kasei Benefits
RE: 2026 New Hire Benefits Enrollment

Welcome to Asahi Kasei! As a newly hired employee, it's time to enroll in your Health & Welfare benefits.

Company-paid benefits, such as the Employee Assistance Program (EAP), basic life and accidental death & dismemberment insurance, as well as disability benefits begin on your date of hire. All other benefits, if elected, begin on the first of the month following date of hire unless your hire date is on the first day of a month in which case they will begin on date of hire.

Please review the Benefits Overview Guide carefully. It describes the benefits available to you. It can be found on your company's page of our benefits website at www.akusbenefits.com.

How do I enroll?

You enroll through Workday; you will see a task in your Workday inbox for benefits enrollment.

If you are enrolling any dependents to be covered on your benefits, verification documents are required to be uploaded into Workday before you will be able to submit your elections and your enrollments become active. The required documents are a marriage certificate if enrolling your legal spouse and a birth certificate if enrolling a child.

What are my benefit options?

Medical

Blue Cross Blue Shield of North Carolina is the administrator of our **medical** plan options. All medical plan options include prescription drug coverage.

You can enroll in:

1. The Preferred Provider Organization (PPO) Enhanced Plan.
2. The Preferred Provider Organization (PPO) Core Plan.
3. The Preferred Provider Organization (PPO) Basic Plan.
4. The High Deductible Health Plan (HDHP).
 - If you enroll in the HDHP you can also choose to set aside pre-tax dollars into a Health Savings Account. The HSA contribution limits (regardless of source) for 2026 are \$4,400 for self-only coverage and \$8,750 for family coverage. Those 55 and older can contribute an additional \$1,000 as a catch-up contribution. The company will make a matching contribution to the account on your behalf of up to \$500 for employee only or \$1,000 for all other coverage tiers.
5. You also have the option of waiving coverage under the medical plan.

The per pay deduction amounts for medical coverage are listed below.

	Enhanced	Core	Basic	HDHP
Employee Only	\$125.94	\$56.76	\$8.42	\$33.95
Employee + Child(ren)	\$235.51	\$106.14	\$15.74	\$61.12
Employee + Spouse	\$277.08	\$124.87	\$18.52	\$71.88
Family	\$377.83	\$170.28	\$25.26	\$97.97

Dental

Delta Dental of North Carolina is the administrator of our **dental** plan. There is one plan option to choose from. The per pay deduction amounts are listed below.

Employee Only	Employee + Child(ren)	Employee + Spouse	Family
\$4.43	\$8.28	\$9.74	\$14.90

Vision

EyeMed is our vision insurer. The per pay deduction amounts are listed below.

Employee Only	Family
\$0.54	\$1.50

Voluntary Life

The company provides a basic life benefit at no cost to you! You have the option to purchase additional life coverage under the **voluntary life** plan. You can elect coverage on yourself, your spouse or your child(ren).

Employee	Spouse	Child(ren)
Increments of \$25,000 to a maximum of 5x salary or \$750,000, whichever is less	Increments of \$25,000 to a maximum of 50% of employee election	Increments of \$10,000 to a maximum of \$50,000

- You must elect coverage on yourself in order to cover any dependents.
- The spouse or child amount cannot be more than 50% of the employee's benefit amount.

The cost of coverage is based on your age. Rates can be found in the Benefits Overview Guide or on Workday when enrolling.

As a new hire, you can elect up to \$500,000 on yourself, \$50,000 on your spouse and \$50,000 on your child(ren) without providing Evidence of Insurability. If you decline this coverage as a new hire and elect the benefit later during annual enrollment, you will be required to provide Evidence of

Insurability and coverage will not go into effect until approved by the carrier.

Voluntary AD&D

You also have the option to purchase additional **voluntary AD&D coverage**. You can elect coverage on yourself and your family. The per pay deduction amounts are listed below.

Employee Only Coverage				
Increments of \$50,000 to a maximum of \$500,000 at a cost of \$0.03/\$1,000				
Family Coverage				
Increments below all at a cost of \$0.048/\$1,000				
\$50,000 employee \$25,000 spouse \$5,000 child	\$100,000 employee \$50,000 spouse \$10,000 child	\$150,000 employee \$75,000 spouse \$15,000 child	\$200,000 employee \$100,000 spouse \$20,000 child	\$250,000 employee \$125,000 spouse \$25,000 child
\$300,000 employee \$150,000 spouse \$30,000 child	\$350,000 employee \$175,000 spouse \$35,000 child	\$400,000 employee \$200,000 spouse \$40,000 child	\$450,000 employee \$225,000 spouse \$45,000 child	\$500,000 employee \$250,000 spouse \$50,000 child

Legal Shield & Identity Theft

We offer the added benefit of **Legal Shield & Identify Theft**. The Legal Shield benefit is designed to meet the legal needs encountered by employees and their families. The Identity Theft benefit covers all areas of Identity Theft; criminal and financial. The per pay deduction amounts are listed below.

Legal Shield only	Legal Shield & IDShield	Legal Shield & IDShield + Minors	IDShield only	IDShield (Family) only
\$7.36	\$11.95	\$12.42	\$5.98	\$6.44

For employees in New York:

NY – Legal Shield only	NY - Legal Shield & IDShield	NY - Legal Shield & IDShield + Minors	IDShield only	IDShield (Family) only
\$6.44	\$11.03	\$11.49	\$5.98	\$6.44

Note: If you wish to enroll your eligible dependents in the Legal Shield benefit, please enroll in Workday and then contact Legal Shield directly after they have sent you an enrollment packet to add your spouse, children, etc.

Flexible Spending Accounts

You have the choice to enroll in the health care and/or dependent care **Flexible Spending Accounts** (FSA) administered by Flores & Associates. These accounts allow you to deduct money from your paycheck, pre-tax, to be used for health care and dependent (day) care expenses. You can set aside up to \$3,400 per year in the health care FSA and \$7,500 in the dependent care FSA.

Questions? Contact Asahi-Benefits@ak-america.com