

2022

EMPLOYEE BENEFITS OVERVIEW

Open Enrollment Oct. 26 – Nov. 9, 2021



AsahiKASEI

Asahi Kasei Americas and
Polypore, Celgard and Daramic



TABLE ^{of} CONTENTS

NEW IN 2022 3

MEDICAL PLAN OPTIONS..... 4

TELADOC®..... 5

HEALTH SAVINGS ACCOUNT 6

DENTAL PLAN 7

VISION PLAN..... 8

LIFE AND DISABILITY 9-11

FLEXIBLE SPENDING PROGRAM..... 12

HEALTH ADVOCATE..... 13

EMPLOYEE ASSISTANCE PROGRAM 13

LEGALSHIELD AND IDSHIELD..... 14

GLOSSARY 15

CONTACT INFORMATION..... 16

WHAT'S NEW?

- There are NO changes to the medical plan or the amount you pay for coverage for 2022!
- The dental and vision plans experienced an increase in cost, which the company will absorb. The amount you pay for dental and vision coverage will not change for 2022. Also, coverage for implants has been added as an eligible service, subject to the benefit maximum.
- All participants will receive a new ID card from Blue Cross Blue Shield North Carolina (BCBSNC) for 2022. Current BCBSNC participants should keep their current ID card and use it through December 31. The new ID card will begin to be used on January 1, 2022 for the 2022 plan year. Your new ID card will be mailed to your home address in December.
- Open Enrollment information will be available within Workday (opens October 26, 2021 and closes November 9, 2021). Any changes you make will go into effect January 1, 2022.
- Starting January 1, 2022 we will offer a Parental Leave Program! Full-time employees who have been employed for at least 12 months are eligible for 6 weeks of bonding leave, paid at 100% of your base salary following the adoption or birth of a child. Details can be found on at www.akusbenefits.com
- We will transition our Short Term Disability (STD) program from salary continuation to fully-insured as of January 1, 2022. This means if you are disabled for more than 7 calendar days for a non-work related injury or illness, your STD payments will come directly from Lincoln, not through regular payroll. The benefit payment will be 66 2/3% of your base salary, up to \$2,500 per week for a maximum of 26 weeks.

BENEFITS ELIGIBILITY

To be eligible for benefits, you must be an active full-time employee who works 30 or more hours per week. You are eligible to enroll in medical, dental, and vision benefits and elect supplemental life and AD&D on the first of the month following your date of hire. You are eligible to receive company provided basic life and AD&D insurance, short term disability benefits, and Long-Term disability coverage on your date of hire. You may also enroll your eligible dependents. Eligible dependents include:

- Your spouse under an existing marriage that is legally recognized under any state law
- Your or your spouse's dependent children through the end of the month of their 26th birthday

A dependent child who, in accordance with North Carolina law, is and continues to be either mentally or physically handicapped and incapable of self-support may continue to be covered under the plan regardless of age if the condition exists and coverage is in effect when the child reaches the end of eligibility for dependent children. The handicap must be medically certified by the child's doctor and may be verified annually by the plan.

MEDICAL PLAN OPTIONS

The company offers three group medical plan options for 2022: PPO Plan A , PPO Plan 2 and CDHP. The differences between these three plans are highlighted on page 4.



MEDICAL PLAN OPTIONS

	PLAN 2		PLAN A		CDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Individual	\$100	\$250	\$750	\$1,600	\$1,400	\$2,800
Family	\$200	\$500	\$2,250	\$3,200	\$2,800*	\$5,600*
OOP Maximum Limit						
Individual	\$500	\$1,500	\$3,000	\$6,000	\$2,650	\$5,300
Family	\$1,000	\$3,000	\$6,000	\$12,000	\$5,300	\$10,600
Services						
Primary Care Physician Office Visits (Internal Medicine, Family Practitioner, Pediatrician, OB/GYN)	100% after \$20 co-pay	70% after deductible	100% after \$25 co-pay	70% after deductible	80% after deductible	60% after deductible
Specialist Office Visits (Dermatologist, Orthopedic, etc.)	100% after \$20 co-pay	70% after deductible	100% after \$50 co-pay	70% after deductible	80% after deductible	60% after deductible
Teladoc® Consultation	100% after \$5 co-pay		100% after \$5 co-pay		80% after deductible	
Urgent Care	100% after \$20 co-pay	70% after deductible	100% after \$50 co-pay		80% after deductible	
Routine & Preventive Care	100%		100%		100%	
Other Physician Charges	90% after deductible	70% after deductible	80%	80% after deductible	80% after deductible	60% after deductible
Chiropractic Services (limited to 25 visits annually)	\$20 co-pay	70% after deductible	80% of covered expenses		80% of covered expenses	60% after deductible
Hospital Facility Charges						
Inpatient	90% after deductible	70% after deductible	85% after deductible	70% after deductible	80% after deductible	60% after deductible
Outpatient	90% after deductible	70% after deductible	85% after deductible	70% after deductible	80% after deductible	60% after deductible
Outpatient X-Rays/Lab	90% after deductible	70% after deductible	85% after deductible	70% after deductible	80% after deductible	60% after deductible
Emergency Room	\$50 co-pay		100% after \$150 co-pay on first visit, 100% after \$300 co-pay on additional visits (co-pay waived if admitted)		80% after deductible	
Prescription Drugs						
Retail Pharmacy - 30 Days						
Tier 1	\$10 co-pay		\$10 co-pay		80% after deductible	
Tier 2	\$20 co-pay		\$35 co-pay		80% after deductible	
Tier 3	\$40 co-pay		\$45 co-pay		80% after deductible	
Tier 4 (Specialty)	\$40 co-pay		\$50 co-pay		80% after deductible	
Mail Order - 90 Days						
Tier 1	\$10 co-pay		\$25 co-pay		80% after deductible	
Tier 2	\$20 co-pay		\$87.50 co-pay		80% after deductible	
Tier 3	\$40 co-pay		\$112.50 co-pay		80% after deductible	
Tier 4 (Specialty)	\$40 co-pay**		\$50 co-pay**		80% after deductible**	
Plan Lifetime Maximum						
Lifetime Maximum	Unlimited		Unlimited		Unlimited	

*The CDHP plan does not pay for anyone in the family until the Family Deductible has been met
**30-day supply maximum

TELADOC®

Your BCBSNC health plan includes access to telehealth services through Teladoc®. Teladoc® services can be a benefit when you have a non-emergency medical issue and you are unable to get in and see your doctor, you are out of state, or you are at home with a sick child. Board certified, state licensed Teladoc® doctors can diagnose, recommend treatment, and prescribe medication for many medical concerns.

NOTE: Teladoc® does not guarantee prescriptions is and bound by state laws governing the dispensing of all prescriptions. It is up to the doctor to recommend the best treatment. Teladoc® doctors do not issue prescriptions for substances controlled by the DEA, non-therapeutic, and/or certain other drugs which may be harmful because of their potential for abuse.

To find a doctor, go to www.teladoc.com and check “Set Up an Account” or call 1-800-835-2362.

There's an app for that!
Search “Teladoc®”



Teladoc® doctors can treat many conditions, including:

- Cold & flu symptoms
- Allergies
- Sinus problems
- Sore throat
- Respiratory infection
- Skin problems and more!





HEALTH SAVINGS ACCOUNT

Employees who enroll in the CDHP option are eligible to contribute on a pre-tax basis to a Health Savings Account (HSA). You may make pre-tax employee contributions to your HSA account provided that the total of yours and the company's contributions in 2022 do not exceed:

- \$3,650 annually* for employee only coverage; and
- \$7,300 annually* for employee plus one or more dependents coverage

* For 2022, the company will match your contribution up to \$500 per year for employee only coverage and up to \$1,000 per year for family coverage. The match is made each pay period.

You are not eligible for an HSA if:

- You are covered by another health care plan that is not HSA compliant, including an FSA, Tricare*, Medicare**, Medicaid or PPO plan
- If you can be claimed as a dependent on someone else's tax return
- Are enrolled in a Health FSA with a balance greater than \$0

* This does not include veterans receiving Veteran's Association (VA) benefits. 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 on a qualifying HDHP.

** 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.

Your pre-tax HSA contributions are made through payroll deductions in equal installments throughout the year; however, they are not subject to the Section 125 rules regarding midyear changes. This means you may change your HSA payroll deduction amount during the year without a valid change in family status. You may use your HSA funds to pay for medical, dental and vision care out-of-pocket expenses. You will receive a debit card to facilitate these payments. A complete list of expenses eligible for payment/reimbursement from an HSA account may be found in IRS Publication 502 at www.irs.gov/. Also, IRS publication 969 explains how HSAs work.

Unused HSA funds accumulate from year-to-year and the account remains yours – even if you change employers or retire. As long as you use your HSA funds for qualified medical expenses, you pay no taxes. You do not have to be enrolled in a "high deductible" CDHP plan to use your HSA funds; only to be eligible to contribute to the HSA. Non-qualified HSA distributions are taxable and subject to a 20% penalty. After age 65 the penalty no longer applies; however, non-qualified distributions are still taxable after age 65.

HSA funds can be used to pay for qualified medical expenses for your tax dependents up to age 19, or up to age 24 if a full time student. While you can enroll dependents in the CDHP to the end of the month in which they reach age 26, you cannot use HSA funds for their medical care unless they meet these age requirements as a tax dependent. Also, please note that HSA contributions are taxed in some states.

HSA funds are not available to you until they are in your HSA account. This is different from a medical FSA account where the entire amount of your medical FSA annual contribution is available to you after January 1st even though the payroll deductions have not yet been made.



DENTAL PLAN

As a Delta Dental PPO Plus Premier member, you may see any dentist you like. However, you will save money when you choose a dentist who belongs to the Delta Dental network because they have agreed to a negotiated rate.

	2022 Bi-weekly Employee Contributions	Annual Deductible**		
Employee	\$4.43	\$50.00		
Employee + Child(ren)	\$8.28	\$150.00		
Employee + Spouse	\$9.74	\$100.00		
Family	\$14.90	\$150.00		
			In-Network	Out-of-Network*
Diagnostic and Preventive Services (exams, cleanings, fluoride, sealants, X-rays, periodontal maintenance, etc.)			100%	100%
Basic Services (fillings, crowns, root canals, periodontal gum services, oral surgery, etc.)			80%	80%
Major Services (bridges and dentures) (Now includes Implants)			80%	80%
Orthodontic Services (up to age 19)			50%	50%
Orthodontic Lifetime Maximum Per Individual			\$1,500	\$1,500
Dental Annual Maximum Per Individual			\$1,500	\$1,500

Family deductible is inclusive of all enrolled family members.

*If you visit a dentist that does not participate in the network, you may be balanced billed for amounts exceeding the approved payment amount. This can result in out-of-pocket costs.

**The deductible amount is exclusive of routine/preventive care, which is covered at 100%. You need only meet the deductible amount for charges that fall outside routine/preventive care.

To find a dentist, call Delta Dental at 1-800-662-8856 or search the PPO or Premier networks online at www.deltadentalinc.com/findadentist.



VISION PLAN

The company vision plan provides coverage for vision care expenses such as eye exams, lenses, and frames.

The vision plan is insured through United Healthcare (UHC). Consider using providers that participate with UHC in order to receive the maximum benefit. However, you may use other providers and file with UHC for reimbursement.

VISION PLAN BI-WEEKLY CONTRIBUTIONS	
Employee	\$0.54
Family	\$1.50
CO-PAYS/ALLOWANCES*	
Exam	\$10.00
Single Vision Eyeglasses (materials)*	\$30.00
Frames*	\$130.00 allowance
Contact Lens Fitting & Materials (in lieu of eyeglasses)*	\$105.00 allowance
REIMBURSEMENT FOR OUT-OF-NETWORK PROVIDER*	
Exam	up to \$42.00
Single Vision Lenses	up to \$29.00
Bi-focal Lenses	up to \$39.00
Tri-focal Lenses	up to \$48.00
Frames	up to \$37.00
Contact Lenses	up to \$73.00

*one time per calendar year

There's an app for that!
Search "United Healthcare"



To be reimbursed for out-of-network provider charges, you will need to complete the out-of-network claim form and send to:

UnitedHealthcare Vision
Claims Department
P.O. Box 30978
Salt Lake City, UT 84130
Fax: 248-733-6060


Form can be found online at:

www.akusbenefits.com

To find an in-network provider in your area, go to www.myuhcvision.com or call 1-800-638-3120.





There's an app for that!
Search "Lincoln" 

BASIC LIFE AND AD&D INSURANCE

Life insurance offers important financial protection for you and your loved ones. The company automatically provides AND pays the cost of basic life insurance and accidental death and dismemberment (AD&D) coverage, insured through Lincoln, equal to the lesser of: Two times your basic yearly earnings not to exceed \$750,000. Your amount of Basic Life and AD&D Insurance reduces to 65% when you reach age 70 and to 50% at age 75.

Life insurance in excess of \$50,000 will result in non-wage compensation being added to your W-2. You will pay taxes on this and it is referred to as imputed income.

SHORT-TERM DISABILITY

Eligibility

As a regular full-time employee of the company, you are eligible for Short-Term Disability benefits through the fully-insured program beginning on the date you are hired. If you are not "actively at work" on the day you would normally become eligible, you will not become eligible until the day you return to active work. "Actively at work" means the performance of all the material duties that pertain to your job at the place where it is normally done, or where it is required to be done by the company.

Cost

The company pays the full cost of your Short-Term Disability benefits.

When Benefits Begin

You must be disabled due to a non-work related injury or illness for seven (7) calendar days before benefits will begin. This is known as the elimination period.

Benefit Amount and Time Period

Short-Term Disability benefits are payable at 66 2/3% of your weekly salary, up to a maximum of \$2,500 per week, for a maximum of 26 weeks or until Long-Term Disability begins. You must be under the direct care of a physician, who may periodically be required to certify that you continue to be disabled. Benefit payments are made directly from our insurer, Lincoln. You may be eligible for other benefits, such as maternity leave, state mandated disability benefits and/or salary continuation. Please check with the benefits team prior to beginning any leave of absence for additional details.

LONG-TERM DISABILITY

Long-Term Disability coverage replaces part of your earnings if you become disabled and cannot work for an extended period of time. This coverage is insured through Lincoln and is paid by the company.

The monthly benefit is equal to 66 2/3% of your monthly base salary to a maximum monthly benefit of \$12,500. Benefits begin after you have been totally disabled for 180 consecutive days and may continue until age 65 if you are determined to be totally disabled by Lincoln based on the plan's definition.

Benefits may be reduced by other sources of income and disability earnings. See carrier certificate for further details.

SUPPLEMENTAL LIFE/AD&D

You may choose to purchase supplemental term life insurance, provided by Lincoln and have the premium payroll deducted after-tax. You can purchase increments of \$25,000 up to a maximum of 5x your annual base pay. However, the overall maximum coverage amount for supplemental life insurance may not exceed \$750,000.

Evidence of Insurability (EOI) is required when:

- You are electing coverage in an amount over \$500,000 as a new hire.
- If you are a late entrant and did not enroll in supplemental life when first eligible as a new hire, for any amount.
- For any salary increases that increase the benefit over the guarantee issue of \$500,000.
- If you elect to increase the benefit level more than one \$25,000 increment.

Lincoln will review your request and notify you of their approval or denial. Coverage will not go into effect and deductions will not be taken until approved by Lincoln. Please see the carrier certificate for specific details.

INSURED PARTICIPANT'S AGE	MONTHLY RATE FOR EACH \$1,000 IN COVERAGE
Under 25	0.076
25 - 29	0.076
30 - 34	0.086
35 - 39	0.103
40 - 44	0.167
45 - 49	0.247
50 - 54	0.423
55 - 59	0.744
60 - 64	0.805
65 - 69	1.270
70 - 79*	2.060
80+	2.060**
Child Rate	\$0.20 per \$1,000.00

* Benefits reduce by 65% at age 70 and by 50% at 75.
 ** Not applicable to spouses

- Divide your election amount by 1,000
- Multiply the result by the rate in the chart based on your age
- This is your monthly cost. Final deduction amounts may vary based on rounding

LIFE INSURANCE FOR SPOUSE

You may choose to purchase Lincoln's dependent life insurance for your spouse and have the premium payroll deducted after-tax. You must elect coverage for yourself in order to elect coverage for your spouse. This applies to both voluntary life and AD&D plans. You are automatically the beneficiary of this coverage.

If you are electing coverage for your spouse and did not initially elect when you were first eligible as a new hire, you

are electing an amount over \$50,000, or you elect to increase the benefit level more than one \$25,000 increment, your spouse must complete an EOI application online via the link in Workday. Lincoln will review your completed EOI application and notify you of approval. Coverage will not go into effect and deductions will not be taken for any amounts that require EOI until approved by Lincoln.

Evidence of Insurability is now completed online through the Lincoln Financial portal which you can access via the link in Workday. When completing the online EOI form, you will need to enter the employer code as ASAHIKASEI.

The amount of life insurance for your spouse or child may not exceed 50% of the amount of life insurance you elect on yourself.



LIFE INSURANCE FOR CHILDREN

You may choose to purchase Lincoln’s dependent life insurance for your children, and have the premium payroll deducted after-tax. Increments of \$10,000 up to \$50,000 may be purchased for your dependent children between the ages of 1 month through 25 years. If your children exceed these ages, do not elect this coverage. If you have elected this coverage previously and all of your children exceed these ages, you should notify the benefits team to terminate this coverage. The employee is automatically the beneficiary of this coverage. The cost is the same whether you have one child or several. You may increase coverage on your children by only one level during the annual enrollment.

The rate is \$0.20 per \$1,000 of coverage.

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Some employees desire more AD&D coverage than the amount paid for by the company. This benefit offers additional protection for accidental death and dismemberment for you, and optional coverage for your family.

Underwritten by Lincoln, this benefit provides coverage when death is caused by an accident, regardless if on or off the job, including travel by public or private transportation. In addition, this policy will pay benefits if you suffer from an accident which results in paralysis or the loss of a limb, speech, hearing or sight. You may elect coverage for only yourself or for your entire family. Coverage is available as follows:

EMPLOYEE ONLY COVERAGE				
Increments of \$50,000 to a maximum of \$500,000 at a cost of \$0.03/\$1,000				
FAMILY COVERAGE 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

FLEXIBLE SPENDING PROGRAM

Medical Flexible Spending Account

The Medical Flexible Spending Account (FSA) benefit allows you to set aside earnings, tax-free (up to \$2,750 per year), to help pay for health care expenses such as deductibles, coinsurance, doctor visit and prescription drug copays, and certain uncovered prescription drugs and medical procedures (e.g., Lasik Surgery). Cosmetic services and products are not eligible for Medical FSA reimbursement. You cannot change your FSA election during the year unless you have a qualified change in status.

How Does FSA Work?

- Contributions are automatically withheld—in equal amounts—from your paychecks throughout the year
- Contributions are credited to an account(s) set up in your name
- You pay for eligible expenses as you normally would and then submit your receipts, along with a claim form that may be obtained on the Flores website
- You may also use a debit card to pay for eligible expenses at the point of service

How Does the Debit Card Work?

- Your debit card is preloaded and immediately available with your full annual contribution amount
- Your debit card is linked to your FSA so you can pay for eligible expenses right at the point-of-purchase
- You may be required to substantiate certain claims so keep all of your receipts

Dependent Care Flexible Spending Account

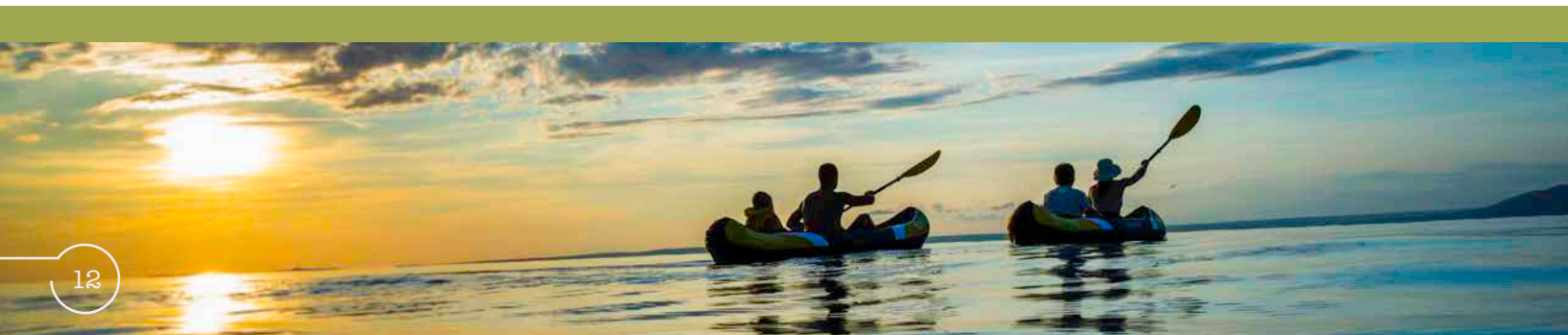
You also have an option to participate in a Dependent Care Flexible Spending Account. This account allows reimbursement for certain planned dependent day care expenses while you are at work. Expenses can be reimbursed for your dependent children up to age 13. Examples of these covered expenses are day care expenses, after school care expenses and summer day camp. Please note that any dependent day care expenses that are reimbursed under this account cannot be deducted from your year end tax returns. You can set aside up to \$5,000 per year in a Dependent Care Flexible Spending Account.

You cannot be reimbursed for dependent medical expenses from a Dependent Care Flexible Spending Account.

FSA Claim Deadlines				
	2021 Contributions		2022 Contributions	
	Eligible Dates of Service	Claim Submission Due By	Eligible Dates of Service	Claim Submission Due By
Medical FSA	Jan 1, 2021 - March 15, 2022	April 15, 2022	Jan 1, 2022 - March 15, 2023	April 15, 2023
Dependent Care FSA	Jan 1, 2021 - Dec 31, 2021	March 31, 2022	Jan 1, 2022 - Dec 31, 2022	March 31, 2023

You must re-enroll if you want to continue your participation in Flexible Spending Accounts for 2022.

Flores & Associates administers our FSA. You may contact them at 1-800-532-3327 or at www.flores247.com.



HEALTH ADVOCATE

Health Advocate offers you access to health care experts who provide personalized support to help you navigate the health care system and insurance-related issues at no cost to you or your family.

There's an app for that!
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What issues can Health Advocate assist with?

- Finding the right medical provider
- Expediting appointments
- Research complex medical conditions and locating the latest treatment options
- Coordinate care and schedule follow-up visits
- Arranging specialized treatments and medication
- Providing procedure cost estimates
- Identifying gaps in care
- Personal nurse contact
- Web-based health information and decision support
- Insurance claims resolution service
- Locating eldercare

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Employee Assistance Program (EAP), provided by Health Advocate, is a confidential program designed to assist you and your immediate family members. EAP can assist you in resolving any concerns that are affecting your personal or work lives such as mental health issues, finances, parenting, work-life balance, stress and aging parents.

There is no charge to you or your family for using this confidential program. If you choose to use any referrals to additional resources, those charges, if any, would be your responsibility and may be covered under your medical plan.

Under EAP, you can receive:

- Up to five face-to-face counseling sessions with EAP network providers
- Referrals to community services
- Online access to an extensive library of articles and tip sheets on various topics as well as audio and video clips

Contact Health Advocate by calling 866-799-2728, visit www.healthadvocate.com/members or email answers@healthadvocate.com.





LEGALSHIELD AND IDSHIELD

LegalShield

This benefit is specifically designed to meet the legal needs encountered by employees and their families. Plan benefits provide preventive legal care to help keep legal problems from becoming serious or financially devastating. Some common legal issues they can help with include tragic accidents, tenant/landlord issues, debt collection, bankruptcy, DUI/DWI, IRS audits, child support, custody/visitation, foreclosure and wills.

IDShield

Covering all areas of identify theft, criminal and financial, this also provides credit report analysis and scores for employee and spouse, continuous monitoring with activity alerts and full identity restoration with a licensed investigator through Kroll.

WHAT ARE MY BI-WEEKLY ENROLLMENT OPTIONS

LegalShield only	\$7.36
LegalShield and IDShield	\$11.95
LegalShield and IDShield + minors	\$12.42
IDShield only	\$5.98
IDShield (family) only	\$6.44
NY Resident: LegalShield only	\$6.44
NY Resident: LegalShield and IDShield	\$11.03
NY Resident: LegalShield and IDShield + minors	\$11.49

NOTE: LEGAL SHIELD AND IDENTITY THEFT WILL NOT COVER ISSUES THAT BEGAN PRIOR TO YOUR EFFECTIVE DATE OF COVERAGE

The LegalShield benefit covers you, your spouse or domestic partner, your never-married children under age 21 who are living in your home, your never-married children under age 18 for whom you are the legal guardian, your never-married full-time college students up to age 23 who are dependent on you, and children who are physically or mentally challenged and who live in your home.

There's an app for that!
Search "LegalShield"
and "IDShield"



What services does the LegalShield benefit provide?

- Business or personal 24/7 emergency assistance
- After-hours legal consultation for covered legal emergencies
- Letters and phone calls on your behalf available at the discretion of your provided lawyer
- Legal document/contract review (up to 10 pages each)
- Standard will preparation with yearly reviews/updates with Living Will, Health Care Power of Attorney
- Moving traffic violations (available 15 days after enrollment)
- Accidents: Defense for charges of manslaughter, negligent homicide or vehicular homicide
- IRS audit services - One hour of consultation, advice or assistance when you 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
- 25% off additional legal services

GLOSSARY

Defining these common healthcare terms may be helpful to you

CHIP (CHILDREN'S HEALTH INSURANCE PROGRAM)

Provides low-cost health coverage to children in families that earn too much money to qualify for Medicaid. Each state has its own rules about who qualifies for CHIP. You can apply at anytime.

CLAIM

A request by a plan member or a plan member's health care provider for the plan to pay for medical services.

COBRA

A federal law that requires employers with 20 or more employees to offer continuing coverage to individuals who would otherwise lose their benefits due to termination of employment, reduction in hours or certain other events.

COINSURANCE

A certain percent you must pay each benefit period after you have paid/met your deductible.

COPAYMENT

The amount you pay to a health care provider at the time you receive services.

DEDUCTIBLE

The amount you pay for health care services before your plan pays.

DEPENDENT COVERAGE

Coverage for your dependents who qualify.

EXCLUSION OR LIMITATION

Any specific situation, condition or treatment that a plan does not cover.

EOB (EXPLANATION OF BENEFITS)

Created after a claim has been processed by your plan. It explains that actions taken on a claim such as the amount that will be paid, the benefit available, discounts, reasons for denying the payment and the claims appeal process.

FSA (FLEXIBLE SPENDING ACCOUNT)

Often set up through an employer plan, it allows you to set aside pre-tax money for common medical costs and dependent care. FSA funds must be used by the end of the benefit year.

HSA (HEALTH SAVINGS ACCOUNT)

Available only to employees who enroll in the CDHP plan. HSA is an account allowing you to save for future medical costs. Funds may accumulate year to year and not subject to federal income tax when deposited.

HIPAA

A law designed to protect personal information and data collected and stored in medical records used in all doctors' offices, hospitals and other businesses. Also gives patients the right to view their medical records and request changes if their data is incorrect.

NETWORK PROVIDER/IN-NETWORK PROVIDER

A provider who is part of a plan's network.

NON-NETWORK PROVIDER/OUT-OF-NETWORK PROVIDER

A health care provider who is **not** part of a plan's network. Costs associated with out-of-network providers may be higher or not covered by your plan.

OUTPATIENT SERVICES

Services that do not need an overnight stay in a hospital—often provided in a doctor's office, hospital or clinic.

OUT-OF-POCKET COST

Costs you must pay.

OUT-OF-POCKET LIMIT

The most you will pay during a benefit period before your plan begins to pay 100% of the allowed amount.

PPO (PREFERRED PROVIDER OPTION/ORGANIZATION)

A plan that offers more extensive coverage for the services of health care providers who are part of the plan's network but still offers some coverage for providers who are not part of the plan's network. Premiums tend to be higher.

PRE-EXISTING CONDITION

A condition, disability or illness that you have been treated for before applying for new health coverage.

PREMIUM

Payments you make to your plan provider to keep your coverage.

PRESCRIPTION DRUG TIER

A prescription drug list has different levels of payment coverage called "tiers." These tiers determine how much you will pay out-of-pocket for your prescription drug based on the terms of your pharmacy benefit and whether the drug is covered on the drug list. Drugs in a lower tier will often cost less than drugs in a higher tier.

PREVENTIVE CARE SERVICES

Routine health care that includes screenings, check-ups and patient counseling to prevent illnesses, disease or other health problems.

PRIMARY CARE PHYSICIAN (PCP)

The physician you choose to be your primary source for medical care. Your PCP coordinates all your medical care, including hospital admissions and referrals to specialists.

PROVIDER

A physician, health care professional or health care facility licensed, certified or accredited as required by state law.

SPECIALTY DRUG

A prescription drug used to treat complex health care conditions. These drugs are often given as a shot but may be added to the skin or taken orally.

CONTACT INFORMATION

Asahi Kasei Benefits
13800 South Lakes Drive
Charlotte, NC 28273

704-587-8882
asahi-benefits@ak-america.com

IMPORTANT BENEFITS CONTACT INFORMATION

- ▶ **Medical/Prescription**
BlueCross BlueShield of North Carolina
877-275-9787
www.mycbsnc.com
- ▶ **Dental**
Delta Dental of North Carolina
800-662-8856
www.deltadentalnc.com
- ▶ **Vision**
UnitedHealthcare
800-638-3120
www.myuhcvision.com
- ▶ **Life and Disability**
Lincoln Financial Group
Disability Leave & Intake Line: 888-408-7300
www.mylincolnportal.com
- ▶ **Health Spending Account**
Health Equity
866-346-5800
www.healthequity.com
- ▶ **Flexible Spending Account**
Flores & Associates
800-532-3327
www.flores247.com
- ▶ **Health Advocate and EAP**
Health Advocate
866-799-2728
www.healthadvocate.com
- ▶ **LegalShield**
800-654-7757
www.legalshield.com
- ▶ **IDShield**
888-494-8519
www.idshield.com

