



2026

**'TORAY'**

Toray Advanced Composites

# **Employee Benefits Guide**

April 1, 2026–March 31, 2027

Toray takes pride in providing a comprehensive employee benefits program, and we recognize the important role employee benefits play as a critical component of your overall compensation. We strive to maintain a benefits program that is competitive within our industry.

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### Don't understand what a qualified change-in-status event is?

Scan the QR code or visit [www.brainshark.com/hilbgroup/ChangeInStatusEvents](http://www.brainshark.com/hilbgroup/ChangeInStatusEvents) to watch a short video.



### Who Is Eligible For Benefits?

All full-time employees who work a minimum of 30 hours per week are eligible for benefits. For new hires, eligibility for most benefits begins on the first day of the month following your date of hire. You must enroll within 30 days of becoming benefits-eligible in order to have coverage for the remainder of the plan year. Life and Disability benefits become effective on the first day of the month following 90 days of employment.

### Dependents Eligibility

In addition to enrolling yourself, you may also enroll eligible dependents. Eligible dependents include:

- **Spouse:** A person to whom you are legally married by ceremony. Common-Law Spouse or Ex-Spouse may also be eligible with proper documentation.
- **Domestic Partner:** A person over the age of 18, of the same or opposite sex, with whom you share a committed and interdependent personal relationship. Domestic Partnership must be registered within the state of residence, if available. If state registration is not available, a Domestic Partner Affidavit must be completed for approval.
- **Child(ren):** Your biological, adopted, or legal dependents up to age 26, regardless of student, financial, or marital status. Coverage ends at the end of the calendar year in which the child turns 26.

**Documentation Required:** Marriage certificate, birth certificate, and or other supporting documents must be submitted to local HR. Please refer to Toray's dependent eligibility guidelines for more details.

### Change-in-Status Events

The benefits plan year runs April 1 through March 31. Unless you have a qualified change-in-status event that impacts your eligibility and the change is allowed under the terms of the insurance contract or plan document, you cannot make changes to the benefits you elect until the next Open Enrollment period. Some examples of qualified change-in-status events are highlighted below:



Marriage or divorce



Birth, adoption, or death



Change in employment status for you, your spouse, or dependent



Change in coverage under another employer's plan

**Important: Benefit changes must be consistent with your qualified change-in-status event. Changes must be submitted to Human Resources within 31 days of the event; documentation supporting the change will be required.**

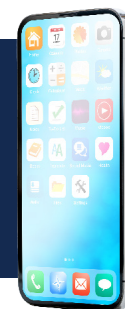
# EMPLOYEE RESOURCES



Plan	Group Number	Phone Number and Website
<b>Medical &amp; Prescription</b> Blue Cross Blue Shield of RI	01003290	1-855-201-1920 <a href="http://BlueCareConnectRI.com">BlueCareConnectRI.com</a>
Kaiser Permanente (CA Residents ONLY)	Southern CA: 235936 Northern CA: 39886	1-800-810-4766 <a href="http://Healthy.kaiserpermanente.org">Healthy.kaiserpermanente.org</a>
<b>Health Savings Account (HSA)</b> London Health through Blue Cross Blue Shield of RI	-	1-855-201-1920 <a href="http://BlueCareConnectRI.com">BlueCareConnectRI.com</a>
<b>Dental</b> Delta Dental of RI	7136	1-800-843-3582 <a href="http://www.deltadentalri.com">www.deltadentalri.com</a>
<b>Vision</b> VSP	12246615	1-800-877-7195 <a href="http://www.vsp.com">www.vsp.com</a>
<b>Flexible Spending Account (FSA)</b> London Health through Blue Cross Blue Shield of RI	-	1-855-201-1920 <a href="http://bcbsri.healthcareportal.com">bcbsri.healthcareportal.com</a>
<b>Basic Life and AD&amp;D Insurance</b> <b>Voluntary Life and AD&amp;D Insurance</b> Securian	0070339	1-866-293-6047 <a href="https://pages.securian.com/enrollment/employers/12005.html?cid=rd_&amp;tid=8682600">https://pages.securian.com/enrollment/employers/12005.html?cid=rd_&amp;tid=8682600</a>
<b>Voluntary Accident, Hospital Indemnity, Critical Illness Insurance</b> Securian	0070339	1-855-750-1906 <a href="http://securian.com/toray-insurance">securian.com/toray-insurance</a>
<b>Short-Term / Long-Term Disability</b> The Hartford	681353G	1-888-277-4767 <a href="http://www.thehartford/mybenefits.com">www.thehartford/mybenefits.com</a>
<b>Universal Life with Long-Term Care</b> Transamerica	TAC - G000053629 TAC ADS - G00005363 PMC - G000053631	1-888-763-7474 <a href="http://transamerica.com">transamerica.com</a>
<b>Employee Assistance Program (EAP)</b> The Hartford Coastline EAP	-	1-800-964-3577 - <a href="http://guidanceresources.com">guidanceresources.com</a> 1-800-445-1195 - <a href="http://www.coastlineeap.com">www.coastlineeap.com</a>
<b>Retirement Savings 401(k) Plan</b> Principal	472648	1-800-986-3343 <a href="http://www.principal.com">www.principal.com</a>

## THERE'S AN APP FOR THAT!

Many of our providers have mobile apps that provide personalized access to your benefits when and where you need it! There are also a variety of FREE health and fitness related apps available. Browse and download apps to your smartphone or tablet from the App Store or Google Play.



# BCBS RI MEDICAL AND PRESCRIPTION PLAN HIGHLIGHTS

Plan Features	Gold Plan	Silver Plan	Saver Plan with HSA
<b>Annual Deductible</b>	\$200 individual \$500 family	\$500 individual \$1,000 family	\$2,500 individual \$5,000 family
<b>Annual Out-of-Pocket Maximum</b>	\$2,000 individual \$4,000 family	\$3,000 individual \$6,000 family	\$4,500 individual \$9,000 family
<b>Out-of-Network Benefits*</b>	20% after deductible	20% after deductible	40% after deductible
Preventive Services	No charge	No charge	No charge
<b>OFFICE VISITS, LABS, AND TESTING</b>			
PCP/Specialist Office Visits	\$15 / \$15	\$20 / \$30	\$20 after deductible / \$30 after deductible
Diagnostic Test (x-ray, blood work)	No charge	No charge	No charge after deductible
Imaging (CT/PET scans, MRIs)	No charge	No charge	No charge after deductible
<b>HOSPITAL</b>			
Inpatient/Outpatient	No charge after deductible	No charge after deductible	No charge after deductible
<b>URGENT AND EMERGENCY CARE</b>			
Urgent Care Facility	\$15	\$30	\$30 after deductible
Hospital Emergency Room (waived if admitted)	\$200	\$200	\$200 after deductible
<b>PRESCRIPTION DRUGS</b>			
Retail Pharmacy 30-day supply Tier 1 / Tier 2 / Tier 3 / Tier 4	\$10 / \$35 / \$50 / \$100	\$10 / \$35 / \$50 / \$100	Deductible applies: \$10 / \$35 / \$50 / \$100
Mail Order 90-day supply Tier 1 / Tier 2 / Tier 3 / Tier 4	\$20 / \$70 / \$100 / N/A	\$20 / \$70 / \$100 / N/A	Deductible applies: \$20 / \$70 / \$100 / N/A

This chart is intended for comparison purposes only. If there are any discrepancies, the official plan documents will govern.

\*Out-of-network providers and facilities may balance bill you for any charges in excess of the amount paid by the plan.

## Summary of Benefits and Coverage (SBC)

Choosing a health coverage option is an important decision. To help you make an informed choice, a **Summary of Benefits and Coverage (SBC)**, which summarizes important benefit information in a standard format, is available for review. SBCs for each plan option, benefit summaries and forms can be found via ADP.

## Don't understand your deductible, coinsurance, or out-of-pocket maximum?

Visit [www.brainshark.com/hilbgroup/MedTerms](http://www.brainshark.com/hilbgroup/MedTerms) or scan the QR code to watch a short video.



## There's an app for that—and it's BlueCare Connect

Get quick answers to health plan questions, find doctors, schedule appointments, connect with coaches and nurses, receive personalized next-step recommendations, and stay motivated with wellness activities and incentives. Everything you need to manage your care is right in one place.

# BCBS RI MEMBER BENEFITS



Program	Description	Contact Information
<b>Accredo Specialty Pharmacy</b>	Access to most specialty medications plus 24/7 pharmacist and nurse support for complex conditions	1-833-599-0515 <a href="https://www.accredo.com/">accredo.com/</a> <a href="#">Click Here</a>
<b>Amazon Pharmacy</b> Pharmacy Home Delivery / Discount Pricing	Fast, free home delivery for prescriptions with 24/7 pharmacist access and automatic discount price comparison.	1-833-844-3801 <a href="https://www.amazon.com/BCBSRI">amazon.com/BCBSRI</a> <a href="#">Click Here</a>
<b>FlexAccess</b> Pharmacy Assistance/Savings	Applies manufacturer copay assistance so members typically pay \$0–\$35 for specialty medications; counts toward deductible/OOP.	<a href="#">Click Here</a>
<b>MedsYourWay</b> Pharmacy Assistance/Savings	Ensures the lowest price for medications—combining discount pricing with pharmacy benefits, including certain OTC drugs.	<a href="#">Click Here</a>
<b>InStride</b> Behavioral Health	A digital behavioral health program providing CBT for ages 2–22 offering therapy, coaching, and 24/7 support for anxiety, OCD, and related conditions (PA required).	1-855-438-8331 <a href="#">Click Here</a>
<b>NOCD</b> Behavioral Health	A virtual ERP-focused treatment program for OCD with therapy, coaching, and 24/7 clinician support (BCBSRI eligibility + PA required).	<a href="https://www.treatmyocd.com">treatmyocd.com</a> <a href="#">Click Here</a>
<b>Pelago</b> Behavioral Health / Substance Abuse	Digital support for alcohol and opioid recovery, including therapy, medical guidance, and personalized care plans (authorization required).	1-877-349-7755 <a href="#">Click Here</a>
<b>Headway</b> Behavioral Health	Helps members quickly find in-network therapists and psychiatrists, often with appointments available within 48 hours.	1-888-863-7889 <a href="#">Click Here</a>
<b>Behavioral Health</b> Care Support	Help finding mental health or substance-use care, including therapists, inpatient programs, and caregiver resources.	Customer Service: 1-800-639-2227 Care Managers: 1-800-274-2958 Crisis: 988 <a href="https://www.bcbsri.com/mentalhealth">bcbsri.com/mentalhealth</a>
<b>Behavioral Health Care Management</b> (Post-discharge)	Supports members after behavioral-health hospitalization to promote recovery and prevent relapse.	1-855-201-1920 <a href="https://www.bluecareconnectri.com">bluecareconnectri.com</a>
<b>Blue Distinction Centers of Excellence</b> Provider Network	Provides access to top-quality, cost-effective facilities for specialized care like cardiac, cancer, maternity, and more.	<a href="https://www.bcbsri.com/finddoctor">bcbsri.com/finddoctor</a> (Find a Doctor_Blue Distinction Centers)
<b>Registered Nurse Support</b> Care Support	24/7 access to registered nurses for guidance on symptoms, medical questions, and care decisions.	1-401-459-CARE 1-800-637-3718 ext. 2273
<b>Daymark Health</b> Oncology Support	Comprehensive support for newly diagnosed cancer patients, coordinating medical, mental health, and social needs.	1-401-203-3779 <a href="#">Click Here</a>
<b>Dementia Care Coordination</b> Care Management	Personalized support and resources for members living with dementia and their caregivers.	1-855-201-1920 <a href="https://www.bluecareconnectri.com">bluecareconnectri.com</a>
<b>High-Risk Maternity</b> Care Management	Guided support and educational resources for members experiencing high-risk pregnancies.	1-855-201-1920 <a href="https://www.bluecareconnectri.com">bluecareconnectri.com</a>
<b>GlobalCore</b> Travel Assistance	Worldwide urgent and emergency medical coverage, with support locating international providers and submitting claims.	1-800-810-2583 <a href="#">Click Here</a>
<b>Wellness Program</b> (Toray Rewards)	Employees and spouses can earn up to \$500 (10 points = \$1) annually per participant by completing wellness activities and challenges; syncs with major fitness trackers and offers gift cards or sweepstakes rewards.	<a href="https://www.bluecareconnectri.com">bluecareconnectri.com</a> <a href="#">Click Here</a>

# KAISER MEDICAL AND PRESCRIPTION PLAN HIGHLIGHTS

*The Kaiser Medical Plan is only available to CA residents and offers In-Network benefits ONLY*

Plan Features	Kaiser HMO Plan (CA Residents ONLY)
<b>Annual Deductible</b>	\$0 individual \$0 family
<b>Annual Out-of-Pocket Maximum</b>	\$1,500 individual \$3,000 family
<b>Out-of-Network Benefits</b>	Not Covered
Preventive Services	No charge
<b>OFFICE VISITS, LABS, AND TESTING</b>	
PCP/Specialist Office Visits	\$20 / \$20
Diagnostic Test (x-ray, blood work)	\$10 per encounter
Imaging (CT/PET scans, MRIs)	No charge
<b>HOSPITAL</b>	
Inpatient	Facility Fee: \$20 per procedure Physician/Surgeon Fee: No charge
Outpatient	Facility Fee: \$100 per day Physician/Surgeon Fee: No charge
<b>URGENT AND EMERGENCY CARE</b>	
Urgent Care Facility	\$20
Hospital Emergency Room (waived if admitted)	\$100
<b>PRESCRIPTION DRUGS</b>	
Retail Pharmacy 30-day supply Tier 1 / Tier 2 / Tier 3 / Tier 4	\$10 / \$25 / \$25 / \$25
Mail Order 90-day supply Tier 1 / Tier 2 / Tier 3 / Tier 4	\$20 / \$50 / \$50 / N/A

*This chart is intended for comparison purposes only. If there are any discrepancies, the official plan documents will govern.*

# KAISER MEMBER BENEFITS



## Experience health care designed with you in mind

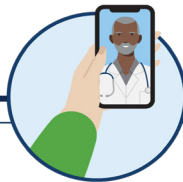
At Kaiser Permanente, your personal doctor is your best health advocate - they coordinate your care with a multi-disciplinary care team and make your health their top priority.

Kaiser combines care and coverage, which means their doctors, medical facilities, and health plan work together to deliver high-quality care that fits your needs. It's easier to see top specialists and get the latest treatments. It's the right care, when you need it.



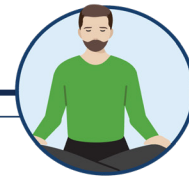
### High-quality, personalized care

- From routine checkups to complex treatments
- For your health goals, whether it's building strength or reducing stress
- To help you feel your best, mentally and physically



### Convenient access

- With 24/7 care by phone or video
- On one app that makes care easy to manage
- At facilities that offer more services in one stop



### Membership extras, including

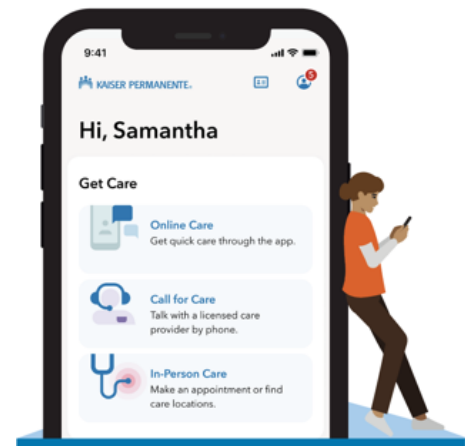
- Popular self-care apps available at no cost
- Acupuncture, chiropractic care, and massage therapy at reduced rates
- Classes, services, and programs for total health

## Care that's convenient

Kaiser makes it easy to get high-quality care when and where you want it. No matter how you connect, you'll always talk with a medical professional who can see your health history and pick up where you left off.

### Your health at your fingertips

- Get 24/7 care by phone or video
- Email your care team
- Schedule appointments
- View lab results and doctor's notes
- Refill prescriptions
- Check in for appointments
- Pay bills and view statements



## Access Network Providers, Resources, and More!

### Kaiser Member Portal

Kaiser Member Portal ([healthy.kaiserpermanente.org](https://healthy.kaiserpermanente.org))

### Kaiser Customer Service Number

1-800-810-4766



# HEALTH SAVINGS ACCOUNT (HSA)

## Key Benefits of an HSA

- **Triple tax advantage** — tax-free contributions, tax-free growth, and tax-free withdrawals for qualified medical expenses.
- **Flexibility** — use funds on a broad range of eligible healthcare expenses.
- **Rollover** — unused funds stay in your account year after year.
- **Long-term growth** — invest your balance to support future healthcare needs and retirement savings.

## Triple Tax Advantage

1. You can contribute to an HSA up to annual IRS maximums on a pre-tax basis.
2. Your account balance grows tax-free.
3. Funds are withdrawn tax-free when you pay for eligible medical expenses.

## Eligible Expenses

- Doctor and hospital visits
- Prescriptions
- Medical equipment
- Dental care
- Vision care

## Ineligible Expenses

- Cosmetic surgeries
- Health club/gym memberships
- Teeth whitening

Full list is available at [www.irs.gov](http://www.irs.gov)

## Administered by Blue Cross Blue Shield RI

If you enroll in the HSA medical plan, you'll have access to a Health Savings Account (HSA). You can think of your HSA as a personal savings account for your health care expenses, with some impressive tax advantages. **Please note you cannot enroll in an HSA if you are double covered, i.e. have Medicare or coverage in addition to the Toray Saver Plan with HSA.**

## Funding your HSA

The IRS establishes a limit that you can contribute each month you are enrolled in a qualifying health plan. The limits are based on whether your qualifying health plan covers just you (individual) or you and others (family).

The contribution limits set forth by the IRS for 2026 (for a full year of coverage or if the last month rule applies) are below:

	2026 Limits
Individual	\$4,400
Family	\$8,750

Individuals age 55 and over may make an additional "catch-up" contribution of \$1,000 per year. Contributions to the account must stop once you are enrolled in Medicare; however, you can still use your HSA funds to pay for eligible medical expenses tax-free.

*Please note the limits are based on a calendar year and subject to change each year based on IRS regulations.*

***If you have money left in your HSA at the end of the year, it will simply roll over and grow over time through the accrual of tax-free interest. What a great way to invest for the future!***

## Blue Cross Blue Shield Debit Card

To make it easy to pay for eligible expenses, BLUE CROSS BLUE SHIELD will send you a debit card for your HSA. Anytime you have an eligible medical, dental, or vision expense, such as an office visit or a prescription copayment, your HSA funds are accessible via the BLUE CROSS BLUE SHIELD debit card. Simply swipe the card, just like you would a credit card.



# FLEXIBLE SPENDING ACCOUNTS (FSA)



## Administered by Blue Cross Blue Shield RI

Toray offers Flexible Spending Accounts (FSAs), through Blue Cross Blue Shield of RI, as a smart and convenient way to stretch your benefit dollars and receive real tax savings. For each year that you choose to participate in an FSA, you must elect the amount you want to contribute. Your election does not carry over from year to year; you must actively enroll to contribute to the FSAs.



Tier	Health Care FSA	Limited Purpose FSA	Dependent Care FSA	Commuter
Annual Limit	\$3,400	\$3,400	\$7,500	\$340 Parking \$340 Transit
Eligible Enrollees	All benefit eligible employees not enrolled in the BCBSRI Saver Plan with HSA	Must be enrolled in the Saver Plan (HDHP)	All benefit eligible employees	All benefit eligible employees
Eligible Expenses	Health care expenses, such as deductibles, copays, and prescriptions	Dental and vision copays, deductibles, and coinsurance	Dependent care, such as daycare, preschool, and elder care	Parking, mass transit expenses incurred for the purpose of commuting to and from work.
Funds Available Date	Full annual election available upon benefits effective date	Full annual election available upon benefits effective date	You can be reimbursed up to the amount available in your account	You can be reimbursed up to the amount available in your account
Rollover Amount	\$680	\$680	No Rollover	These funds will continue to roll over month to month, year to year, as long as you're still employed

## Important FSA rules to keep in mind

- The IRS has a strict "use it or lose it" rule. If you do not use the full amount in your FSA by the deadline, you will lose any remaining funds above the rollover limit.
- **Note:** Healthcare and Limited Healthcare FSA enrollees: You can rollover up to \$680 to the following plan year.
- You cannot transfer funds from one FSA to another.
- You cannot contribute to a Healthcare FSA if you have elected an HSA, but you can enroll in the Limited Purpose FSA.
- Once you enroll in the FSAs, you cannot change your contribution amount during the year unless you experience a qualified status change.

**NOTE: These accounts are separate. You cannot use money from one account to pay for expenses that are eligible under the other. Claims must be incurred during the plan year.**

## For more information

Contact Blue Cross Blue Shield of RI: 1-855-201-1920



# DENTAL PLAN HIGHLIGHTS



**Need to locate  
a participating,  
in-network provider?**

Visit [www.deltadentalri.com](http://www.deltadentalri.com)  
or call 1-800-843-3582.

## Prevention first!\*

Be sure to use your preventive dental benefits. When you visit an in-network provider, preventive services are covered at 100% with no out-of-pocket cost to you, and count toward your annual dental benefit maximum.

*\*See specific services for frequency limitations.*

Dental coverage is offered through **Delta Dental of Rhode Island**. You can visit any licensed dentist, but your costs are usually lowest with an in-network dentist. The in-network dentists accept reduced fees for covered services; out-of-network dentists may balance bill you the difference between their usual fee and what the plan pays.

The features of your dental plan are highlighted in the table below. Please refer to your plan description for full details.

Plan Features	Buy-Up Plan	Basic Plan
<b>Network</b>	PPO Plus Premier	
<b>Annual Deductible</b> Amount you must pay per year before the plan begins to pay benefits	None	None
<b>Annual Benefit Maximum</b> Maximum amount the plan will pay per year	Plan pays \$2,500 per person per plan year	Plan pays \$1,500 per person per plan year
<b>Preventive and Diagnostic Services</b> Cleanings, Oral exams, X-Rays, fluoride and sealants	100% covered	100% covered
<b>Basic Services</b> Fillings, space maintainers, extractions, oral surgery and periodontal maintenance	100% covered	100% covered
Root canals, root planing and scaling and periodontal (gum) surgery		80% covered
<b>Crowns Over Natural Teeth</b>	100% covered	Not covered
<b>Major Services</b> Bridges, partial and complete dentures, crowns over implants, implants and occlusal guards	50% covered	Not covered
<b>Orthodontia Services</b>	50% covered \$2,500 lifetime maximum per person	Not covered

*Limitations may apply for some benefits; some services may be excluded from your plan. This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern.*

# VISION PLAN HIGHLIGHTS



Your vision coverage provides a full range of vision care services provided through **VSP**. You may receive care from any provider you choose, but your benefits are greater when you see a participating in-network provider. If you choose to receive services from an out-of-network provider, you will be required to pay that provider at the time of service and submit a claim form to VSP for reimbursement.

Plan Features	Buy-Up Plan	Base Plan
<b>Benefit Frequencies</b>	12/12/12	12/24/12
<b>Vision Exam</b>	\$0 copay	\$20 copay
<b>Eyeglass Frames</b>	\$250 allowance, plus 20% off balance above allowance; \$250 allowance at Walmart/Sam's Club and \$135 at Costco	\$130 allowance, plus 20% off balance; \$130 allowance at Walmart/Sam's Club and \$70 at Costco
<b>Eyeglass Lenses</b>		
Lenses (single, lined bifocal, and lined trifocal)	\$0	\$20
Standard Progressive	\$0	\$0
Premium Progressive	\$80-\$90 copay	\$80-\$90 copay
Custom Progressive	\$120-\$160 copay	\$120-\$160 copay
Additional Discounts	Average of 40% savings	Average of 40% savings
<b>Contact Lenses</b>		
<i>In lieu of eyeglasses</i>		
Contacts	\$0 copay, \$250 allowance	\$0 copay, \$130 allowance
Contact Exam & Follow Up	Not to exceed \$60	Not to exceed \$60

*This chart is intended for comparison purposes only. If there are any discrepancies, the plan document will govern. Limitations and exclusions may apply.*

## Extra Savings:

- 30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses.
- Routine Retinal Screening – No more than \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.
- Laser Vision Correction – Average of 15% off the regular price



**Need to locate a participating, in-network provider?**

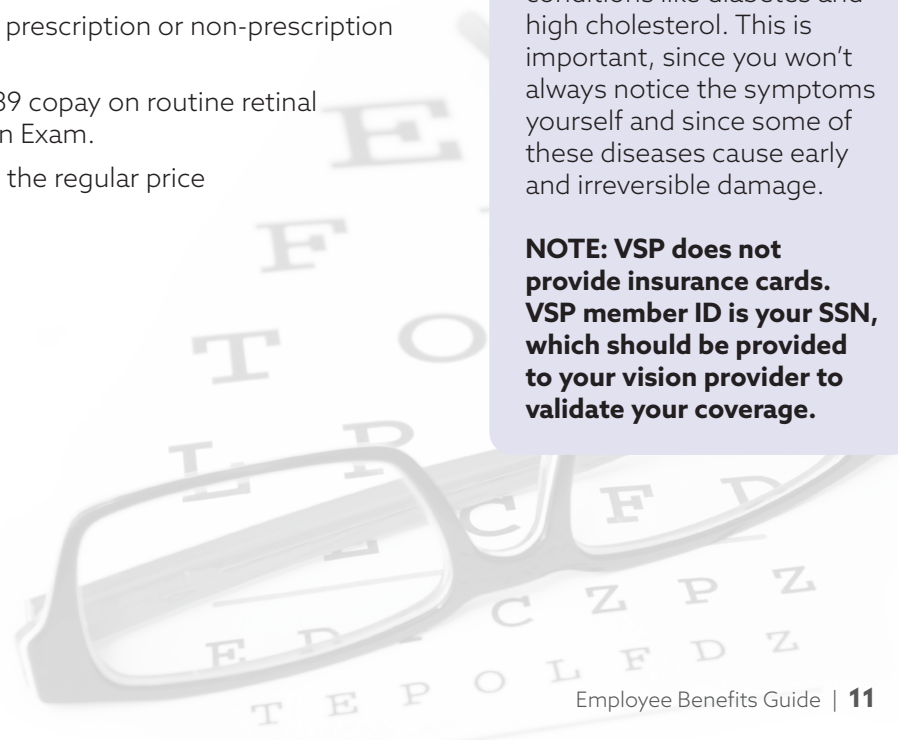
Visit [www.vsp.com](http://www.vsp.com) or call 1-800-877-7195.

**Did you know your eyes can tell an eye care provider a lot about you?**

Vision insurance can make routine eye care more affordable, especially if you are among the majority of people who wear prescription eyeglasses or contact lenses.

In addition to getting a vision screening, a routine eye exam can help detect signs of serious health conditions like diabetes and high cholesterol. This is important, since you won't always notice the symptoms yourself and since some of these diseases cause early and irreversible damage.

**NOTE: VSP does not provide insurance cards. VSP member ID is your SSN, which should be provided to your vision provider to validate your coverage.**





# LIFE AND AD&D INSURANCE



## **During your benefits enrollment, don't forget to designate a beneficiary!**

Designating a beneficiary is done on ADP's website: <https://workforcenow.adp.com>

## **Evidence of Insurability (EOI)**

Securian requires you to show that you are in good health before they will agree to provide certain levels of coverage. This is called Evidence of Insurability (EOI).

- If you are enrolling for the first time after your initial eligibility period, any amount elected will be subject to EOI.
- EOI is required for any amount over the guarantee issue amount—\$300,000 for employee, \$50,000 for spouse.

Coverage that requires EOI will not be in effect until you receive approval from Securian.

## **Basic Life and AD&D Insurance**

Toray provides Basic Life and AD&D insurance at no cost to benefit-eligible employees. Life insurance helps protect your family financially in the event of your death, while AD&D offers additional benefits in the event of certain accidental injuries or loss of life. AD&D coverage matches the amounts elected for both Basic and Supplemental Life. Coverage is provided through **Securian**.

<b>Benefit</b>	<b>3x your annual salary up to a maximum of \$600,000</b> (Class 1: President, VP, Directors & Controllers)
	<b>1.5x your annual salary up to a maximum of \$250,000</b> (Class 2: All other employees)

- If you die as a result of an accident, your beneficiary will receive an additional benefit equal to the basic life insurance. For other covered losses, the amount of the benefit is a percentage of the AD&D insurance coverage amount.
- Evidence of good health is not required.

## **Voluntary Life and AD&D Insurance**

You may purchase additional coverage for yourself and eligible dependents, including your spouse and children up to age 26. An employee must be insured for supplemental life insurance in order to be insured for dependent life insurance. Coverage is optional, **employee-paid**, and rates are based on age and the amount of coverage elected. Additional details can be found on the benefits enrollment website.

## **Employee Life and AD&D Insurance**

<b>Benefit</b>	Purchase coverage in \$10,000 increments up to a maximum benefit of \$500,000
<b>Guaranteed Issue</b>	\$300,000

## **Spouse Life and AD&D Insurance**

<b>Benefit</b>	Purchase coverage in \$5,000 increments up to a maximum benefit of \$250,000
	Coverage is dependent on the employee's age for benefit premiums.
<b>Guaranteed Issue</b>	\$50,000

## **Dependent Life and AD&D Insurance**

<b>Benefit</b>	\$2,500 to \$10,000 Evidence of insurability is not required
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# DISABILITY INSURANCE



Toray provides short-term and long-term disability insurance to all benefit eligible employees at **no cost**. If you are out of work for an extended period of time due to a disabling injury or illness, disability insurance through **The Hartford** is designed to replace a portion of your income, and help you maintain your lifestyle.

Unfortunately, avoiding disability is becoming more and more unlikely. According to the Social Security Administration, just over one in every four of today's 20-year-olds will become disabled before they reach retirement age.\* At this rate, making sure that you have disability coverage in place is a smart move.

## Short-Term Disability (STD)

To protect your income in the event of a short-term disability, Toray provides STD coverage through **The Hartford** at **no cost to you**.

Weekly Benefit	60% of weekly earnings
Maximum Weekly Benefit	Up to \$2,308 per week**
Elimination Period	Benefits begin on the 7th consecutive day of disability or sickness
Benefit Duration	26 weeks

## Long-Term Disability (LTD)

To protect your income in the event of a long-term disability, Toray provides LTD coverage through **The Hartford** at **no cost to you**.

Benefit Percentage	60% of monthly earnings
Maximum Monthly Benefit	Contact HR for benefit amount**
Elimination Period	180 Days
Maximum Benefit Period	Normal retirement age

\*U.S. Social Security Administration, Fact Sheet, January 2017.

\*\* See plan documents for full details on the benefit



**STD and LTD benefits may be reduced by other sources of income such as Social Security retirement, other disability benefits, Railroad Retirement benefits, Pension benefits, or Workers' Compensation.**





## ***Administered through Securian***

Administered through Securian Voluntary Benefits, these plans are designed to help protect you from the financial impact of an unexpected health event. You pay the full cost of coverage and may elect benefits for yourself, your spouse, and your children. Learn more about these voluntary benefits on the [Securian website](#).

### **Accident Insurance**

Accidents happen when you least expect them. Accident Insurance provides a lump-sum payment if you experience a covered accident. Benefits are paid regardless of your medical coverage and can be used however you choose. Coverage is available for you, your spouse, and your children.

### **Hospital Indemnity Insurance**

Even with medical insurance, a hospital stay can result in significant out-of-pocket expenses. Hospital Indemnity Insurance helps offset the cost of a hospital stay due to a covered illness, injury, or childbirth. Benefits are paid directly to you and may be used for medical or everyday expenses.

### **Critical Illness Insurance**

A serious diagnosis can create both emotional and financial stress. Critical Illness Insurance provides a benefit payment if you or a covered family member is diagnosed with a covered critical illness, such as cancer, heart attack, coma, or kidney failure. Benefits are paid in addition to medical insurance.

**Note:** Rates are based on age and benefit amount. Refer to ADP for your specific rate.

# VOLUNTARY BENEFITS



## Voluntary Universal Life with Long Term Care Rider administered by Transamerica

Toray offers employees access to Universal Life Insurance that provides lifelong protection, cash value accumulation, and long-term care benefits if you need extended care.

### Why Choose Universal Life?

- Permanent life insurance with a tax-free death benefit for your beneficiaries
- Accumulates cash value with a guaranteed 2% minimum interest rate
- Includes Long Term Care benefits you can use while you're living
- No physical exams or blood tests required
- After a 90-day waiting period and physician certification of chronic illness, you may access a portion of your life insurance benefit
- Helps protect against both life insurance and long-term care costs
- Flexible premium payments
- Portable if you leave employment

#### Additional Features:

- Flexible premium payments
- Portable coverage if you leave employment
- Coverage helps protect against both life insurance and long term care costs

### Coverage Amounts

Tier	Benefit
Employee	\$25,000 to \$500,000 Guaranteed Issue: \$200,000*
Spouse	\$10,000 – \$100,000 Guaranteed Issue: \$50,000 working / \$25,000 not working*
Child	Universal Life Coverage: up to \$25,000 Child Term Rider: \$10,000 or \$20,000

\*You will have until March 2029 to elect up to Guaranteed Issue without having to answer health questions.

### Long Term Care Benefits

Benefit	Coverage
Facility Care & Home or Adult Day Care	4% of the life insurance benefit paid monthly for up to 25 months

### Extension and Restoration Benefits

Benefit	Description
Extension of Benefits Rider	Continues LTC payments after 100% of the life insurance benefit has been paid, adding up to 25 additional months of 4% payments
Benefit Restoration Rider	Restores up to 100% of the original life insurance benefit for your beneficiaries after LTC payments reduce the policy

### How It Works

If you elect \$50,000 in Universal Life coverage:

#### Scenario 1

##### Facility Care (Nursing Facility or Assisted Living):

- LTC pays \$2,000 per month (4%) for 25 months = \$50,000
- Extension of Benefits Rider adds another 25 months × \$2,000 = \$50,000
- Benefit Restoration Rider restores the full \$50,000 death benefit

**Total value:** \$150,000 (\$100,000 for care + \$50,000 for your beneficiary)

#### Scenario 2

##### Home Health Care or Adult Day Care:

- LTC pays \$2,000 per month (4%) for 25 months = \$50,000
- Extension of Benefits Rider adds another \$50,000
- Benefit Restoration Rider restores the \$50,000 death benefit

**Total value:** \$150,000 (\$100,000 for care + \$50,000 for your beneficiary)

**Note:** Rates are based on age and benefit amount. Refer to Selerix for your specific rate.

# ADDITIONAL BENEFITS



## **Employee Assistance Program (EAP) administered through The Hartford & Coastline**

Toray offers a confidential, **no-cost** Employee Assistance Program (EAP) for employees and their eligible family members. These services are designed to support emotional well-being, work-life balance, healthcare navigation, and unexpected life events. The EAP's will also connect you to and arrange community services and provide ongoing support and assistance.

### **The Hartford EAP Services**

Employees covered under a Life, Disability, Voluntary Benefit, or Leave Management policy with The Hartford may access Ability Assist® Counseling Services and HealthChampion® healthcare navigation support.

#### **Highlights include:**

- Short-term counseling, (in-person, virtual, or telephonic), click [HERE](#)
- Legal and financial consultation resources
- HealthChampion® support to help understand medical benefits, claims, billing, and care options, click [HERE](#)
- Travel Assistance and Identity Theft Support services worldwide, click [HERE](#)

#### **Contact Information**

Phone: 1-800-96-HELPS (800-964-3577)

Website: [www.guidanceresources.com](http://www.guidanceresources.com)

If you're a first-time user, click on the Register tab.

1. In the Organization Web ID field, enter: HLF902
2. In the Company Name field at the bottom of personalization page enter: ABILI
3. After selecting "Ability Assist program", create your own confidential user name and password.

### **Coastline EAP Services**

Coastline EAP provides confidential, professional support to help employees and their families navigate everyday stressors and life's more complex challenges. Services are available 24/7, at no cost to employees.

#### **Highlights include:**

- Short-term emotional counseling and support, click [HERE](#)
- Legal consultation and referral services, click [HERE](#)
- Financial guidance and planning resources, click [HERE](#)
- Caregiver, childcare, and eldercare support, click [HERE](#)
- Support for stress, anxiety, relationship concerns, substance use, and crisis situations, click [HERE](#)

#### **Contact information**

Phone: 1-800-445-1195 (available 24/7)

24/7 Support: 1-800-445-1195

Live Chat: [www.coastlineeap.com](http://www.coastlineeap.com)

Website Login: TORAY

## **Retirement Savings 401(k) Plan**

Toray Advanced Composites provides a 401(k) program to all employees with an employer match that allows employees to contribute a portion of their wages pre- or post-tax into an individual account. These contributions accumulate tax free until an employee retires or terminates employment with Toray Advanced Composites.

For additional information regarding any of the plan provisions, please consult the 401(K)-guidebook available through the Benefits Administrator. Our 401(K) Plan administrator is Principal. You can contact them at **1-800-986-3343** or visit their website at [www.principal.com](http://www.principal.com).



## Commonly used terms and definitions.

These glossary terms and definitions are intended to be educational and may differ from the terms and definitions of your plan. The policy or plan document governs the terms and definitions of your plan.



### Uniform Glossary

We know that health care and health insurance terms can be confusing. When you make health decisions, you need information that's easy to understand. You can find some common terms defined in plain, clear language to help you make informed decisions at <https://www.healthcare.gov/SBC-GLOSSARY/>.

### Allowed Benefit

The allowed benefit, sometimes referred to as the allowed amount, is the maximum amount the insurance company will pay for covered services.

Providers within your plan's network, also known as in-network providers, agree to accept the allowed amount as payment for a service. You may still owe a copay or coinsurance depending on your plan's provisions, but the in-network provider agrees not to bill for charges that exceed the allowed amount.

### Balance Billing

If you go out-of-network, the provider may charge more than the plan's allowed benefit, and you may have to pay the difference.

### Benefit Maximum

The maximum amount that will be paid on your behalf by the insurance carrier (may also be referred to as an annual benefit maximum).

### Coinsurance

The shared cost between the plan and the member for a covered service, calculated as a percentage of the allowed amount for the service.

### Copay

A set dollar amount you pay for a covered service, usually paid at the time the service is received.

### Deductible

The amount you owe for covered services before your insurance plan begins to pay. Note: the deductible may not apply to all services.

### Eligible Expenses

Services that your plan covers.

### Evidence of Insurability (EOI)

Some benefits require you to show that you are in good health before the insurance carrier will agree to provide certain levels of coverage. This is called "evidence of insurability". Coverage that requires evidence of insurability will not be in effect until you receive approval from the insurance company.

### Out-of-Pocket Maximum

The most you pay before your insurance plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges, or health care your insurance plan doesn't cover.

### ***Don't understand your deductible, coinsurance, or out-of-pocket maximum?***

Visit [www.brainshark.com/hilbgroup/MedTerms](http://www.brainshark.com/hilbgroup/MedTerms) or scan the QR code to watch a short video.



# EMPLOYEE CONTRIBUTIONS



## Bi-Weekly Employee Contributions

### Medical - BCBS RI

Tier	Gold Plan	Silver Plan	Saver Plan with HSA
Employee Only	\$65.00	\$45.00	\$20.00
Employee + Spouse	\$160.00	\$135.00	\$40.00
Employee + Child(ren)	\$140.00	\$115.00	\$35.00
Family	\$220.00	\$190.00	\$60.00

### Medical - Kaiser

Tier	Kaiser HMO Plan
Employee Only	\$85.00
Employee + Spouse	\$215.00
Employee + Child(ren)	\$190.00
Family	\$280.00

### Dental - Delta Dental

Tier	Buy-Up Plan	Basic Plan
Employee Only	\$8.50	\$5.00
Employee + Spouse	\$18.00	\$13.00
Employee + Child(ren)	\$16.00	11.00
Family	\$22.75	\$17.00

### Vision - VSP

Tier	Buy-Up Plan	Base Plan
Employee Only	\$1.50	\$0.75
Employee + Spouse	\$3.00	\$1.50
Employee + Child(ren)	\$4.00	\$2.00
Family	\$6.00	\$3.00

### Voluntary Benefits - Bi-Weekly

Tier	Accident	Hospital Indemnity Medium	Hospital Indemnity High
Employee Only	\$3.93	\$6.18	\$8.55
Employee + Spouse	\$6.19	\$13.51	\$18.78
Employee + Child(ren)	\$7.22	\$8.66	\$11.96
Family	\$10.31	\$16.57	\$22.99

**Note:** Critical Illness rates are based on age and benefit amount. Please refer to ADP for your specific rate. In addition, the Universal Life with LTC coverage is age-banded and based on the benefit election; please refer to Selerix for details.





This guide provides a summary of the benefits available. The company reserves the right to modify, amend, suspend, or terminate any plan at any time, and for any reason without prior notification. The plans described in this guide are governed by insurance contracts and plan documents, which are available for examination upon request. Should there be a discrepancy between this guide and the provisions of the insurance contracts or plan documents, the provisions of the insurance contracts or plan documents will govern. Benefits are not a guarantee of employment.