

This Benefits Overview will provide you with information on the following:

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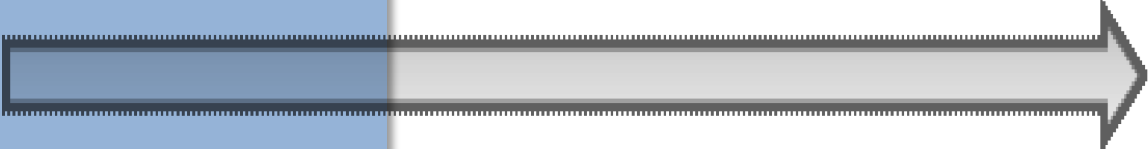
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Benefits-at-a-Glance

Iwaki America strives to offer a comprehensive benefit package to meet your health and personal needs and help you plan and save for the future. All benefits are offered to permanent employees working 30 or more hours per week. Only during open enrollment or within 30 days of date of hire will you have the opportunity to make changes to your benefits. Otherwise, changes can only be made in the event of a life status change within 30 days of the event, such as getting married or divorced, a birth or a spouse's job change. These benefits are effective from October 1, 2019 - September 30, 2020.



These benefits do not create a contract of employment between Iwaki America and any employee. We reserve the right to make changes at any time.

MEDICAL- HPI/UNITED includes DavisVision benefit

HPI – Harvard Pilgrim (MA, RI, CT, NH, ME, VT)

UNITED – United Healthcare (outside of the New England area)

	HPI/United
Annual Deductible	
Individual	\$250
Family	\$500
Well Visits Copay	N/A
Sick Visits Copay	\$25
Specialist Copay	\$40
Emergency Room Copay	\$250 (co-pay waived, if admitted)
In-and Outpatient Hospital	Must meet deductible first, then covered
Mental Health/Substance Abuse Office/Clinic Visit	\$25
High Tech Imaging (in network)	Must meet deductible first, then covered
Durable Medical Equipment (in network)	Must meet deductible first, then covered

DavisVision – Vision Care (must see provider in network)

Eye Exam covered at 1x/24 months through HPI	Complete exams for glasses and contact lens is 15% off usual and customary cost
Frames up to \$70 retail	\$40
Frames above \$70 retail	\$40 -Plus 10% off the amount over
*Lenses – single, bifocal, trifocal, lenticular	\$35, \$55, \$65, \$110
Progressive Lens	\$75 - \$125- added to cost above*
Contact Lenses - conventional	20% off usual and customary cost

Prescription Drug

	Retail Copay (30 day supply)	Mail-Order Copay (90 day supply)
Generic	\$15	\$30
Preferred Brand	\$35	\$70
Non-Preferred Brand	\$60	\$120
Specialty	\$200	

DENTAL

Delta Dental – PPO plus Premier

	In Network	Out of Network
Deductible (Waived for preventive and diagnostic)		
Individual	\$25	\$25
Family	\$75	\$75
Calendar Year Maximum*	\$2,000 per person	\$2,000 per person
Ortho Maximum up to age 19	\$1,500 separate LIFETIME max	\$1,500 separate LIFETIME max
Preventive	100%	100%
Basic Services (fillings)	80%	80%
Major Restorative (crowns bridges)	50%	50%
Orthodontics	50%	50%

*Iwaki dental reimbursement program will pay 50% of any covered costs incurred over the Delta Dental calendar year maximum, up to a maximum of \$6,000.

Example: Delta covers the first \$2,000 and Iwaki pays 50% (up to \$2,000) of the next \$4,000.

VISION

EyeMed Insight – Optional Vision Plan

Frequency	Eye Exam	Once every plan year
	Contact/Lenses	Once every plan year (either contacts or lenses)
	Frames	Once every other plan year
Eye Exam	In-Network	Out of Network
	\$10 copay	Up to \$50
Frames	Up to \$130 allowance, then 20% discount for amount over allowance	Up to \$104
Lenses		
Single	\$25 copay	Up to \$42
Bifocal	\$25 copay	Up to \$78
Trifocal	\$25 copay	Up to \$130
Lenticular	\$25 copay	Up to \$130
Standard Progressive	\$80 copy	Up to \$140
Premium Progressive	Up to \$110 - \$200	Up to \$196
Contact Lens Fitting	\$40 copay	Not covered
Contact Lenses- Conventional	Up to \$130 allowance, then 15% discount for amount over allowance	Up to \$104
Contact Lenses- Disposable	Up to \$130 allowance, any amount over is out of pocket	Up to \$104
Laser Vision Correction	15% off retail price or 5% off promo price – 1.800.988.4221	Not covered
Hearing Care (Amplifon Health Care Network)	Discount exams and hearing aids – 1.877.203.0675	Not covered

LIFE/AD&D INSURANCE

CIGNA

- Amount of Life and Accidental Death & Dismemberment Insurance: 2x your Base Salary
- Maximum Amount: \$500,000 with Guaranteed Issue of \$300,000
- Iwaki America pays full cost of basic coverage

Supplemental Employee Term Life Insurance

- Opportunity to purchase one to five times your Base Salary in additional life insurance through payroll deduction in increments of \$10,000
- Maximum Amount: \$500,000
- Medical evidence of insurability required for amounts over \$100,000 or any amount if a late entrant (after 30 days from hire date)
- Every year **only during open enrollment** evidence of insurability will be waived

Supplemental Dependent Term Life Insurance

- Spouse: 50% of Employee Voluntary Life Amount to a maximum of \$100,000 in multiples of \$5,000 (medical evidence of insurability for amounts over \$25,000 or late entrant)
- Dependent Child(ren): Flat coverage of \$10,000 for each child

SHORT-TERM DISABILITY (STD)

CIGNA

- Provides financial protection for you by paying a portion of your income while you are initially disabled
- Elimination period is:
0 day for disability due to an injury or accident
7 days for disability due to a sickness
- Benefits begin the day after the elimination period is completed
- Weekly benefit is 67% of weekly gross salary pre-tax to a maximum of \$1,000
- Maximum period of payment is 13 weeks (including elimination period)

LONG-TERM DISABILITY (LTD)

CIGNA

- Provides financial protection for you by paying a portion of your income while you are disabled for an extended period of time
- Benefits begin after the 13 week STD period
- Monthly benefit is 60% of gross income – maximum based on annual salary

FLEXIBLE SPENDING ACCOUNTS (FSA)

Group Dynamics

Medical Reimbursement Program

- **New Maximum Election** -Employee may annually elect to defer up to a maximum of **\$2,700**
- 2-month grace period (through November 30th) to incur expenses beyond end of plan year
- Employee uses pre-tax dollars to pay for eligible medical/dental/vision expenses not covered under the benefits program
- You must make an election every year

Limited Purpose Reimbursement Program

- **New Maximum Election** -Employee may annually elect to defer up to a maximum of **\$2,700**
- Employee uses pre-tax dollars to **only** pay for eligible dental and vision expenses.
- Can be elected if your spouse participates in a high deductible plan and contributes to a Health Savings Account (HAS).
- You must make an election every year

Dependent Care Reimbursement Program

- Employee may annually elect up to a maximum of \$5000 (combined max if both spouses elect dependent care FSA)
- Employee uses pre-tax dollars to pay for eligible dependent child and/or adult care services

RETIREMENT

Fidelity Investments

401(k) and Roth Plan

- Employees can defer up to **\$19,500** pre-tax of salary to be invested in various retirement funds from the available choices during the 2020 plan year
- Employees eligible for the Catch Up plan may contribute an additional **\$6,500** during the plan year if age 50 or older by 12/31
- Employees can also defer money to a Roth 401(k) or Roth Catch Up post-tax
- Iwaki America will match 50% of the first 6%, for a maximum of 3%. You are fully vested after four years.

EMPLOYEE ASSISTANCE PLAN

CompEAP

- Provides confidential access for you and your immediate family members to professional counseling
- Available 24/7 at 1-800-344-1011
- Assists with choosing day care, elder care, financial planning, legal consulting and more

ADDITIONAL BENEFITS

Education Reimbursement

- Allowed two courses per semester
- 100% reimbursement with attaining a grade **C** or better
- Maximum of \$10,000 per year- including books, not fees
- Eligible after 6 months

Verizon Wireless

- You may receive up to 17% off your monthly bill if your current plan cost at least \$34.99
- Go to www.verizonwireless.com/discounts and enter your work email address
- Or go to www.verizonwireless.com/discounts and enter your mobile phone number and validate with your paycheck

Dell Purchase Program

- Up to 12% discount on Dimensions and Inspiron Home and Office Products
- To place an order call 1-800-695-8133 and provide Member ID #PS65687236
- Proof of employment may be required

Working Advantage

- Save up to 60% on tickets, travel, and more
- Register at www.workingadvantage.com – go to Employees and enter Member ID #401912511
- Call 1-800-565-3712 for more information

BJ's Wholesale Membership

- \$40 each membership card
- Discounts on food, tires, vacations, optical
- Contact HR for application

**2019-2020 EMPLOYEE COSTS – Rate Increase on Medical
(Rate Hold on all other benefits)**

MEDICAL PLAN	COST PER PAY PERIOD
Employee	\$45.00
Employee + Spouse	\$80.00
Employee + Child(ren)	\$75.00
Family	\$105.00

DENTAL PLAN	COST PER PAY PERIOD
Employee	\$3.20
Family	\$6.50

VISION PLAN	COST PER PAY PERIOD
Employee	\$1.73
Employee + Spouse	\$3.29
Employee + Child(ren)	\$3.47
Family	\$5.10

CIGNA PLANS

SUPPLEMENTAL LIFE	Monthly Cost per \$1,000 of Coverage for Employee Supplemental Life	Monthly Cost per \$1,000 of Coverage for Spouse/Domestic Partner Supplemental Life
Age		
<20	\$0.070	\$0.070
20-24	\$0.070	\$0.070
25-29	\$0.070	\$0.070
30-34	\$0.090	\$0.090
35-39	\$0.120	\$0.120
40-44	\$0.230	\$0.230
45-49	\$0.350	\$0.350
50-54	\$0.650	\$0.650
55-59	\$0.990	\$0.990
60-64	\$1.420	\$1.420
65-69	\$2.230	\$2.230*
70-74	\$3.810	N/A
75-79	\$6.420	N/A
80-84	\$6.420	N/A
85-89	\$6.420	N/A
90-94	\$6.420	N/A
95-99	\$6.420	N/A
Cost for Child(ren) (covers all eligible children)	\$0.080/\$1000	

*Spouse coverage ends at age 70

WEBSITES AND CONTACT INFORMATION

<u>Plan</u>	<u>Who Pays</u>	<u>Customer Service #</u>	<u>Website</u>
Medical (HPI/United)	Iwaki & Employee (pre-tax)	1-800-532-7575	www.healthplansinc.com
Vision (DavisVision thru HPI/United)	Included in medical plan	1-877-923-2847	www.davisvision.com enter code '7229' in control field
HPI Wellness Program	Iwaki		www.myachievetwell.com
Dental (Delta Dental)	Iwaki & Employee (pre-tax)	1-800-872-0500	www.deltadental.com
Optional Vision Plan (EyeMed)	Employee (pre-tax)	1-866-299-1358	www.eyemed.com
Basic Life and AD&D (CIGNA)	Iwaki	1-800-853-2713	www.mycigna.com
Supplemental Life and AD&D (CIGNA)	Employee	1-800-853-2713	www.mycigna.com
Short-term Disability (CIGNA)	Iwaki	1-800-853-2713	www.mycigna.com
Long-term Disability (CIGNA)	Iwaki	1-800-853-2713	www.mycigna.com
FSA (Group Dynamics)	Employee (pre-tax)	1-800-626-3539	www.gdynamic.com
401(k) and Roth Plan (Fidelity)	Employee (both pre-tax and post-tax contributions)	1-800-835-5095 1-866-602-0636	www.netbenefits.com
401(k) Broker (provide investment assistance)	Iwaki	617-351-6057	Adam_miloro@ajg.com
Employee Assistance Plan (CompEAP)	Iwaki	1-800-344-1011	www.compeap.com

**Iwaki Self-Service Enrollment Center
Login & Contact Information**

Plan	Website Login	Phone
FSA	www.gdynamic.com Election must be made online and ADP	1-800-626-3539
ADP Portal	https://workforcenow.adp.com/workforcenow/login.html Registration Passcode - WALCCORP-IPAY	

ANNUAL NOTICES

The following annual notices are linked for your files.

- [Chip Model Notice 2019](#): If you or your children are eligible for Medicaid or CHIP and you are eligible for health coverage from your employer, your State may have a premium assistance program that can help pay for coverage. Please see attached for complete notice.
- [HIPAA Privacy Notice](#): The HIPAA Notice of Privacy Practices is available to you by calling Health Plans, Inc. at 800-532-7575. The Notice describes your rights and the health plan's practice with respect to your protected health information under the plan.
- [Medicare Disclosure Notice](#)

Women's Health and Cancer Rights Act of 1998 (WHCRA): Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at Health Plans, Inc. at 800-532-7575 for more information.