YOUR 2022 BENEFITS

Edmund optics | worldwide

WELCOME	2022 BENEFITS	ENROLLMENT	OTHER IMPORTANT INFORMATION

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YOUR 2022 BENEFITS

Dear Edmund Optics Employees:

We value our employees and realize that medical, dental, vision and other ancillary benefits are an essential component of a comprehensive package. We also recognize that these offerings are necessary to attract and retain top talent. As a new Edmund Optics employee, we are happy to provide you with this benefit booklet which will outline all of the benefits you have available to you.

This booklet will include benefit options for the January 1, 2022 – December 31, 2022 plan year. Please utilize this benefit guide to help you make decisions on your plan elections for both you and your family.

If you should have any questions or concerns please feel free to contact ***Your Benefit Guardian*, Maria Black, at 888-427-7383 x308.**

YOUR 2022 BENEFITS

NEW HIRE ENROLLMENT

As a full time employee with Edmund Optics you are eligible to enroll in all of the benefit offerings. If you decide to waive coverage during your new hire period you will have to wait until Open Enrollment to make a change to your coverage unless you have a qualified life event. Qualified events include: marriage/divorce, birth or adoption of a child, change in child's dependent status, death of a dependent, or change in spouse's benefits or employment status. If you experience a qualified change in status, please contact HR within 31 days of the event.

HOW DO I MAKE CHANGES?

All benefit eligible employees will be REQUIRED to log into the benefit portal to enroll in benefits.

DEPENDENT ELIGIBILITY

Legal spouses and dependent children are eligible for enrollment under the Edmund Optics group health plan. Dependent children can remain covered under the medical plan until the end of the calendar year in which they turn age 26. Disabled dependents may be eligible to be covered beyond age 26. Please see the HR Department for additional information.

For additional information on plan eligibility refer to the plan documents and policies that provide the guidelines on the operation of each plan. Plan Documents can be found on the benefit portal.

Member Online Services

Go to www.MyCigna.com

- **View claims status and history**
- **Find a doctor**
- **Use the Treatment Cost Estimator and Physician Review Tool**
- **Update information**
- **Watch brief, informative videos**

Don't have access to MyCigna.com yet?

Go to www.Cigna.com

- **Select "Find a Doctor, Dentist or Facility" at the top of the page**

MEDICAL BENEFITS

The chart below details the medical benefits for the plans available through Cigna:

Carrier	Cigna		
Delivery System	**H.S.A. Open Access Plan**	**Open Access - In-Network Plan**	**Open Access Plan**
In-Network			
Primary Care/Referrals Required	Not Required	Not Required	Not Required
Member Coinsurance	0%	0%	0%
Annual Deductible Indv/Fam	$2,000/$4,000	None	None
Deductible Type	Non-Embedded	N/A	N/A
Annual Out-of-Pocket Max. Indv/Fam	$5,000/$10,000	$4,000/$8,000	$1,000/$2,000
Out-of-Pocket Max. Type	Embedded	Embedded	Embedded
Office Visit	Covered 100% after Deductible	$20 copay	$15 copay
Specialist Visit	Covered 100% after Deductible	$40 copay	$25 copay
Preventive Care	Covered 100%; No Deductible	Covered 100%	Covered 100%
Inpatient Hospital Benefit	Covered 100% after Deductible	$250 copay per admission	$500 copay per admission
Outpatient Surgical Benefit	Covered 100% after Deductible	$200 copay	$200 copay
Laboratory Services	Covered 100% after Deductible	Covered 100%	Covered 100%
Routine & Complex Radiology	Covered 100% after Deductible	Covered 100%	Covered 100%
Outpatient Short Term Therapies	Covered 100% after Deductible	$40 copay	$25 copay
Emergency Room	Covered 100% after Deductible	$100 copay; waived if admitted	$50 copay; waived if admitted
Ambulance	Covered 100% after Deductible	Covered 100%	Covered 100%
Urgent care	Covered 100% after Deductible	$40 copay	$25 copay
Durable medical equipment	Covered 100% after Deductible	Covered 100%	Covered 100%
Out-of-Network		Not Covered	
Annual Deductible Indv/Fam	$2,000/$4,000		$500/$1,000
Member Coinsurance	30%		20%
Annual Out-of-Pocket Max. Indv/Fam	$10,000/$20,000		$2,000/$4,000

Certain limits may apply; this table is for illustrative purposes only. Please see the benefit summary for full plan details, limitations, and exclusions.

Member Online Services

Go to www.MyCigna.com to manage member inquiries on:

- **Basic account and product function**
- **Account balances and activities such as withdrawals and contributions**
- **Investments (if applicable)**
- **Accessing and using the member Online Service Center**
- **Product education**

http://hsabank.com/cigna/home

HEALTH SAVINGS ACCOUNT (HSA)

WHAT IS A HEALTH SAVINGS ACCOUNT?

An HSA is a tax-advantaged savings account, meaning that you will be able to defer pre-tax dollars, thus lowering your taxable income. The funds in the HSA belong to you from the moment they are deposited— there is no "use it or lose it" rule.

If you elect the HSA Open Access Plus Plan you will automatically have access to a Health Savings Account (HSA). The money in your HSA can be used to pay medical expenses such as deductible, coinsurance, prescription costs, dental or vision expenses, and other IRS-eligible expenses. You can also elect not to use the money in your account now, but to save it for future medical expenses, like Medicare premiums or Medicare supplemental plan premiums, or for post-retirement medical expenses.

HSA PRE-TAX DEFERRAL	
Coverage Level	**2022 Maximum Allowable**
Employee	$3,650
Employee + Child	$7,300
Employee + Spouse	$7,300
Employee + Children	$7,300
Employee + Family	$7,300

*Employees 55+ are eligible for an additional $1,000 catch-up contribution.
**Certain limits may apply; this table is for illustrative purposes only. Please see the benefit summary for full plan details, limitations, and exclusions.

HOW DOES MY HSA WORK?

During Open Enrollment, you decide how much money you want to deposit on a pre-tax basis. This money will be deducted from your pay checks and deposited in your account on your behalf, along with the Edmund Optics contribution. You must complete a Deferral Election form each year. Edmund Optics' contribution will be deposited incrementally throughout the year, along with any deferral you elect. *Funds are available for use only as they are deposited.*

Please note: Once your deferral is made, it cannot be changed until the next calendar year, unless you have a qualifying event.

You may not contribute to an HSA for any tax year you have contributed to a traditional FSA.

CIGNA TELEHEALTH CONNECTION

A FASTER, EASIER WAY TO SEE A DOCTOR

Telehealth

Now, Cigna makes it easy for you to stay in control of your health. With Cigna Telehealth Connection, you can talk with a licensed doctor via video chat or phone nationwide, 24 hours a day, seven days a week – no appointment needed! We are working with Amwell and MD Live, leaders in Telehealth, to bring you care that is:

- **Dependable:** Nationwide access, 24 hours a day, 365 days a year
- **Flexible:** Choose the doctor that meets your needs
- **Convenient:** No appointment needed & ePrescriptions can be provided if you need one
- **Confidential:** Private and secure; compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

With Cigna Telehealth Connection, you can be treated for symptoms and conditions such as:

- Colds and flu
- Allergies
- Asthma
- Pink eye
- Ear infections
- Sinus problems
- Respiratory infections
- Joint aches and pains
- Vomiting and nausea
- And more

Clinical services for Cigna Telehealth Connection are provided by doctors who:

- Are U.S. Board Certified, licensed, and credentialed
- Average 15 years' experience in primary and urgent care
- Are rated by other patients

You can search each doctor's profile and select the doctor that best meets your needs. Once you are enrolled, you can visit with a Cigna Telehealth Connection doctor when:

- You need a more convenient way to see a doctor
- Your doctor's office is closed
- You feel too sick to drive
- You are traveling and need medical care

To register please log in to your www.mycigna.com account. If you have not yet created an account, you will need to do so before registering for Telehealth Connection. Copays to use Telehealth are as follows:

- HSA Plan- $55 until your deductible has been met, then covered at 100%
- OAP- In Network- $20 Copay per visit
- OAP- $15 Copay per visit

Preventative care is a covered benefit under your Cigna plan.

You may be eligible to earn incentives for completing certain activities to help manage your health! For more information about Cigna Wellness, tools and covered services, visit www.MyCigna.com.

PREVENTATIVE CARE

Important to Your Health

Prevention is one of the keys to good health. Getting the right care can help prevent certain health-related diseases, detect health problems early and can help maintain good health. Start by having regular checkups with the same doctor or the same clinic each year. Having one doctor that you see regularly will help you build a good relationship with your doctor and can improve the quality of your care. Health screenings are an important part of preventive care. Important biometric screenings include blood pressure, body mass index, cholesterol, and blood sugar tests. Your doctor will tell (or advise) you about the health screenings you should receive based on your age, gender, personal health, and family history.

Certain cancer screenings may also be appropriate. If you are age 50 years or older, talk with your doctor about colorectal screenings; if you're male and age 50 years or older, talk with your doctor about having a prostate screening.
It's important for women to have a wellness exam once a year. A woman's wellness exam is a physical exam that includes a breast exam and a pelvic exam, including a cervical cancer screening. For women ages 40 years and older, yearly mammograms are recommended. A mammogram is an X-ray of breasts that can detect tissue abnormalities long before a self-exam would find them. Talk with your doctor about breast and cervical cancer screenings.

Regular health screenings may help detect health problems early, which makes them easier to treat and more likely to be treated successfully. Talk with your doctor to ensure you receive the right health screenings for you.

Immunizations

Talk with your doctor about important immunizations that might be right for you and your family, including childhood and adult immunizations, and influenza and pneumococcal vaccinations.

Expecting?

Whether you are expecting your first child or adding to your growing family, you may have questions and concerns about your pregnancy, delivery, and even the months that follow the birth of your baby. The Cigna Healthy Pregnancies, Healthy Babies program provides information and resources to help you make healthy choices throughout your pregnancy, including getting the right prenatal and postpartum care. You can enroll in the Cigna Healthy Pregnancies, Healthy Babies program at www.MyCigna.com or call 1-800-615-2906.

Contact HR for information on additional benefits.

Help when you need it – 24/7!

If you have a question about your health, preventative screenings, or test results, or want general health information, the 24/7 Nurse Line is the right place to start. Caring nurses are always available to help. In the middle of the night, on weekends, or when your doctor's office is closed, call anytime for health information you can count on.

Call 1-855-246-1873

PRESCRIPTION BENEFITS

The chart below details the prescription benefits for the plans available through Cigna:

Prescription Drugs			
	H.S.A. Open Access Plan	**Open Access – In-Network Plan**	**Open Access Plan**
Prescription Deductible	Integrated with Medical	None	None
Generic Copay	30% Member Coinsurance After Deductible	$10	$10
Brand Name Copay		$20	$20
Non-Formulary Copay		$35	$35
Mail Order Copay		$20/$40/$70	$20/$40/$70

Certain limits may apply; this table is for illustrative purposes only. Please see the benefit summary for full plan details, limitations, and exclusions.

Once you are enrolled in benefits you will have access to the Cigna 90 Now program. This program offers you:

- ***Convenience:*** You have the option to fill the medication you take every day in a 90-day (or 3-month) supply. You'll make fewer trips to the pharmacy for refills. And you're more likely to stay healthy–with a 90-day supply on-hand, you're less likely to miss a dose.
- ***Choice:*** Use the pharmacy that's most convenient for you–a retail pharmacy in your plan's network that's approved to fill 90-day supplies or home delivery.

Home Delivery

Prefer the convenience of having your medications delivered to your door? Then Cigna's home delivery pharmacy may be right for you.

They'll ship your medication to you at no extra cost. And, they'll send you reminders, so you don't miss a dose.

To get started using home delivery, call

1 (800) 835-3784.

To check which drugs are included in your plan, please log on to www.MyCigna.com

Member Online Services

Go to www.DeltaDentalNJ.com

- **Find a participating dentist**
- **View your explanation of benefits (EOB)**
- **View plan benefits**

DENTAL BENEFITS

Dental Benefits are designed to help you maintain good dental health. Edmund Optics offers two dental plans administered by Delta Dental. The following chart compares the benefits:

DELTA DENTAL®

Plan Type	Delta PPO Plus Premier		Delta Care USA DMO
Plan Benefits	**In-Network**	**Out of Network**	**In-Network Only *(No coverage out-of-network)***
Primary Care Dentist Required	No		Yes *You must select a participating dentist at www.deltadentalnj.com and search for dentists under Delta Care USA.*
Calendar Year Maximum (Individual)	$1,000		N/A
Deductible:			
Individual	$50		N/A
Family	$150		
Waived for Preventative	Yes		
Benefit Details:			
Type I - Preventative	100%	100% UCR	Fee Schedule
Type II - Basic	80%*	80% UCR*	
Type III - Major	50%*	50% UCR*	
Type IV- Orthodontia	50%		
(Age Limitation: 19)			
Ortho Lifetime Max	$1,000		N/A

*Deductible Applies
**Certain limits may apply; this table is for illustrative purposes only. Please see the benefit summary for full plan details, limitations, and exclusions.

VISION BENEFITS

Edmund Optics offers a vision plan through Cigna for employees with the following features:

Plan Features	In-Network	Out-of-Network
Vision Exam	$20 Copay	Up to $60 Reimbursement
Materials	$20 copay	N/A
Frequency Period:		
Exams	Every 12 Months	
Eyeglass Lenses	Every 12 Months	
Contact Lenses	Every 12 Months	
Frames	Every 24 Months	
Frames:	$130 Allowance	Up to $71 Reimbursement
Lenses:		
Single Vision	100% After Copay	Up to $40 reimbursement
Bifocal		Up to $65 reimbursement
Trifocal		Up to $75 reimbursement
Lenticular		Up to $100 reimbursement
Contact Lenses:	Up to $130 Allowance	Up to $105 Reimbursement

*Your frequency period begins on January 1 (calendar year).
Certain limits may apply; this table is for illustrative purposes only. Please see the benefit summary for full plan details, limitations, and exclusions.

IMPORTANT NOTICES:

1. **The vision plan is included at NO cost to you if you enroll at the same coverage tier you elect for medical.**
2. **If you waive medical or want vision coverage at a higher coverage tier than medical, you can do that, but you would pay the full cost for the vision plan.**

Member Online Services

Go to www.MyCigna.com

- **View benefits**
- **Find a doctor**

Don't have access to MyCigna.com?

Go to www.Cigna.com

- **Select "Find a Doctor, Dentist or Facility" at the top of the page**
- **Click "Cigna Vision Directory" under "Additional Directories"**

If you have any questions about your benefits, please contact Maria Black at mblack@ibpllc.com or 888-427-7383 ext. 308

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

Discovery Benefits®

WHAT IS A HEALTH CARE FSA?

Health Care FSA provides you with an important tax advantage that can help you pay health care expenses on a pre-tax basis. By anticipating your family's health care costs for the next year, you can actually lower your taxable income. This is not a savings account. The FSA is meant to be used throughout the year and you will forfeit leftover money in the account at the end of the plan year. You should only contribute the amount of money you expect to pay out of pocket that year.

HOW DO THESE SPENDING ACCOUNTS WORK?

The amount you elect is deducted from your paycheck and stored in your individual Health Care FSA account until you need it. You can pay for eligible items using your FSA card or request reimbursement by filing your claims online along with your receipts to Discovery.

Your elected contribution amount can only be changed if you experience a permitted qualified life event (such as a change in family status) and your FSA permits you to change your election.

The annual maximum amount you may contribute to the Health Care FSA is **$2,850 per calendar year.**

ELIGIBLE EXPENSES – HEALTH CARE FSA

- Copays and Coinsurance amounts (but not premiums)
- Over the counter medications can now be purchased without a prescription
- Menstrual products
- Hearing services, including hearing aids and batteries
- Dental services and orthodontia
- Vision services including contact lenses, contact lens solution, eye examinations and eyeglasses

** Please see IRS publication 502 for a full listing of eligible expenses.*

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Discovery Benefits®

WHAT IS A DEPENDENT CARE FSA?

DCAP's provide you with an important tax advantage that can help you pay for dependent care expenses on a pre-tax basis. By anticipating your family's dependent care costs for the next year, you can actually lower your taxable income. You should only contribute the amount of money you expect to pay out of pocket that year as you will forfeit any funds remaining in the DCA account at the end of the year.

CONTRIBUTIONS

The annual maximum amount you may contribute to the Dependent Care FSA is $5,000 (or $2,500 if married and filing separately) per calendar year. Please see IRS publication 503 for a full listing of eligible expenses.

After your initial contribution election, you cannot change your election during the plan year unless you experience a qualified life event (such as a change in family status) and your DCAP permits you to change your election. The Dependent Care Flexible Spending Account accrues per pay period unlike the Healthcare Flexible Spending Account.

DCAP Contributions will be reviewed after plan discrimination testing has been completed and contributions may be decreased at that time in order to bring the plan into compliance.

ELIGIBLE EXPENSES – DEPENDENT CARE FSA

Some examples include:

- The cost of child or adult dependent care
- The cost for an individual to provide care either in or out of your house
- Nursery schools and preschools (excluding kindergarten)

**Please see IRS publication 503 for a full listing of eligible expenses.*

2022 BENEFITS

- Medical Benefits
- How My Health Plan Works
- Prescription Benefits
- Dental Benefits
- Vision Benefits
- **Spending Accounts**
- Other Benefits

COMMUTER BENEFITS FLEXIBLE SPENDING ACCOUNT

Discovery Benefits®

WHAT IS A COMMUTER BENEFITS FSA?
A commuter account is an employer-sponsored benefit program that allows an employee to set aside pre-tax funds in separate accounts to pay for qualified mass transit and parking expenses associated with your commute to work.

CONTRIBUTIONS
Qualified Parking FSA:
You may contribute up to $280 per month to pay for qualified parking expenses. Get reimbursed for parking expenses incurred at or near your work location or a location from which you continue to commute to work by carpool, vanpool, or mass transit. Out-of-pocket parking fees for parking meters, garages, and lots qualify. Parking at or near your home is not an eligible expense.

Mass Transit FSA:
You may contribute up to $280 per month to pay for mass transit expenses. Get reimbursed for qualified transit passes, tokens, fare cards, vouchers, or similar items entitling you to ride a mass transit vehicle to or from work. The mass transit vehicle may be publicly or privately operated and includes bus, rail, or ferry.

ELIGIBLE EXPENSES – COMMUTER BENEFITS FSA
Some examples include:

- Mass Transit
- Van-Pooling
- Parking

*Please see IRS publication 15-B for a full listing of eligible expenses.

If you have any questions about your benefits, please contact Maria Black at mblack@ibpllc.com or 888-427-7383 ext. 308

EMPLOYER-PAID BENEFITS

LIFE & ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)

Life Insurance provides crucial financial protection for your family along with a variety of support services designed to help them cope with both emotional and financial issues in the event of your death while you remain employed.

AD&D Insurance is equal to your Life Insurance benefit amount and is payable to your beneficiary in the event of your death as a result of an accident and may pay benefits in certain injury instances.

Each employee will receive a group life insurance certificate through Cigna Life and paid for by your employer for the amount shown below:

	Basic Life Insurance
Benefit Amount	2 Times Base Annual Earnings, rounded to next higher $1,000 to a Maximum of $200,000

	AD&D Insurance
Benefit Amount	Equal to your Basic Life Insurance Benefit 2 Times Base Annual Earnings, rounded to next higher $1,000 to a Maximum of $200,000

*Please note certain limits may apply; these tables are for illustrative purposes only. Please see the benefit summaries for full plan details, limitations and exclusions.

NJ Family Leave Insurance

Employees in New Jersey whose employment is covered by the New Jersey Unemployment Compensation Law are also covered for Family Leave Insurance. Family Leave Insurance provides New Jersey workers cash benefits for up to six weeks to bond with a newborn, newly adopted, newly placed foster child, or to provide care for a seriously ill or injured family member. Family Leave Insurance provides a monetary benefit, not a leave entitlement. This program does not give workers the right to return to their job after a period of family leave. Your job may be protected by the federal Family and Medical Leave Act (FMLA), or the New Jersey Family Leave Act (NJFLA), or other state program.

Please contact HR for more information.

EMPLOYER-PAID BENEFITS

DISABILITY INCOME BENEFITS

The Edmund Optics Family provides full-time employees with Short and Long-Term Disability income benefits. These benefits protect you financially in the event you are unable to work due to a qualifying disability cause by injury or illness. The Edmund Optics Family pays for the full cost of Short and Long-Term Disability insurance—meaning that you don't make any payroll contribution for the premium.

In the event that you become disabled from a non-work-related injury or sickness, disability income benefits will provide a partial replacement of lost income. Please note, that you are not eligible to receive Short-Term Disability benefits if you are receiving workers' compensation benefits.

	Short-Term Disability	Long-Term Disability
Benefits Begin	After Elimination Period of 7 Days	After Elimination Period of 6 Months
Benefits Payable	Until no longer disabled; maximum of 26 Weeks	Until no longer disabled or up to Social Security Normal Retirement Age, whichever is first
Percentage of Income Replaced	66⅔% of Eligible Salary	60% of Eligible Salary
Maximum Benefit	$750 Per Week	$6,000 Per Month

Certain limits may apply; this table is for illustrative purposes only. Please see the benefit summary for full plan details, limitations, and exclusions.

Employees in New Jersey whose employment is covered by the New Jersey Unemployment Compensation Law are also protected by a mandatory disability insurance system. Cash benefits are payable when you cannot work because of sickness or injury not caused by your job. If you became disabled within 14 days of your last day of work in covered New Jersey employment, you may be covered for disability insurance under the State Plan or an approved Private Plan. Please contact HR for more information.

EMPLOYER-PAID BENEFITS

With the Cigna Employee Assistance & Work/Life Support Program, you can get support for everyday issues and life challenges. The Employee Assistance & Work/Life Support Program is here to connect you with real people who can help you find real solutions to life's challenges.

These services are all confidential and available at no additional cost to you and anyone living in your household.

Services include:

- Emotional Health – Get 1-5 sessions per issue per year with a dedicated, licensed counselor at no cost to you.
- Home Life Referrals – Get assistance with referrals to community resources and services.
- Financial and Legal Assistance – Get free 30-min consultation calls for financial and legal experts as well as a free 60-min identity theft consultation

Learn more about EAP at www.Cigna.com/realsupport

Connect Anytime at 877-622-4327

Employer ID: EdmundOptics

*Please note certain limits may apply; these tables are for illustrative purposes only. Please see the benefit summaries for full plan details, limitations and exclusions.

VOLUNTARY BENEFITS

VOLUNTARY TERM LIFE INSURANCE

To supplement your life insurance coverage, you may purchase additional life insurance for you, your spouse, and your dependent children.

This is an employee-paid benefit. Evidence of Insurability will be required for amounts over the guaranteed issue.

- Premiums and benefits are based upon age and salary
- Premiums and benefits are reduced to 65% at age 65; 50% at age 70.

Evidence of Insurability will also be required for any coverage amount if you waive this benefit as a new hire but request to enroll at a later date.

Insured	Available Increments	Maximum Benefit	Guarantee Issue
Employee	1, 2, 3, 4, 5x salary at time of enrollment, rounded to the next higher $1,000	$500,000	$200,000
Spouse	$5,000 increments	The lesser of 50% of the employee amount or $250,000	$20,000
Child(ren)	$2,500, $5,000, $7,500 to $10,000. Birth to age 6 months: $1,000 benefit.	$10,000 Birth to age 6 months: $1,000	All guarantee issue.

Certain limits may apply; this table is for illustrative purposes only. Please see the benefit summary for full plan details, limitations, and exclusions.

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*Please note certain limits may apply; these tables are for illustrative purposes only. Please see the benefit summaries for full plan details, limitations and exclusions.

VOLUNTARY BENEFITS

401(k) PLAN

This plan allows you to save for retirement. Earnings and gains on both your, and any matching contributions, accumulate tax-free until withdrawn.

All regular full-time and part-time employees are eligible to join the Retirement Plan if you are at least 21 years old and have completed 30 days of continuous employment. Benefits begin the first of the month following 30 days of employment.

You may contribute a percentage of your pay as a pre-tax contribution to the 401(k) or post-tax contribution to the Roth 401(k) by enrolling on the Fidelity website. You may add, change, or delete this contribution at any time. **If you do not make an election, Edmund Optics will automatically enroll you with a 6% contribution, when you are eligible**. If you do not make an investment election, your funds will be invested in the Qualified Default Investment Alternative (QDIA), the most conservative fund offered. You may log in to the Fidelity website or contact Fidelity by phone at any time to change these investment option.

Edmund Optics may provide a discretionary company matching contribution, depending on the economic times. For Plan Year 2022, Edmund Optics will match 50% of the employee's contribution on the first 6% of the employee's salary contributed. The 2022 IRS limit on elective deferrals is $20,500. If you are 50 years old or older you can contribute up to an additional $6,500 for a total limit of $26,000.

While you always own 100% of your own contributions, you are vested as follows in the company's matching contributions:

Years of Service	Vested %
2 years	40%
3 or more years	100%

VOLUNTARY BENEFITS

LegalShield
Total access. Total freedom.

LegalShield - Employee Paid Plan Overview

Covers member, spouse or partner, children up to age 26 never married living at home or in college.

LegalShield gives you the ability to talk to an attorney on any matter without worrying about the high hourly costs. From real estate to divorce advice, identity theft and beyond, we have your rights covered. Welcome to total peace of mind – Welcome to **LegalShield.**

If you have any questions about your benefits, please contact Maria Black at mblack@ibpllc.com or 888-427-7383 ext. 308

- ❑ Legal Advice – unlimited issues
- ❑ Letters/Calls made on your behalf
- ❑ Contracts & Documents reviewed up to 15 pages
- ❑ Lawyers prepare
  - Your Will
  - Living Will
  - Healthcare Power of Attorney
- ❑ Traffic Related Issues
- ❑ Trial Defense
  - Pre-Trial
  - Representation Trial
- ❑ IRS Audit Assistance
- ❑ 25% Preferred Member Discount
- ❑ 24/7 Emergency Access for covered situations
- ❑ Complete Access to full legal library

*Please note certain limits may apply; these tables are for illustrative purposes only. Please see the benefit summaries for full plan details, limitations and exclusions.

VOLUNTARY BENEFITS

Identity Theft Shield - Employee Paid Plan Overview

Covers member, spouse or partner, children up to age 8.

- ❑ Credit Report Consultation
- ❑ Consultation to help prevent ID theft
- ❑ Fraud Alerts
- ❑ Combined with the legal plan creates complete coverage
- ❑ Protecting Children's SS#
- ❑ Credit Report with Score & Analysis
- ❑ Credit Monitoring with Activity Alerts
- ❑ Complete Identity Restoration Services – A licensed expert will take the steps to get your life back to where it was before the identity theft happened.

If you have any questions about your benefits, please contact Maria Black at mblack@ibpllc.com or 888-427-7383 ext. 308

*Please note certain limits may apply; these tables are for illustrative purposes only. Please see the benefit summaries for full plan details, limitations and exclusions.

VOLUNTARY BENEFITS

ManhattanLife
Standing By You. Since 1850.™

Accident Insurance

Accidental Insurance that provides expense reimbursement for actual charges up to policy maximum. Covers off-the-job coverage for accidental injuries, hospital care, and accidental death benefits. There is no coverage for sickness. Coverage is available to the insured, spouse, and children.

Benefit Amount:

- Medical Expense: Pays the actual expenses up to the amount selected for diagnosis or treatment by a physician or in an emergency room. Emergency room visits are limited to three per calendar year.
- Ground Ambulance: Pays actual expenses up to the amount selected if injury requires ground ambulance transportation.
- Air Ambulance: Pays actual expenses up to the amount selected if injury requires air ambulance transportation. Limit one trip per accident.
- Hospital Indemnity: Pays a benefit equal to the amount selected if an injury requires inpatient hospital confinement, including a room charge, that starts within 30 days after the accident. The benefit is limited to 30 days per accident.

Critical Illness Insurance

Voluntary Critical Illness insurance is a group policy form that includes coverage for heart/stroke, cancer, and other critical illnesses. Benefit amounts are available at various levels. You can choose $5,000 to $50,000 for employees. You can also add coverage for your dependents:

- Spouse: $2,500 to $25,000. Spouse coverage benefit is equal to exactly half of the employee's coverage
- Child: $2,500 to $5,000 for each eligible child. Child coverage benefit is equal to exactly half of the employee's coverage to a maximum of $5,000.

Coverage for Vascular Conditions:
Percent of benefit amount paid at initial diagnosis:
- Heart attack: 100%
- Transplant as a result of heart failure: 100%
- Stroke: 100%
- Coronary artery bypass surgery as a result of coronary artery disease: 25%

Coverage for Cancer Conditions:
Percent of benefit amount paid at initial diagnosis:
- First diagnosis of internal cancer or malignant melanoma: 100%
- Carcinoma in situ: 100%
- See HR for critical illness rates

OTHER BENEFITS

Paid Time Off (PTO): Starting January 1, 2022

Full-Time Employee Accrual: Full-time employees, except interns, accrue PTO each pay period at the following rates:

Years of Employment	Accrual Per Pay Period	PTO Time
0-5 Years	4.92 hours	128 hours (16 days)
6-9 Years	6.46 hours	168 hours (21 days)
10+ Years	8 hours	208 hours (26 days)

Part-time employees will accrue a pro-rated amount of PTO based upon their part-time status equivalency to a full-time employee.

Changes to the PTO accrual amounts as indicated on the schedule above become effective in the pay period following an employee's employment anniversary date with the Company.

Interns accrue PTO at the rate of 1 hour for every 30 hours worked.

Educational Assistance Program

The EO Educational Assistance Program was established in an effort to assist employees who wish to pursue formal education to enhance their current skills and improve their potential for future opportunities with EO.

The Program may reimburse eligible, approved employees for educational expenses associated with programs that are determined by the company to be appropriate and pertinent to the employee's career. Applicants for the Program must meet all eligibility requirements and receive advanced approval as prescribed within Program guidelines.

Approval for participation will be based on multiple factors including Corporate Budget, Corporate Strategy as well as the Department's and Employee's workload. Participation in the Program must be approved annually, prior to enrolling in the courses for which reimbursement is to be sought.

The Company reserves the right to limit the number of participants in the Program or to stagger participation in the Program, based on Corporate Strategy and/or budgetary goals. Please visit the HR Intranet page to read the full policy and application forms.

OTHER BENEFITS

Day Care Subsidy

Edmund Optics provides employees reimbursement for the cost of day care services for children up to age 12. This benefit is available only to full-time employees after 90 days of employment. The Company will reimburse you 25% per week up to a $50 maximum for each child. There is a maximum of 3 children that an employee can submit for reimbursement.

Reimbursement is handled through Edmund Optics' Payroll Department at our Corporate headquarters. In order to receive reimbursement, an employee must submit a bill or statement certifying the monthly cost for services and indicating both the employee and child's name. Employees may not participate in the Day Care subsidy and Dependent Care Flexible Spending Plans in the same calendar year.

Kashable Loan Program

Kashable is a socially responsible financing solution for employees offered as a voluntary benefit program. Kashable provides low-cost term loans up to $10,000 that are taken online and repaid in equal installments through payroll deductions.

- 5 minute process to register and take loan
- 3 days to receive funds directly deposited into bank account
- Payroll Integration - for easy and automatic repayment of loan installments; no further action required by you
- 6 % starting APR for highest credit borrowers
- 6 month term with equal installments every payroll period
- Eligible employees must have completed a consecutive 12 months of employment and have a bank account to transact with Kashable.

How does Kashable work?

1. **Register**
2. **Verify Employment**
3. **Apply**

kashable

OTHER BENEFITS

Dell Perks

Edmund Optics and Dell are pleased to bring you the Dell Employee Purchase program (EPP). Buy Dell desktops, laptops, and accessories for home use and take advantage of exclusive EPP discount pricing. As a member, you'll get compelling savings on Dell systems and special monthly offers. Here's how to use your EPP discount:

Buy with ease. Go to www.dell.com/eppperks and choose from pre-loaded systems with a lot of great features. These systems are built exclusively for EPP members and offer additional savings, providing you with the best value. Customize your system. Choose laptops, desktops, electronics, and accessories from generally advertised Dell Home and Home Office promotions and receive an additional 7% discount. Call in Price Guarantee. If you need a better deal on DELL.COM/home, call one of our EPP sales Representatives to beat the current Dell home PC price. Shop now: www.dell.com/eppperks Home Premium Member ID: PS33465342

The EO PC Purchase Program is a benefit provided to all employees of Edmund Optics, Inc.

PC Purchase Program

The purpose of the EO PC Purchase Program is to provide the employee an opportunity to purchase a computer through a Company loan and/or utilizing the Company discount. The program provides the following to each participant:

- Ability to purchase a computer via Company Loan. Maximum loan amount is $1,000.
- Ability to utilize the Company's discount in purchase of the PC, to optimize purchasing ability.
- Payroll deducted loan repayment of outstanding balance due to EO.

Those employees interested in participating must submit their request directly to HR. A $200 down payment is required for all loan participants.

Verizon Discount Program

Edmund Optics employees can receive a discount on their personal wireless service by applying through the web link below. This includes existing service as well as new cellular accounts. Register your personal wireless account for a new discount. https://www.verizonwireless.com/b2c/employee/eleuLanding.jsp

OTHER BENEFITS

Gym Reimbursement

Edmund Optics will reimburse employees $10 per month for a gym membership with an accredited facility on a quarterly interval. Eligibility: Active employees employed for 90 days.

Procedure:

1. Retrieve and complete Gym Reimbursement Form found on the HR Web page on the intranet or in the HR office.

2. Acquire and attach to Gym Reimbursement Form a copy of your gym membership invoice, bill, or statement.

3. Submit Gym Reimbursement Form to HR Department with attachment(s). Submission is due by the last day of the applicable quarter.

Discount Automobile Insurance

As members of the NJ Business Industry Associates, EO has a benefit that we can pass on to our employees. NJ MANUFACTURERS INSURANCE will provide a discount to employees for automobile insurance. To take advantage of this discount, contact NJ Manufacturers Insurance and mention our NJBIA Member No. 23216.

www.njm.com 800-232-6000 x4515

AAA

More than just Roadside assistance! Offering 1,000's of member discounts nationwide. Expert traveling and booking. AAA automobile insurance. To receive exclusive offer for Edmund Optics, contact member services at 856-783-4222 and reference EO's employee promotion code GJC04413.

How to sign up!

1. Go to www.TicketsAtWork.com

2. Click on "Become a Member"

3. You will then be prompted to create an account with your email address and company code: EDMUNDS

OTHER BENEFITS

plumbenefits™ POWERED BY TicketsatWork

Discounted Tickets

Edmund Optics offers a variety of seasonal discounted tickets such as The Philadelphia Zoo, Adventure Aquarium, and Great Adventure. EO is also affiliated with Plum Benefits which offers Broadway Shows and other discounts. https://www.plumbenefits.com/index.php

Tickets at Work

Edmund Optics is pleased to announce our new partnership with TicketsatWork. Now you'll have access to exclusive savings on movie tickets, theme parks, hotels, tours, Broadway and Vegas shows, & more. Be sure to visit often as new products and discounts are constantly being added! By providing TicketsatWork, our company offers you the most comprehensive entertainment program available. Each week Ticketsat-Work adds new shows and attractions to their website. The goal is to have something for every employee no matter where they are traveling!

COMPANY CODE: EDMUNDS

Available Product Offers Include:

- Universal Orlando Resort
- Walt Disney World Resort
- Cirque Du Soleil
- SeaWorld Parks & Entertainment
- Orlando & Tampa Attractions
- California Theme Parks and Attractions
- South Florida Attractions
- National Theme Parks & Attractions
- Las Vegas Shows & Attractions
- New York City Broadway Shows & Attractions
- Movie Tickets
- Car Rentals
- Hotels
- And More!

Tickets atWork.com

2022 Benefits Enrollment Guide

OTHER IMPORTANT INFORMATION

- **Benefit Guardian**
- Important Contacts
- Terms to Know
- Important Notices

Maria Black
888-427-7383 ext. 308
mblack@ibpllc.com

Your Benefit Guardian is a **dedicated** resource to help all Edmund Optics employees with their employee benefits. Innovative Benefit Planning provides employees with a single point of contact for help with anything benefits-related. *Your Benefit Guardian* will assist you with any claims/billing issues you may have and with navigating the healthcare system. You are kept fully informed during any inquiry process.

Your Benefit Guardian from Innovative will also assist you in selecting or changing your primary care provider, as well as finding specialists and hospitals in your network. You may also contact *Your Benefit Guardian* to order replacement membership ID cards or to help with any benefit plan questions. Your questions and claims consultation needs are just a phone call or email away.

OTHER IMPORTANT INFORMATION

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Carrier Contacts

Carrier	Coverage	Website	Customer Service Number
Cigna	Medical/Rx	www.mycigna.com	1-800-853-2713
Cigna	Vision	www.mycigna.com	877-478-7557
Cigna	HSA	www.hsabank.com	800-357-6246
Delta Dental	Dental	www.deltadental.com	800-452-9310
Discovery	FSA, Limited Purpose FSA, Dependent Care FSA, Commuter Benefits FSA	www.discovery.com	1-866-451-3399
Cigna	Life Insurance, AD&D, STD, LTD, Voluntary Term Life	www.mycigna.com	800-828-3485
Manhattan Life	Critical Illness, Accident Insurance	www.manhattanlife.com	855-448-6982
Cigna	Employee Assistance Program	www.Cigna.com/realsupport ID: EdmundOptics	877-622-4327
Fidelity	401(k) J. Louis McCraw	www.netbenefits.com	610-727-4949 Lou.McCraw@lfg.com
Kashable	Loan Program	www.kashable.com	1-646-663-4353 support@kashable.com
Benefit Allocation Systems	COBRA	www.basusa.com	888-887-6187
Innovative Benefit Planning	Benefit Guardian Maria Black	www.ibpllc.com	888-427-7383 ext. 308 mblack@ibpllc.com

OTHER IMPORTANT INFORMATION

- Benefit Guardian
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Your explanation of benefits (EOB) shows your medical claims and payments made by your health benefit plan. You'll receive an EOB after you see your doctor or have a test done.

This guide will help you understand your EOB and all the information on it. Each numbered definition below corresponds to one of the numbers on the sample EOB on the following pages.

Explanation of Benefits (EOB) Terminology

1 **Group Number** – Number assigned to your employer

2 **Print Date** – Date the check was issued

3 **Patient Name** – Name of person who received the service

4 **Type of Service** – Description of the visit (e.g., physician visit)

5 **Claim Number** – Identifies the claim in our system

6 **Description of Service** – A brief description of the services billed

7 **Service Date** – The date your provider indicated the services were received or rendered

8 **Billed Charges** – Services that have been billed to your health plan

9 **Discount Amount** – The amount that has been reduced from the provider

10 **Other Adjustments** – Negotiated or ineligible amounts that are not your responsibility

11 **Other Plan Payment** – A payment made by another health plan due to coordination of benefits

12 **Ineligible** – Amount of submitted charges not covered by the plan

13 **Copay** – A predetermined charge that the provider can collect from you at the time of service

14 **Deductible** – The amount of the covered charge that you are responsible for paying before your health plan starts sharing costs

15 **Co-Insurance** – A percentage of the covered expenses you are responsible for paying

16 **Plan Benefit** – Total amount your plan will pay for the submitted charge(s)

17 **Plan Paid At** – Percentage of the covered expense paid by your plan, after any applicable deductible

18 **Reason Codes** – Used to explain why a portion of submitted charges is not covered by the plan. A number, or reason code, shown on the EOB corresponds with an explanation. (See page 2 of sample.)

19 **Patient Account Number** – Account number assigned by the facility or provider

20 **Provider** – Name of facility or provider

21 **Issued** – Date the claim was released and sent to processing to send payment or an EOB statement

22 **Patient Responsibility** – The total you are responsible for paying. This is the only amount a member should pay.

23 **Family** – Dollars applied toward the employee and covered dependents

24 **Current Year** – Benefit payments made during this year

OTHER IMPORTANT INFORMATION

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Arbitrary Rescission of Insurance Coverage
Applies to individuals and groups, coverage cannot be rescinded except for fraud, intentional misrepresentation of material facts, and/or prospective cancellation due to non-payment. A 30 day notice must be provided, and appeal rights are available.

Coordination of Benefits
Your plan includes a Coordination of Benefits (COB) provision. COB is intended to ensure that all the payments for a given service made by all group health plans, do not exceed the amount the doctor or facility are actually charged.

Dependent Coverage to Age 26
Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the medical plan.

Emergency Care Protections
Emergency Care Services obtained at an out-of-network facility must be covered as if in network, which means copayments; deductibles, etc. cannot be higher than if services were provided at an in-network facility. In addition, pre-authorization requirements are removed. Additional requirements are imposed on health plans regarding the reimbursements to these out-of-network facilities.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)
HIPAA places limitations on a group health plan's ability to impose preexisting condition exclusions, provides special enrollment rights for certain individuals and prohibits discrimination in group health plans based on health status. In addition, HIPAA establishes a set of national standards to address the use and disclosure of individuals' health information – called protected health information.

HIPAA – Privacy
Edmund Optics provides health care benefits and related benefits to its eligible employees and their eligible dependents. By so doing, it creates, receives, uses, and maintains health information about plan participants which is protected by federal law (PHI). The Health Insurance Portability and Accountability Act (HIPAA) requires health plan(s) to provide plan participants and others with a notice of the plan's privacy practices regarding the health information it creates and maintains in the course of providing benefits (Notice of Privacy Practices). This Notice of Privacy Practices describes the ways the plan uses and discloses PHI. Contact your Human Resources Department with questions.

HIPAA - Special Enrollment Notice
HIPAA requires we notify you about your right to later enroll yourself and eligible dependents for coverage under "special enrollment provisions" briefly described below.

- Loss of Other Coverage. If you decline enrollment for yourself or for an eligible dependent because you have other group health plan coverage or other health insurance, you may be able to enroll yourself and your dependents under if you or your dependents lose eligibility for that other coverage, or if the other employer stops contributing toward your or your dependents' other coverage. You must request enrollment within 31 days after your or your dependents' other coverage ends, or after the other employer stops contributing toward the other coverage. (Continued on next page)
- New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you gain a new dependent as a result of a marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. You must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. In the event you acquire a new dependent by birth, adoption, or placement for adoption, you may also be able to enroll your spouse, if your spouse was not previously covered.

(Continued on next page)

HIPAA - Special Enrollment Notice (Continued)

- Enrollment Due to Medicaid/CHIP Events. If you or your eligible dependents are not already enrolled health plan, you may be able to enroll yourself and your eligible dependents if: (i) you or your dependents lose coverage under a state Medicaid or children's health insurance program (CHIP), or (ii) you or your dependents become eligible for premium assistance under state Medicaid or CHIP. You must request enrollment within 60 days from the date of the Medicaid/CHIP event. The CHIP Model Notice containing additional information about this right as well as contact information for state assistance is included below. You may also request a copy from the Plan Administrator.

Lifetime Limits

The lifetime limit on the dollar value of benefits under the group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan.

Medicare Part D Notice

The prescription drug benefit plan, offered by your employer is creditable coverage. Medicare-eligible participants need not enroll in a separate Medicare D drug plan. Active medical plan participants that qualify for Medicare coverage will receive a full disclosure notice.

Mental Health Parity and Addiction Equity Act of 2008

This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that: the financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

Michelle's Law

Michelle's Law permits seriously ill or injured college students to continue coverage under a group health plan when they must leave school on a full-time basis due to their injury or illness and would otherwise lose coverage. The continuation of coverage applies to a dependent child's leave of absence from (or other change in enrollment) a postsecondary educational institution (college or university) because of a serious illness or injury, while covered under a health plan. This would otherwise cause the child to lose dependent status under the terms of the plan.
Coverage will be continued until:
1) one year from the start of the medically necessary leave of absence, or
2) the date on which the coverage would otherwise terminate under the terms of the health plan; whichever is earlier.

Newborns' and Mothers' Health Protection Act of 1996

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 a 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).

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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

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 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 or call 1-866-444-EBSA (3272).

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

State	Medicaid Website	CHIP Website
Arizona	www.benefits.gov/benefit/1000	www.benefits.gov/benefit/1001
New Jersey	www.benefits.gov/benefit/1314	www.benefits.gov/benefit/1315
New York	www.benefits.gov/benefit/1637	www.benefits.gov/benefit/1609
Pennsylvania	www.benefits.gov/benefit/1148	www.benefits.gov/benefit/1188
New Mexico	www.benefits.gov/benefit/1636	www.benefits.gov/benefit/1319
Virginia	www.benefits.gov/benefit/1643	www.coverva.org/famis/
California	www.benefits.gov/benefit/1620	www.benefits.gov/benefit/1596

Patient Protection Disclosure

You have the right to designate any primary care provider who participates in the network and who is available to accept you and/or your family members. For children, you may designate a pediatrician as the primary care provider. You do not need prior authorization from the group health plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in the network who specializes in obstetrics or gynecology. The health care professional; however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

The Women's Health and Cancer Rights Act of 1998 (WHCRA, also known as Janet's Law)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your Benefit Guardian at 888-427-7383 ext. 308.

Qualified Medical Child Support Order (QMCSO)

QMCSO is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the Plan Administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified, and to administer benefits in accordance with the applicable terms of each order that is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

USERRA

Your right to continued participation in the Plan during leaves of absence for active military duty is protected by the Uniformed Services Employment and Reemployment Rights Act (USERRA). Accordingly, if you are absent from work due to a period of active duty in the military for less than 31 days, your Plan participation will not be interrupted.

If you do not elect to continue to participate in the Plan during an absence for military duty that is more than 31 days, you and your covered family members will have the opportunity to elect COBRA Continuation Coverage only under the medical insurance policy for the 24-month period (18-month period if you elected coverage prior to December 10, 2004) that begins on the first day of your leave of absence. You must pay the premiums for Continuation Coverage with after-tax funds, subject to the rules that are set out in that plan.

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by Innovative Benefit Planning, LLC. The text contained in this Guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Your Benefit Guardian or Human Resources.