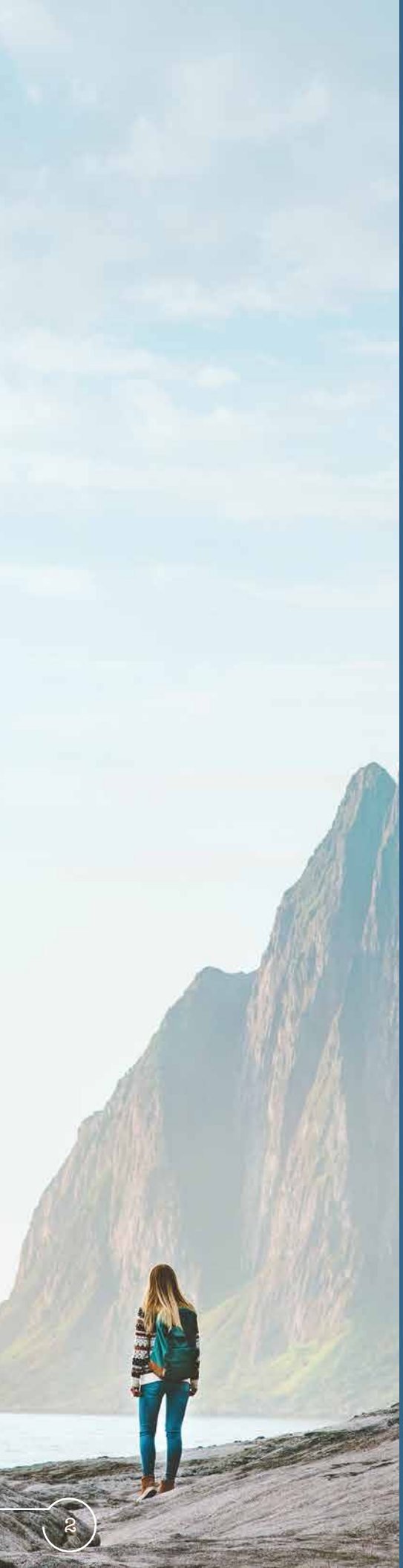
2022
EMPLOYEE BENEFITS OVERVIEW
Open Enrollment Oct. 26 – Nov. 9, 2021

AsahiKASEI

Daramic, LLC
Owensboro Union Employees



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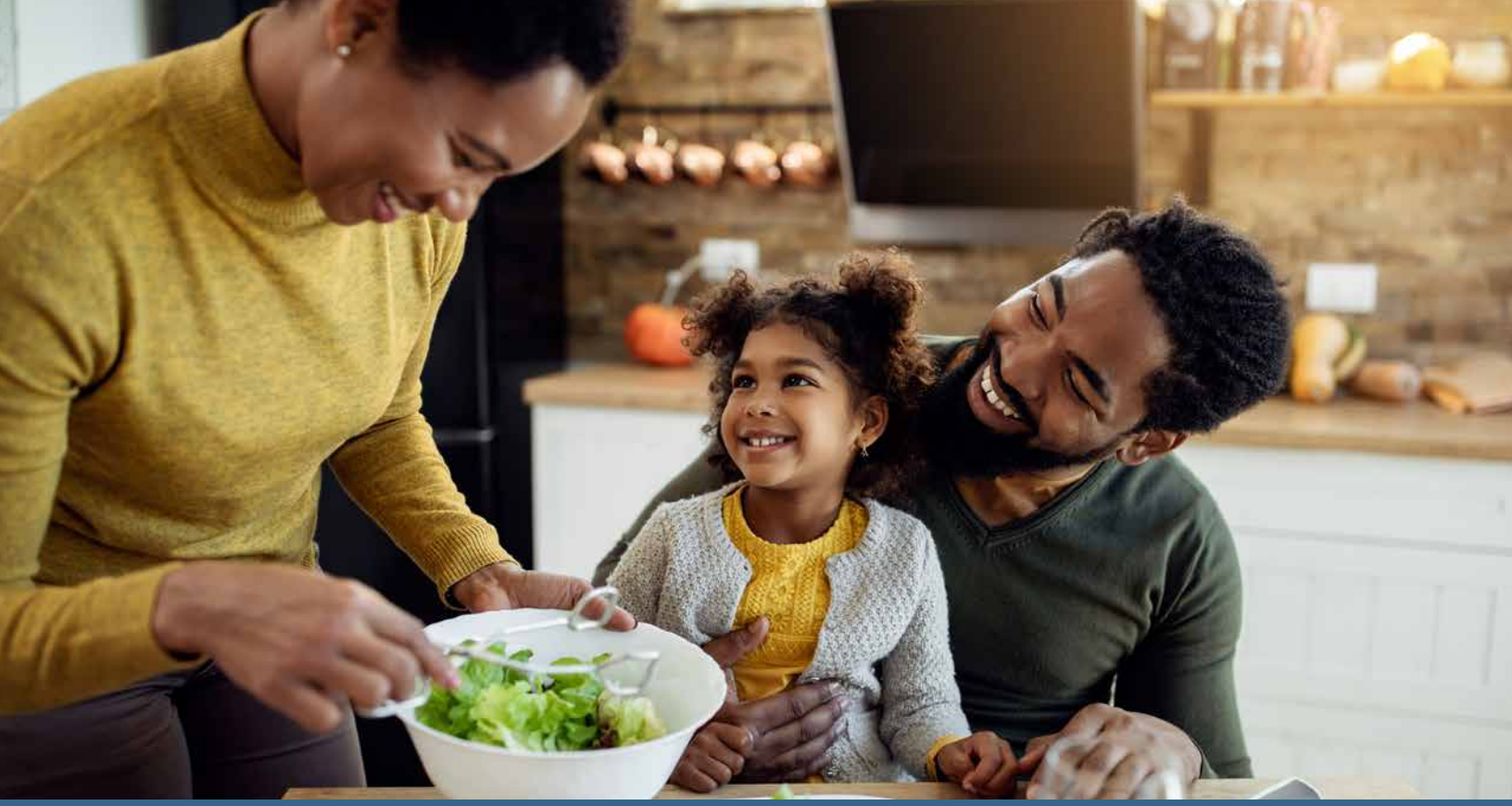


2022 OPEN ENROLLMENT

The annual enrollment period will be from October 26 – November 9, 2021. Workday will be used to review and make any election changes. You will need to complete your Open Enrollment task in Workday in order to confirm your benefits for 2022. Please take this opportunity to also confirm that all of your personal and dependent information is up to date.

Additionally, if you elect to opt-out of the medical plan, you must submit the "Waiver of Coverage" form. You must also submit the appropriate documents to confirm the eligibility of any dependents being added to your coverage in 2022.

WHAT'S NEW FOR 2022?

- All employees 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, 2021. 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 Oct. 26, 2021 and closes Nov. 9, 2021).

- The CARES Act of 2020 added menstrual care products as qualified medical expenses and removed the requirement to have a prescription for over-the-counter medications. However, your debit card may not work because individual merchants like pharmacies and convenience stores must update their Point-of-Sale (POS) system to recognize these products as qualified medical expenses under the FSA. If this occurs, you can pay out-of-pocket and reimburse yourself with submission of an itemized receipt to Flores

2022 BENEFITS OVERVIEW

This enrollment guide contains information about the benefits available to you in 2022. In the event of a conflict between this overview and the plan documents, the plan documents will govern.

It is important that you make an informed choice because this will be your election for the entire 2022 plan year. Because you pay for some benefits on a pre-tax basis, the Internal Revenue Service prohibits changes during the year, unless you have a change in family status.

You are responsible for notifying your benefits team within 30 days of any qualifying event. You have 60 days to make changes for loss of Medicaid or CHIP coverage. If you do not notify your benefits team within these time frames, you may not be eligible to make changes to your plans mid-year, except that if the addition of a child does not result in a coverage level change (e.g., you are not changing from employee+spouse to family), the 30 day rule is waived. Also, if you do not notify us within 30 days of a dependent losing coverage under the Plan, your payroll deduction will have to remain the same for the remainder of the year due to Section 125 Rules even though your dependent is no longer covered under the plan.

THERE ARE THREE PLAN OPTIONS FOR 2022

You have the opportunity to make choices based on the needs of yourself and your family. For example, if you do not have children or your children are grown, then you may want to elect the lower cost dental option that does not provide orthodontia coverage. Accordingly, you have the choice of three medical plans, three dental plans, and three vision plans outlined on the next page. They have not changed from 2020 plans.

The differences among the plans are the employee contributions, deductibles, coinsurance maximums and office visit copays. You have the choice of the following tiers of coverage: employee only, employee plus dependent child(ren), employee plus spouse, and family.

COMPARING YOUR HEALTH PLAN OPTIONS

	PLAN I	PLAN II	PLAN III
2022—Weekly Employee Contributions			
Employee	$20.06	$48.14	$68.19
Employee + Child(ren)	$28.08	$56.16	$76.22
Employee + Spouse	$32.09	$60.17	$80.23
Family	$40.11	$68.19	$88.25

	PLAN I		PLAN II		PLAN III	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible						
Individual	$600	$1,500	$800	$2,000	$300	$750
Family	$1,800	$4,500	$2,400	$6,000	$900	$2,250
True OOP Maximum						
Individual	$2,100	$5,000	$2,800	$6,000	$1,300	$3,750
Family	$6,300	$15,000	$8,400	$18,000	$3,900	$11,250
Office Visits						
Physician Office Visits	60%; after deductible	50%; after deductible	100% after $25 copay	70%	100% after $15 copay	70%
Routine & Preventive	100%	100%	100%	100%	100%	100%
Chiropractic Services	60% (limited to 25 visits)	50% (limited to 25 visits)	80% of covered expenses, limited to 25 visits annually and $1,000 annual maximum	80% of covered expenses, limited to 25 visits annually and $1,000 annual maximum	80% of covered expenses, limited to 25 visits annually and $1,000 annual maximum	80% of covered expenses, limited to 25 visits annually and $1,000 annual maximum
Hospital Facility Charges						
Inpatient	80%; after deductible	50%; after deductible	90%; after deductible	70%; after deductible	100%; after deductible	70%; after deductible
Outpatient Surgery	80%; after deductible	50%; after deductible	90%; after deductible	70%; after deductible	100%; after deductible	70%; after deductible
Emergency Room	80% after $150 copay		100% after $100 copay (copay waived if admitted)		100% after $100 copay (copay waived if admitted)	
Retail Pharmacy (30-Day Supply)						
Generic	$5		$12		$12	
Preferred Brand	$20		$27		$27	
Non Preferred Brand	$35		$42		$42	
Mail Order (90-Day Supply)						
Generic	$0		$18		$20	
Preferred Brand	$20		$33		$35	
Non Preferred Brand	$35		$48		$50	
Plan Lifetime Maximum						
Lifetime Maximum	Unlimited		Unlimited		Unlimited	

OPT OUT PROGRAM

We will provide compensation of up to $100 per month for those employees who opt-out of medical coverage for themselves and/or eligible dependents, per the schedule shown. You have to re-enroll for opt-out compensation every year.

You cannot opt out for a spouse who is also a Polypore employee.

Opt Out Program	
Employee	$75 per month
Employee + Spouse	$100 per month
Employee + Child(ren)	$75 per month
Family	$100 per month
Spouse Opt Out	$75 per month

MEDICAL, DENTAL AND VISION ELIGIBILITY

To be covered under the plan, you must be an active full-time employee who works 30 or more hours per week. To be covered under the plan, your dependents must be one of the following:

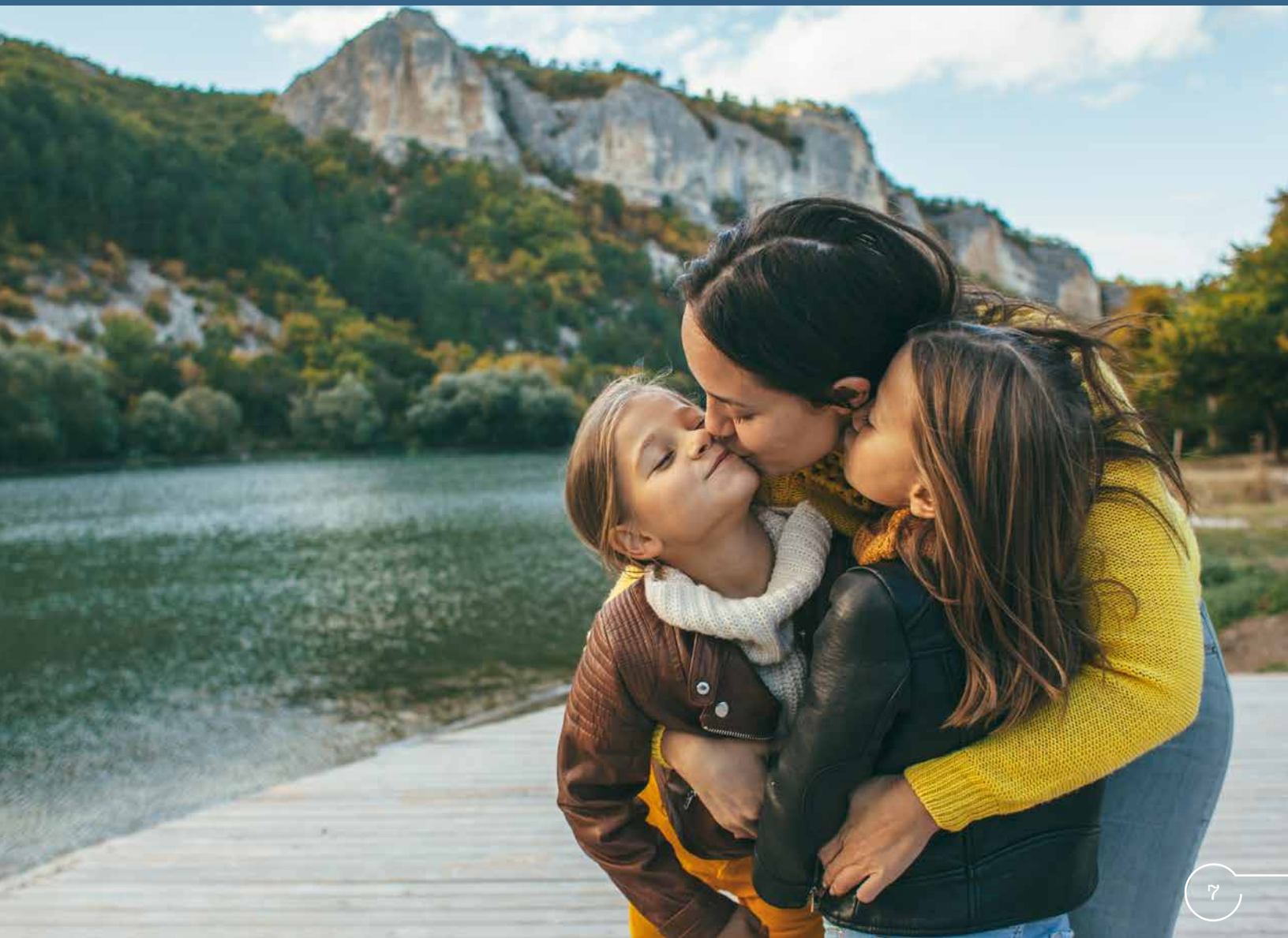
- Your spouse under an existing marriage that is legally recognized under any state law
- Your or your spouse's dependent children through the end of the month of their 26th birthday
- A dependent child who is and continues to be either mentally or physically handicapped and incapable of self-support 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

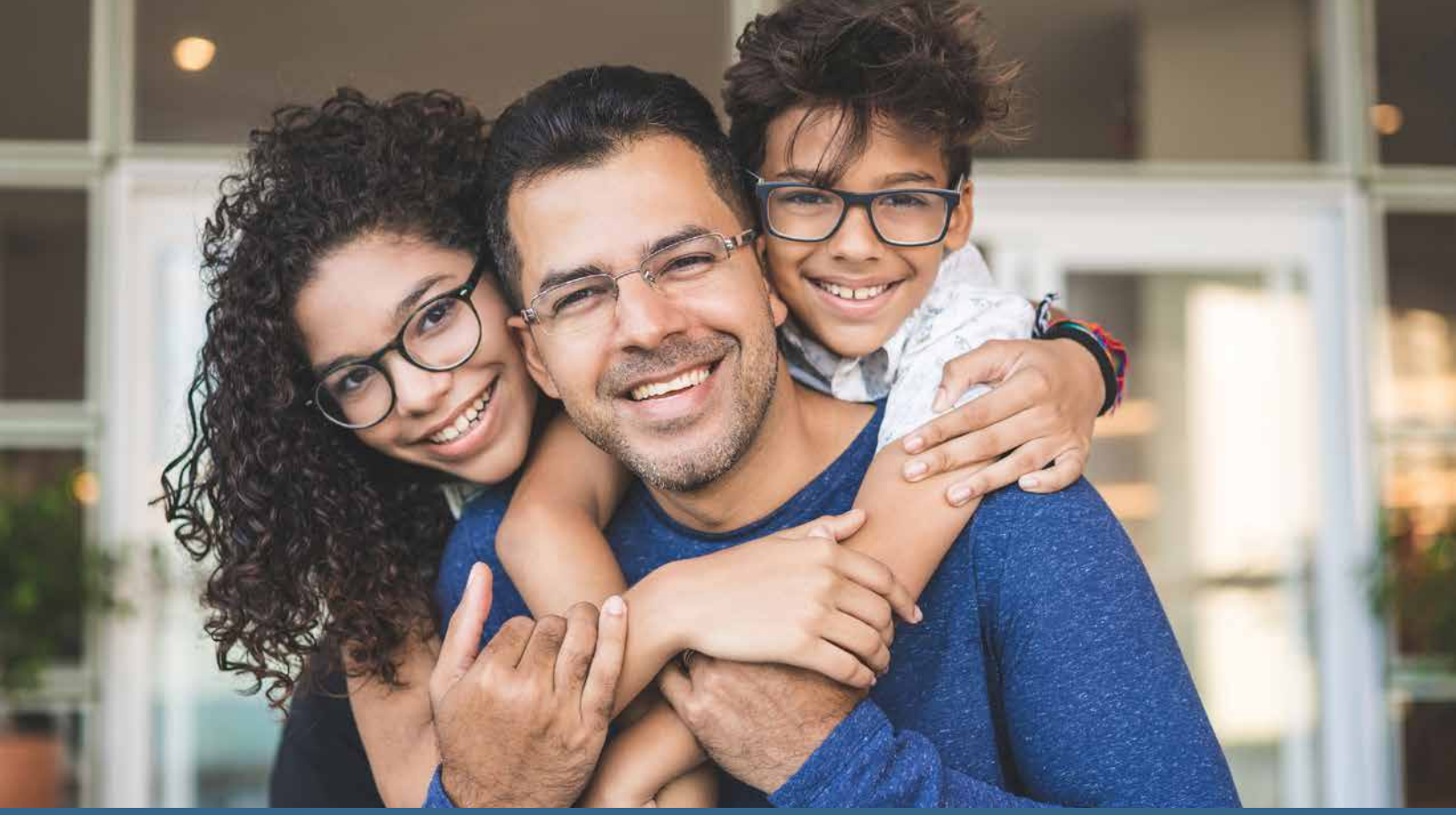
There's an app for that!
Search "Delta Dental"

DENTAL PLAN

Dental coverage is provided through Delta Dental, a network dental plan with an extensive list of participating local dentists. In-network visits eliminate the need for participants to file claims; network dentists will file claims for you. Network dental services are not subject to benefit payment reductions due to charges in excess of usual and customary.

DENTAL PLAN			
	Plan I	**Plan II**	**Plan III**
Deductible	$50	No deductible	No deductible
Class A Services (Preventive)	80%	80%	100%
Class B Services (Basic)	60%	60%	80%
Class C Services (Major)	60%	60%	80%
Dental Annual Maximum per Individual	$1,000	$1,000	$1,000
Orthodontic Services (up to age 20)	Not Covered	50%	50%
Orthodontic Lifetime Maximum per individual	NA	$1,000	$1,000
2022—Weekly Employee Contributions			
Employee	$0.72	$1.72	$2.44
Employee + Child(ren)	$1.00	$2.00	$2.72
Employee + Spouse	$1.15	$2.15	$2.87
Family	$1.43	$2.44	$3.15





VISION PLAN

Flores & Associates administers the vision plan.

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

Submit claims to Flores & Associates (PO Box 31397, Charlotte, NC 28231-1397) or if your eye doctor will not file the claims for you, you will need to complete a claim form and submit to Flores.

VISION PLAN			
	Plan I	Plan II	Plan III
Annual Eye Exam Reimbursement (once per insured employee or dependent every plan year)			
Optometrist	$25.00	$50.00	$85.00
Ophthalmologist	$25.00	$50.00	$85.00
Lenses (once per insured employee or dependent every plan year)			
Single Vision	$18.00	$ 35.00	$ 53.00
Bi-focal	$23.00	$ 45.00	$ 68.00
Tri-focal	$28.00	$ 55.00	$ 83.00
Contacts (in lieu of eyeglass frames & lenses)	$75.00	$100.00	$125.00
Frames (once per insured employee or dependent every plan year)			
	$50.00	$75.00	$100.00
2021—Weekly Employee Contributions			
Employee	$0.10	$0.20	$0.28
Employee + Child(ren)	$0.12	$0.24	$0.30
Employee + Spouse	$0.15	$0.26	$0.34
Family	$0.17	$0.28	$0.38

SHORT-TERM DISABILITY

ELIGIBILITY

As a regular full-time hourly employee of Daramic, LLC, you are eligible for Accident and Sickness benefits on the first day of employment with the Company.

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 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

Benefits for any "period of disability" will begin after a three (3) consecutive day waiting period. However, if your disability is due to an accidental injury, benefits will begin on the first day of absence. Benefits will continue until you are able to return to work or until you receive the total amount of benefits payable.

TOTAL BENEFITS PAYABLE

Short-Term Disability benefits may continue for up to 26 weeks. However, you must be under the direct care of a doctor who may periodically be required to certify that you continue to be disabled. The direct care starts when the doctor examines you. A "doctor" is defined as a physician legally licensed to practice medicine and surgery, or any other legally licensed practitioner of the healing arts who renders services within the scope of his or her license. A "Doctor" does not include a resident doctor, an intern, or a person in training.

PERIODS OF DISABILITY

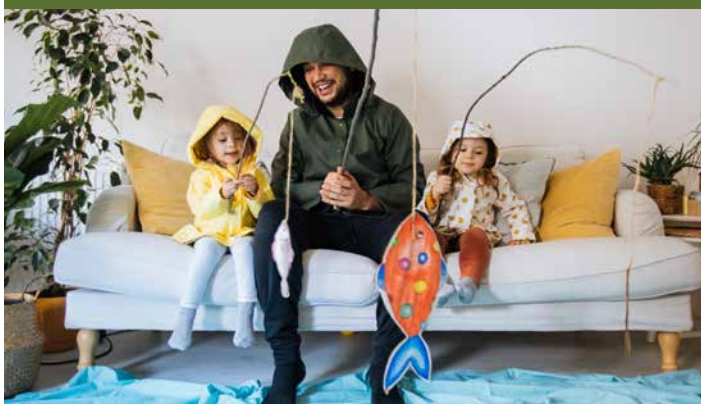
A period of disability is defined as the entire period of disability time during which you are continuously and totally unable to perform all the duties of your job.

For two periods of disability; if the two periods of disability are due to the same or related cause or condition and are separated by a period of not more than two consecutive weeks, they are considered one continuous period of disability.

If the two periods of disability are due to unrelated causes and/or are separated by a period of more than two consecutive weeks, they are considered separate periods of disability. If you return to work for at least one day, and are then disabled due to different and unrelated causes, a new period of disability will go into effect.

REMINDER

Have you updated your beneficiaries?



BENEFIT

If you become disabled and are unable to perform all of the duties pertaining to your work, your benefit amount will equal to 60% of your base hourly rate, based on a 40-hour work week.

BENEFITS LIMITATIONS

No benefits are payable under the Short-Term Disability benefits for more than 26 weeks for any one period of disability, for any period during which you are not under the care of a doctor, for any injury or sickness due to employment with any employer or self-employment, for a disability for which benefits are payable under any Workers' Compensation, occupational injury or sickness or similar laws, or for a disability due to self-inflicted injuries.

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 provided through Lincoln.

The benefit is equal to 60% of your monthly base salary to the maximum monthly benefit in the Summary Plan Description (SPD). Benefits begin after you have been totally disabled for 180 consecutive days and may continue until age 65 as long as you continue to be determined totally disabled based on the plan's definition. Benefits may be reduced by other sources of income and disability earnings.

BASIC LIFE AND AD&D INSURANCE

Life insurance offers important financial protection for you and your family.

The company automatically provides AND pays the cost of basic life insurance and accidental death and dismemberment (AD&D) coverage equal to $30,000. This amount reduces to 65% when you reach age 70 and to 50% when you reach age 75.

VOLUNTARY/EMPLOYEE PAID BENEFITS

The company makes available several additional benefits that you may choose to purchase through payroll deduction. A description of each is provided below. Unless otherwise noted, payroll deductions for 2021 benefits will begin as of the first paycheck dated on or after 1/1/2021.

SUPPLEMENTAL LIFE INSURANCE

You may choose to purchase supplemental term life coverage of $25,000, $50,000, $75,000, $100,000, $125,000 or $150,000. The cost of this coverage is $0.295 per $1,000 per month. Changes in the cost will be made by the insurance company upon proper notification. This benefit is provided through Lincoln. For new hires, no Evidence of Insurability (EOI) is required for elections made within the Initial Election Period*. For active employees with no coverage currently in force, EOI is required for any election. For active employees with current coverage in force, EOI is required for an increase in excess of one level. The EOI application can be accessed online through Lincoln's website via the link in Workday. Your Supplemental Group Term Life Insurance amount reduces to 65% when you reach age 70 and to 50% when you reach age 75.

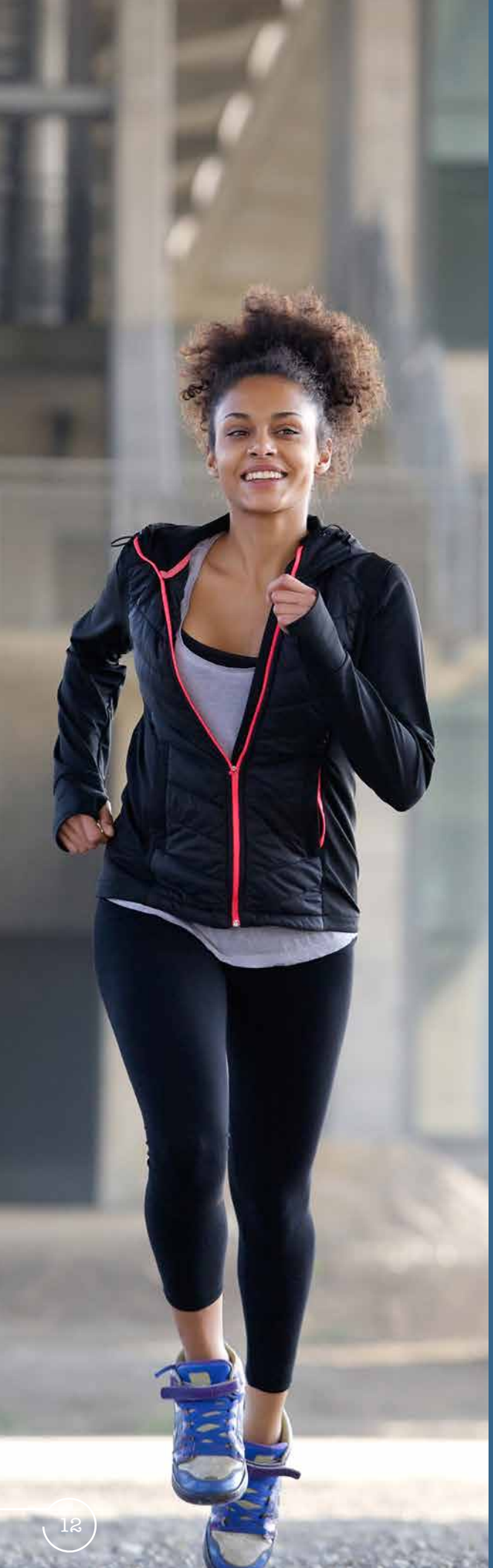
SUPPLEMENTAL LIFE INSURANCE		
Option 1	$ 25,000	($7.38/month)
Option 2	$ 50,000	($14.75/month)
Option 3	$ 75,000	($22.13/month)
Option 4	$100,000	($29.50/month)
Option 5	$125,000	($36.88/month)
Option 6	$150,000	($44.25/month)

*INITIAL ELECTION PERIOD = 31 DAYS AFTER HIRE DATE

LIFE INSURANCE FOR SPOUSE

You may choose to purchase Lincoln's dependent life insurance for your spouse, and have the premium conveniently payroll deducted. The cost of this coverage is $0.255 per $1,000 per month. You are automatically the beneficiary of this coverage. Elections over the Guaranteed Issue amount of $50,000 or an election more than one level above your current coverage amount will require Evidence of Insurability. The Evidence of Insurability application can be accessed online through Lincoln's website via link in Workday. Your Supplemental Spousal Group Term Life Insurance amount reduces to 65% when your spouse reaches age 65 and to 50% when your spouse reaches age 70. Maximum life insurance for your spouse is $100,000.

FOR YOUR SPOUSE		
Option 1	$ 25,000	($ 6.38/month)
Option 2	$ 50,000	($12.75/month)
Option 3	$ 75,000	($19.13/month)
Option 4	$100,000	($25.50/month)



LIFE INSURANCE FOR CHILDREN

You may choose to purchase Lincoln's dependent life insurance for your children, and have the premium conveniently payroll deducted. You may choose either Option 1 or Option 2 to cover all of your dependent children from live birth 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.

FOR YOUR CHILDREN		
Option 1	$ 5,000	($0.45/month)
Option 2	$10,000	($0.90/month)

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Some employees desire more AD&D coverage than the amount provided with your basic life insurance. 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 that 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 in $10,000 increments from $10,000 up to $500,000 with a maximum election of 10 times your base annual earnings. Your children may be covered from live birth through age 25. If you elect family coverage, your benefits will be as follows:

A spouse only:	50% of your coverage
A spouse and child(ren):	40% of your coverage on spouse, 10% of your coverage on each child
Child(ren) only:	15% of your coverage up to $20,000 on each child

The monthly cost of this coverage is $0.04/ $1,000 for yourself or $0.06/$1,000 for your family.

FLEXIBLE SPENDING PROGRAM

MEDICAL FLEXIBLE SPENDING ACCOUNT

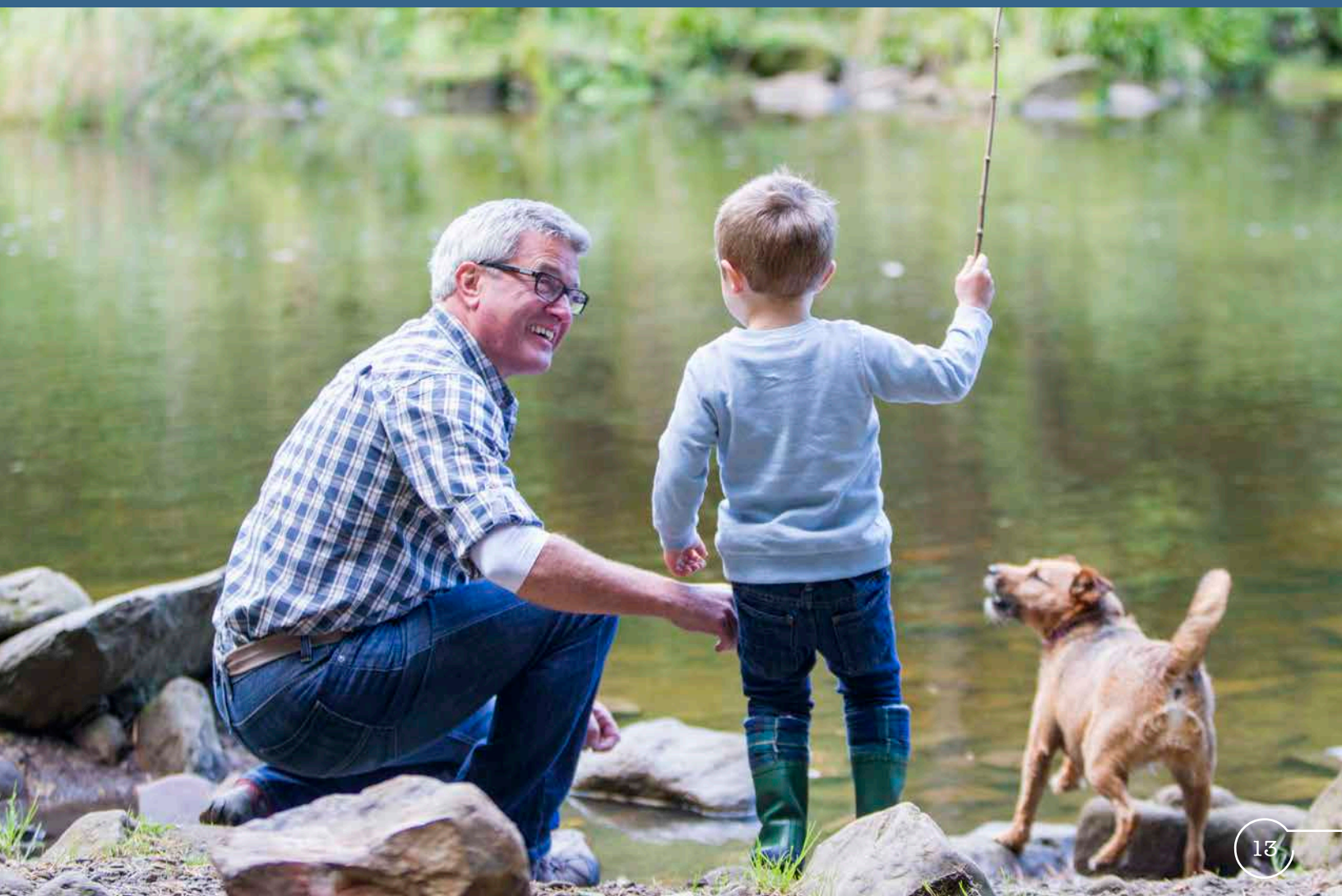
The Medical Flexible Spending Account (FSA) benefit allows you to set aside earnings, tax-free (up to $2,750 per year), to help pay for health care expenses such as deductibles, coinsurance, doctor visit and prescription drug copays, and certain uncovered prescription drugs and medical procedures (e.g., 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.

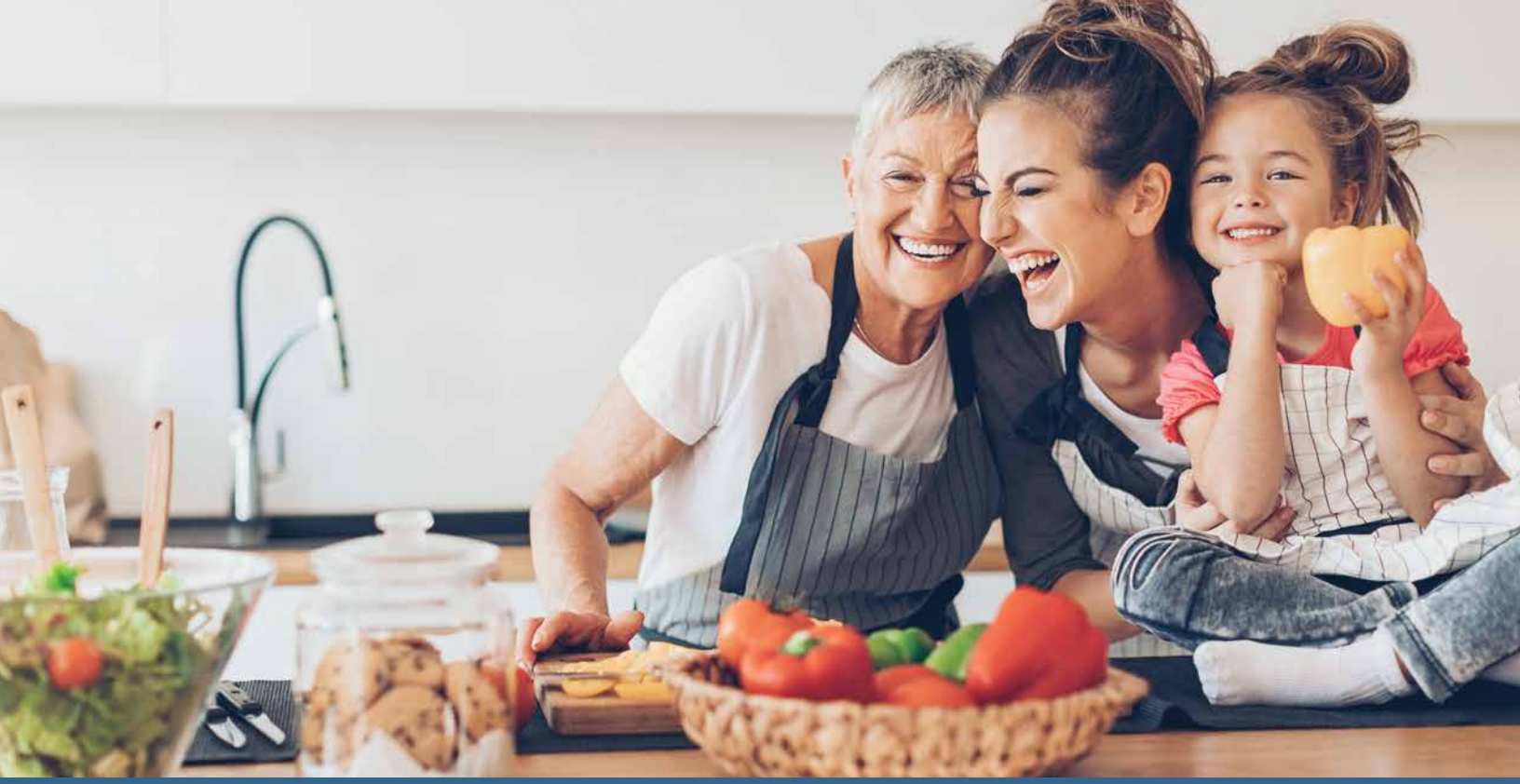
How Does FSA Work?

- 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.

REMINDER

You Must Re-enroll for 2022

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, 2020 - March 15, 2021	April 15, 2021	Jan 1, 2021 - March 15, 2022	April 15, 2022
Dependent Care FSA	Jan 1, 2020 - Dec 31, 2020	March 31, 2021	Jan 1, 2021 - Dec 31, 2021	March 31, 2022

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*.

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.

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 Dr.
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.mybcbsnc.com
- **Dental**
  Delta Dental of North Carolina
  800-662-8856
  www.deltadentalnc.com
- **Vision**
  UnitedHealthcare
  800-638-3120
  www.myuhcvision.com
- **Life and Disability**
  Contact Local HR
- **Flexible Spending Account**
  Flores & Associates
  800-532-3327
  www.flores247.com
- **Employee Assistance Program (EAP)**
  Health Advocate
  877-240-6863
  www.healthadvocate.com