

BENEFITS

AISIN ELECTRONICS ILLINOIS, LLC



your
HEALTH



your
FAMILY



your
FUTURE

20
25

AISIN

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WELCOME

Dear AISIN Team Member,

It is AISIN's commitment to provide an excellent benefit package to all Team Members and their families. We strive to offer a high level of insurance benefits while keeping the costs affordable, now and into the future.

The AISIN healthcare benefit package offers medical, dental and vision plan options along with other voluntary coverage plans for you to select from.

This Benefit Guide will outline all your benefit options. Please use this guide to review your options and discuss with your family.

Please contact your HR Department with any questions you or your family might have. We appreciate your support and commitment to AISIN.

Sincerely,

HR & Benefits Department



GETTING STARTED

Log on to [MyADP](#). Navigate to “Benefits” in the left-side menu.

Click on “Start Enrollment” or “Enroll Now” and follow these steps.



Enrolling is an easy process.

We are happy to announce that AISIN has partnered with ADP to offer you a convenient way to enroll, review and make changes to your benefits through the MyADP Website or call the AISIN ADP Service Center.

You can log in to the MyADP Website year-round to review your current benefit elections, beneficiary information, as well as gain access to decision support tools and important benefits-related documents and forms.

You will need to use this website to enroll in your benefits, including medical, dental, vision, FSA, supplemental life insurance and more..

01 >>

Detailed Instructions. [Visit pages 26-27](#) of this guide for a detailed walkthrough of the enrollment process.

02 >>

Review Your Information. Check to make sure everything is correct **BEFORE** you submit. Be sure to save your confirmation.

03 >>

Extra Steps? Some benefits may require additional forms or evidence of insurability. Follow up on these promptly.

04 >>

If you have questions about specific benefits or need assistance, contact your AISIN HR department or benefits administrator.

The MyADP Website is accessible 24 hours a day, 7 days a week to enroll in benefits as a new hire, to update your benefit information when you experience a qualified life event, as well as for Open Enrollment changes in the fall. Please remember that whether you are enrolling as a new hire or making a change due to a qualified life event, such as marriage or birth of a baby, **you have 31 days to make your elections**. If you do not complete your benefit enrollment within the 31-day window, you will not have another opportunity until Open Enrollment.

If you need assistance or you do not have access to a computer or internet, just call the AISIN ADP Service Center at (844) MY-AISIN ((844) 692-4746) Option 1. **Benefit representatives are available Monday through Friday between 10 am and 8 pm ET and limited Saturday hours to assist you** with log-in issues, benefit questions or to help walk you through making your benefit elections. Spanish speaking representatives are also available to anyone needing assistance in Spanish.

MyADP Website:

<https://my.adp.com>

AISIN ADP Service Center:

(844) MY-AISIN ((844) 692-4746) Option 1



ELIGIBILITY

Team Members are eligible to participate in the medical, dental and vision plans on the first day of the month following 30 days from their date of hire.

Eligible Team Members may also cover their dependents. Eligible dependents include:

- Legal Spouse, including any same-sex spouse
- Biological Child(ren)
- Stepchild(ren)
- Foster Child(ren)
- Legally adopted child(ren) or in the process of being legally adopted
- Any child(ren) for whom you are the legal guardian



You will be required to submit proof of your relationship to the dependents you elect to cover under your plan (e.g. marriage certificate, birth certificate).

Child(ren) will be terminated from the policy at the end of the month in which they turn 26.

IMPORTANT TO NOTE

A mentally or physically disabled child over the age of 26 is eligible for coverage if he/she is incapable of self-support. Supporting documentation from a physician is required.

Team Members cannot have their own AISIN plan and be a dependent on another AISIN plan. Dependent children can only be covered on one AISIN plan.



QUALIFYING LIFE EVENTS

The elections that you make during Open Enrollment or when you are initially eligible for benefits will remain in effect for the entire calendar year. However, if your life or family status changes according to the recognized events listed below before the next Open Enrollment, you are permitted to revise your benefits coverage to accommodate your new situation.

You can make benefit changes by contacting the **AISIN ADP Service Center at (844) MY-AISIN ((844) 692-4746) Option 1** or via the **MyADP Website <https://my.adp.com>**.

IRS regulations govern under what circumstances you may make changes to your benefits, which benefits you can change and what kind of changes are permitted.

- All changes must be consistent with the qualified life event.
- In most cases, you cannot change your benefit plan but you may modify the level of your coverage. (In other words, you can add or delete dependents, enroll or dis-enroll yourself or dependents, but not switch plans.)
- Any changes in benefit levels must be completed within 31 calendar days of the event. If you miss the deadline, you will have to wait until the next Open Enrollment period or until you experience another qualified life event.

Spouse Changes

Marriage

Divorce

Death of a Spouse

Spouse gains/loses coverage from other source

Spouse Open Enrollment

Dependent Child Changes

Birth or adoption of a child

Death of a child

Dependent becomes ineligible for coverage

Foster child(ren)

USING YOUR MEDICAL PLAN

CARRIER: [Anthem](#) 

Customer Service: (877) 768-6675

ON THE WEB: [anthem.com](https://www.anthem.com)

Get to know the resources available to you through your carrier. Carrier websites offer many member resources including cost-saving tips, claim tracking, provider locators, benefit explanations and member ID cards.

MAKING THE BEST CHOICE FOR YOU

You can choose between a PPO and a HDHP (High Deductible Health Plan). Understanding the key differences, advantages, and considerations will help you make an informed decision about your healthcare. The main difference between a PPO and an HDHP is that the HDHP has a higher deductible with lower premiums and allows you to contribute to an eligible Health Savings Account (HSA). When making your choice, you may want to consider:

- Healthcare utilization: How often you use healthcare
- Chronic conditions: If you have any chronic conditions
- Budget: How much you can afford to spend on healthcare
- Tax implications: How the plan will affect your taxes
- Employer contributions: If your employer contributes to your healthcare based on plan choice

MEDICAL

PPO

PPOs balance flexibility and cost control, providing a broad network of preferred healthcare providers and nationwide coverage.

PPOs don't require members to choose a primary care physician or obtain referrals for specialist care.

While PPO members are encouraged to use in-network providers to benefit from lower out-of-pocket costs, PPOs also provide the option to seek care outside the network, albeit at a higher cost.

PPOs are known for their nationwide coverage, making them suitable for individuals who travel frequently or have residences in different locations.



HSAs are specialized financial accounts designed to manage and save for medical expenses, offering a triple tax advantage.

Contributions are tax-deductible or made on a pre-tax basis, reducing taxable income.

Any interest or investment gains grow tax-free within the HSA.

When funds are withdrawn for qualified medical expenses, withdrawals are also tax-free.

HSAs belong to the individual. This means that even if you change

jobs or retire, your HSA stays with you.

HSAs present opportunities for long-term savings and investment growth.

HDHP WITH HSA

The requirement to receive the wellness incentive is the annual CARE physical. New hires in 2025 automatically receive the incentive. Consult HR for details about the wellness program.

PAYROLL CONTRIBUTIONS

| | Team Member Only | Team Member + Spouse | Team Member + Child(ren) | Family |
|------------------|------------------|----------------------|--------------------------|----------|
| With 2 Wellness | N/A | \$73.17 | N/A | \$106.06 |
| With 1 Wellness | \$34.95 | \$82.99 | \$68.97 | \$120.31 |
| Without Wellness | \$74.72 | \$156.17 | \$147.10 | \$226.26 |

| | IN-NETWORK | OUT-OF-NETWORK |
|-------------------------------------|----------------------------|----------------------------|
| ANNUAL DEDUCTIBLE | | |
| Individual | \$1,250 | \$2,000 |
| Family | \$2,500 | \$4,000 |
| ANNUAL OUT-OF-POCKET MAXIMUM | | |
| Individual | \$3,750 | \$6,000 |
| Family | \$7,500 | \$12,000 |
| COINSURANCE | Plan 80% / Team Member 20% | Plan 60% / Team Member 40% |

| | TEAM MEMBER PAYS | TEAM MEMBER PAYS |
|---|------------------------------------|------------------------|
| PHYSICIAN HOME & OFFICE SERVICES | | |
| Primary Care Physician / Specialist | \$50 / \$75 | 40% ¹ |
| Allergies Injection & Testing (Office & Urgent Care) | 20% ¹ | 40% ¹ |
| Preventive Services | 100% covered | Not covered |
| Maternity Services | 20% ¹ | 40% ¹ |
| Inpatient - Including Mental Health & Substance Abuse | 20% ¹ | 40% ¹ |
| Outpatient Facility Services | 20% ¹ | 40% ¹ |
| Professional / Home Care | 20% ¹ | 40% ¹ |
| Emergency Care in ER (Waived if admitted) | \$500 copay, then 20% ¹ | |
| Urgent Care Facility | \$100 copay, then 20% ¹ | 40% ¹ |
| Ambulance | 20% ¹ | 20% ¹ |
| OUTPATIENT THERAPY (PRIMARY / SPECIALTY) | 20%¹ | 40%¹ |
| Physical | 25 visit maximum | 25 visit maximum |
| Occupational | 25 visit maximum | 25 visit maximum |
| Speech | 25 visit maximum | 25 visit maximum |
| Spinal Manipulation | 25 visit maximum | 25 visit maximum |



¹ of allowable charges after deductible
 NOTE: If you already have medical coverage from another source, you may choose to waive medical coverage. Your next opportunity to enroll in a medical plan will be during the next Open Enrollment period, unless you have a qualified event.

WHAT DOES IT MEAN?

Annual Deductible: An annual deductible is the amount of money a person or family pays for covered health care services before their insurance plan covers the remaining costs. For example, for an in-network provider, if a person has a \$1,250 deductible and receives a medical bill for \$2,000, they would pay the first \$1,250 and then would be responsible for 20% of the remaining \$750, which is \$150. Total payment would be \$1,250 + \$150 = \$1,400.

Out-of-Pocket Maximum: An annual out-of-pocket maximum is the most a person or family will pay for covered healthcare services in a calendar year. It includes deductibles, copays, and coinsurance.

Coinsurance: Coinsurance is the percentage of a covered health care service that you pay after you've met your annual deductible. It's a cost-sharing feature that works with your insurance company to pay for medical costs.

The requirement to receive the wellness incentive is the annual CARE physical. New hires in 2025 automatically receive the incentive. Consult HR for details about the wellness program.

PAYROLL CONTRIBUTIONS

| | Team Member Only | Team Member + Spouse | Team Member + Child(ren) | Family |
|------------------|------------------|----------------------|--------------------------|--------|
| With 2 Wellness | N/A | \$2.00 | N/A | \$5.00 |
| With 1 Wellness | \$1.00 | \$2.00 | \$2.00 | \$5.00 |
| Without Wellness | \$1.50 | \$3.00 | \$3.00 | \$7.50 |

IN-NETWORK

OUT-OF-NETWORK

| ANNUAL DEDUCTIBLE | | |
|------------------------------|---------|---------|
| Individual | \$3,300 | \$5,000 |
| Family | \$5,200 | \$8,000 |
| ANNUAL OUT-OF-POCKET MAXIMUM | | |
| Individual | \$3,300 | \$5,000 |
| Family | \$5,200 | \$8,000 |
| COINSURANCE | | |
| Plan 100% / Team Member 0% | | |

| | TEAM MEMBER PAYS | TEAM MEMBER PAYS |
|---|------------------|------------------|
| PHYSICIAN HOME & OFFICE SERVICES | | |
| Primary Care Physician / Specialist | 0% ¹ | 0% ¹ |
| Allergies Injection & Testing (Office & Urgent Care) | 0% ¹ | 0% ¹ |
| Preventive Services | 100% covered | Not Covered |
| Maternity Services | 0% ¹ | 0% ¹ |
| Inpatient - Including Mental Health & Substance Abuse | 0% ¹ | 0% ¹ |
| Outpatient Facility Services | 0% ¹ | 0% ¹ |
| Professional / Home Care | 0% ¹ | 0% ¹ |
| Emergency Care in ER (Waived if admitted) | 0% ¹ | 0% ¹ |
| Urgent Care Facility | 0% ¹ | 0% ¹ |
| Ambulance | 0% ¹ | 0% ¹ |
| OUTPATIENT THERAPY (PRIMARY / SPECIALTY) | | |
| Physical | 25 visit maximum | 25 visit maximum |
| Occupational | 25 visit maximum | 25 visit maximum |
| Speech | 25 visit maximum | 25 visit maximum |
| Spinal Manipulation | 25 visit maximum | 25 visit maximum |



¹ of allowable charges after deductible
 NOTE: If you already have medical coverage from another source, you may choose to waive medical coverage. Your next opportunity to enroll in a medical plan will be during the next Open Enrollment period, unless you have a qualified event.

WHAT DOES IT MEAN?

Annual Deductible: An annual deductible is the amount of money a person or family pays for covered health care services before their insurance plan covers the remaining costs. For example, for an in-network provider, if a person has a \$3,300 deductible and receives a medical bill for \$5,000, they would pay the first \$3,300, the remaining \$1,700 would be covered by the insurance.

Out-of-Pocket Maximum: An annual out-of-pocket maximum is the most a person or family will pay for covered healthcare services in a calendar year. It includes deductibles, copays, and coinsurance.

Coinsurance: Coinsurance is the percentage of a covered health care service that you pay after you've met your annual deductible. It's a cost-sharing feature that works with your insurance company to pay for medical costs.

HDHP WITH HSA

PRESCRIPTION PLAN

CARRIER: **Optum Rx**[®]

OptumRX: (844) 705-7500

Mail Order: (888) 658-0539

ON THE WEB: optumrx.com

WHAT DOES IT MEAN?

FORMULARY: A formulary is a list of prescription drugs, both generic and brand name, used to identify drugs that offer the greatest overall value. The formulary can change from time to time. You can learn what drugs and what amount are included in your plan formulary by visiting optumrx.com.

TIERS: The tier that your medication is in determines your portion of the drug cost. Your plan includes four tiers.

Tier 1 includes generic medications.

Tier 2 includes preferred brand name medications.

Tier 3 includes non-preferred brand name medications.

Tier 4 includes specialty and biosimilar medications. A medication may also be placed in Tier 4 if it is new and not yet proven safe or effective.

LEVELS: Your plan includes two levels.

Level 1 typically includes CVS, Walmart, Sam's Club.

Level 2 includes preferred brand name medications and all other network pharmacies.

IN-NETWORK

| | PPO | HDHP WITH HSA |
|-------------------------------------|--|--|
| ANNUAL OUT-OF-POCKET MAXIMUM | Individual: \$2,500 Family: \$5,000 | RX SPENDING IS INCLUDED IN OUT-OF-POCKET MAXIMUM |
| 30-DAY RETAIL | | |
| Tier 1 - Generic | Level 1: \$10 Level 2: \$20 | 0% ¹ |
| Tier 2 - Formulary | Level 1: \$40 Level 2: \$50 | 0% ¹ |
| Tier 3 - Non-Formulary | Level 1: \$60 Level 2: \$70 | 0% ¹ |
| Tier 4 - Specialty | Level 1: \$200 Level 2: \$200 | 0% ¹ |
| 90-DAY MAIL ORDER | | |
| Tier 1 - Generic | \$20 copay | 0% ¹ |
| Tier 2 - Formulary | \$60 copay | 0% ¹ |
| Tier 3 - Non-Formulary | \$80 copay | 0% ¹ |
| Tier 4 - Specialty | N/A | 0% ¹ |

OUT-OF-NETWORK

| | PPO | HDHP WITH HSA |
|--------------------------|----------------------|---------------------|
| 30-DAY RETAIL | | |
| Tier 1 - Generic | 40% after deductible | 0% after deductible |
| Tier 2 - Formulary | 40% after deductible | 0% after deductible |
| Tier 3 - Non-Formulary | 40% after deductible | 0% after deductible |
| Tier 4 - Specialty | 40% after deductible | 0% after deductible |
| 90-DAY MAIL ORDER | | |
| Tier 1 - Generic | NOT COVERED | NOT COVERED |
| Tier 2 - Formulary | NOT COVERED | NOT COVERED |
| Tier 3 - Non-Formulary | NOT COVERED | NOT COVERED |
| Tier 4 - Specialty | NOT COVERED | NOT COVERED |

¹ of allowable charges after deductible

RETAIL OR MAIL ORDER?

Mail-Order offers a safe and easy method to get a 90-day supply of maintenance medications shipped directly to your doorstep, often at a lower cost than you may pay at your local Retail Pharmacy.

A **Retail Pharmacy** provides you with the convenience of local pick-up, but will typically only fill 30-days of your prescription at a time, often requiring coordination with your physician's office for each new refill.

Find participating pharmacies at <https://optumrx.com>.

A Health Savings Account, commonly known as "HSA," is an individual account you can open, add money to and spend on eligible health care expenses.

THE HSA IS UNIQUE BECAUSE...

- Money used for eligible expenses is not taxed.
- Investment earnings are not taxed.
- **The money rolls over year to year.**
- You own the account and you control how the money is spent.

ELIGIBILITY

To open your HSA you must be covered by health insurance that meets the definition of a High Deductible Health Plan (HDHP).

HOW IT WORKS

- You make pre-tax deposits (via payroll deduction) into your Fidelity HSA.
- The federal government has set the maximum annual contribution to a Health Savings Account at \$4,300 for individual coverage and \$8,550 for family coverage. The combination of the company's contributions and any individual contributions you choose to make cannot exceed the maximum annual contribution amount.
- If you are age 55 or older you can make an additional contribution of \$1,000 each year.

CARRIER: **Fidelity**

Customer Service: (800) 742-4015

ON THE WEB: [fidelity.com](https://www.fidelity.com)

COMPANY CONTRIBUTION*

| | | |
|---|-----------------|---------|
| Team Member Only | No Wellness | \$400 |
| Team Member Only | With Wellness | \$500 |
| Team Member+ Spouse + Child / Family | No Wellness | \$800 |
| Team Member + Spouse Team Member + Child | With 1 Wellness | \$900 |
| Team Member + Spouse / Family | With 2 Wellness | \$1,000 |

*Company Contributions are paid each payroll. Contributions are paid on a pro-rated basis.

ELIGIBLE EXPENSES

HSA money can be used tax-free for any eligible health care expenses. In general, eligible health care expenses are those that qualify toward the deductibles, copays, and coinsurance with your health insurance.

The money in your HSA must be used for eligible medical, dental, vision, and prescription drug expenses. If you use money for a dental, vision or medical expense that is not covered by the medical plan, it is important to understand that your medical plan deductible will still need to be met if an expense is incurred.

For a complete list of IRS approved Qualified Medical Expenses, visit

<https://www.irs.gov/pub/irs-pdf/p502.pdf>

HEALTH SAVINGS ACCOUNT

FLEXIBLE SPENDING ACCOUNT

CARRIER: **Fidelity**

Customer Service: (800) 835-5097

ON THE WEB: [fidelity.com](https://www.fidelity.com)

HEALTHCARE FLEXIBLE SPENDING ACCOUNT

In general, the money in your healthcare FSA can be used for expenses that are not paid by your medical, vision or dental plan. Some examples include:

- Chiropractor
- Orthodontia expenses not covered by your dental plan
- Eye glasses
- Medical and prescription co-pay
- Laser eye surgery

HOW IT WORKS

- You make pre-tax deposits (via payroll deduction) into your healthcare FSA.
- Can be used for costs such as deductibles, copays and/or coinsurance, as well as for prescription drugs.
- The plan also offers a debit card option which would allow you to pay for qualified medical expenses right out of your pre-tax account.
- If you enroll in the HSA Plan, you cannot enroll in the Healthcare Flexible Spending Account.

NOTE: IRS RULES

The Internal Revenue Service governs spending accounts and the following rules apply (see IRS guidelines for specifics).

- All funds in the FSA must be used for expenses incurred during the calendar year. The plan year ends on 12/31. Any unspent balance in the FSA will be forfeited.
- Your deposit amount cannot be changed, stopped, or started during the year.
- FSA balances do not earn interest.
- If you use the dependent care FSA, you cannot take the entire IRS child care tax credit at the end of the year.
- Claim reimbursements must be filed by March 15, 2026.

The Healthcare Flexible Spending Account and the Dependent Care Flexible Spending Account allow you to reduce your taxable income by paying for out-of-pocket health care and dependent childcare expenses with before-tax dollars.

Contributions are pro-rated.

2024 FSA ANNUAL CONTRIBUTION LIMITS*

| | |
|--|---------|
| Healthcare Flexible Spending Account | \$3,200 |
| Dependent Care Flexible Spending Account | \$5,000 |

*2025 limits have not been released

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

Similar to the Healthcare FSA, you can use a Dependent Care FSA to pay for dependent daycare expenses with before-tax dollars. Unlike the Healthcare FSA, you can use a Dependent Care FSA with a HSA plan.

Eligible Dependents: The Dependent Care FSA can only be used to reimburse expenses for the care of eligible dependents:

- Children under the age of 13 who qualify as dependents on your federal income tax return
- Other qualifying family members who are physically or mentally incapable of caring for themselves and who qualify as dependents on your tax return.

QUALIFYING CARE

- The care must be necessary so that you and your spouse can work, actively look for work or attend school full-time
- Care can be given in a private home (including your own) or in a day care setting as long as the provider is claiming the income for tax purposes

HOW IT WORKS

- You make pre-tax deposits (via payroll deduction) into your Dependent Care FSA.
- You can deposit up to \$5,000 per year.
- For reimbursement of an eligible expense, you pay the bill and then submit a claim to Fidelity via mail, fax or the website.
- Fidelity reimburses you out of your pre-tax account.

HOW TO USE THE CENTER

- Make an appointment by phone, through the Marathon app, or in person at the Center (Same-day appointments are often available)
- Arrive at the Center at your scheduled appointment time
- A doctor or qualified medical provider will attend to you

WHEN TO USE THE CENTER

- For regular primary care, including yearly check-ups
- When you're feeling unwell
- For ongoing management of chronic conditions
- For children's sports physicals
- When you need medication prescribed
- If you require laboratory tests or blood work
- To receive personal wellness coaching

CARRIER:  **Marathon**
Health.

24-Hour Patient Support: (618) 969-8683

ADDRESS: 8333 Express Drive, Suite D

Marion, IL 62959

Your AISIN Health & Wellness Center is the place you can go to meet the majority of your primary healthcare needs. You can use the center for:

- Affordable primary care, including sick visits
- Chronic illness management
- On-site prescription services
- Women's health screenings
- Wellness plan evaluations
- Complimentary in-house lab testing
- No-cost bloodwork ordered by external providers
- Option for primary care provider assignment
- Health education resources
- Virtual Mental Health Services

PRESCRIPTION REFILLS

Medications dispensed at the Health & Wellness Center are available at no cost to you.

AISIN HEALTH & WELLNESS CENTER

MOVEWELL

By improving strength, flexibility, and function, Physical Therapy can help alleviate pain and improve quality of life without the need for invasive procedures.

CARRIER:  Marathon Health.

Customer Service: (618) 969-8683

ON THE WEB: clients.marathon.health/login-navigator

DOWNLOAD THE MARATHON MOBILE APP

PHYSICAL THERAPY - MADE EASY

Marathon Health offers musculoskeletal services on-site through the AISIN Health & Wellness Centers located at Seymour, IN, Marion, IL, London, KY & Clinton, TN.

Marathon also offers access to in-person Physical Therapy services through the Bardavon Health Innovations network for all other members on the AISIN Health Plan.

PHYSICAL THERAPY

A PHYSICAL THERAPY SOLUTION THROUGH MARATHON HEALTH

ON-SITE

Access for **qualified members ages 8+**

Located at an AISIN Health & Wellness Center

NO Cost to the patient

Treatment for acute and chronic injury care, pain management, and strengthening and conditioning.

Schedule through your local AISIN Health & Wellness Center or through the Marathon Health App.

THE CHOICE IS YOURS

Access for **qualified members ages 8+**

Nationwide Bardavon network located in all 50 states

Concierge scheduling by contacting 913-236-1020 or referrals@bardavon.com

Treatment for acute and chronic injury care, pain management, and strengthening and conditioning.

OFF-SITE

LIVE BETTER

Mental Health Services through Marathon Health

AISIN team members, spouses, and dependents (13+) have access to virtual mental health services at little to no cost.

➔ SET UP YOUR ACCOUNT

Call (618) 969-8683 or visit clients.marathon.health/login-navigator to set up your account and schedule an appointment.

➔ START A CONVERSATION


During your appointment, you will be asked questions about your physical symptoms, emotional concerns, behaviors, and how these relate to one another.

➔ FORMULATE A PLAN

Our virtual mental health counselor will then complete a solution-focused evaluation and treatment plan that has achievable goals to provide the best chance of treatment success.

ALL APPOINTMENTS ARE CONFIDENTIAL

Virtual mental health services are available for ages 13 and up.



We can help with counseling and health coaching for many issues.

CARRIER:  **Marathon Health.**

Customer Service: (618) 969-8683

ON THE WEB: clients.marathon.health/login-navigator

DOWNLOAD THE MARATHON MOBILE APP

BENEFITS

- No or low cost
- Convenient video, or phone visits
- Same- and next-day visits
- Therapist can collaborate with Everside doctor
- Care for ages 13 and up

WHAT DOES IT COVER?

- Anxiety, excessive worries
- Depressed mood, sadness
- Family or relationship concerns
- Grief or bereavement
- Low motivation, lack of energy
- Stress, irritability, anger
- Substance or alcohol misuse
- Unhealthy relationship with food
- Weight loss, diet, exercise
- Work-life balance

MENTAL HEALTH CRISIS

National Suicide and Crisis Lifeline

Call or text 988 for help

24/7 Chat online at 988lifeline.org

National Crisis Text Line

Text HOME to 741741

CARRIER:  **LANTERN**

Customer Service: (855) 676-3963

You can be sure you're getting the best surgical care with Lantern. And here's the best part: it's already included as part of your coverage through your employer. Learn how this money-saving benefit can work for you.

WHAT DOES IT COVER?

- Dedicated support and guidance
- Personalized matching with the best surgeon for your unique needs
- Consults and appointments with your Lantern surgeon
- Anesthesia, procedure and facility (hospital) fees

IS IT COVERED?

Contact us at (855) 676-3963 to confirm whether your procedure is covered.

ACCESSING SURGERY BENEFITS

Effective 1/1/2025, if you or your covered dependents need surgery, please contact Lantern. If you have questions about the benefit, or if you or one of your dependents need surgery, you may be required to work with one of our surgeons, so make us your first call. To learn more, contact your Lantern Care Advocate today at (855) 676-3963.

FINDING YOUR SURGEON

With an understanding of your healthcare needs, your Care Advocate will provide a list of the best surgeons in our network so you can choose the one that's right for you.

IS MY SURGEON IN NETWORK?

Call your Care Advocate and they will be able to confirm whether your current surgeon is in our network.

REQUIRED SURGERIES

If you are having spine, joint or bariatric surgery, you will be required to use Lantern.

Other surgeries do not require using Lantern but, you are encouraged to contact them to see about the possibility of using their services to have the surgery completed at no cost to you. Lantern will provide reimbursement for travel and lodging as needed. If you choose to use a provider outside the Lantern network, there will be no payment for the surgery through the medical plan.

POST-SURGERY CARE

Your Care Advocate will follow up and ensure you received the highest quality care and schedule any post-procedure appointments.

SURGERY BENEFITS

WHO WILL HELP ME?

Lantern will offer concierge services for surgery services including:

- Provide personalized support throughout your surgical journey.
- Educate you on the benefit, with an understanding of your surgical need.
- Provide you with the resources to help you make the best decisions regarding your care, including how to find the best surgeon in our network.

NOT COVERED

Testing, scans, imaging, durable medical equipment, and physical therapy expenses may not be included. However, coverage may be available through your medical plan.

SURGERY COST

You will have little to no costs for your surgery - facility, surgeon fees, anesthesia. To maximize your savings, call your Care Advocate as soon as possible to confirm the details of your benefit and what you'll be responsible for covering, if anything.

PAYROLL CONTRIBUTIONS

| Team Member Only | Team Member + Spouse | Team Member + Child(ren) | Family |
|------------------|----------------------|--------------------------|--------|
| \$2.44 | \$4.89 | \$5.24 | \$8.37 |

CARRIER: 

Customer Service:

(800) 877-7195

ON THE WEB:

vsp.com

TIP:

Get to know the resources available to you through your carrier. Carrier websites offer many member resources including vision & hearing health tips, cost-saving tips, claim tracking, provider locators, provider cost insights, benefit explanations and member ID cards.

VISION BENEFITS

IN NETWORK

OUT OF NETWORK

| FREQUENCY OF SERVICE | | |
|--------------------------------|------------------------|-----------------------|
| Exam | 12 Months | 12 Months |
| Lenses | 12 Months | 12 Months |
| Frames | 24 Months | 24 Months |
| Contact Lenses | 12 Months | 12 Months |
| VISION EXAM | \$10 copay | Reimbursed up to \$50 |
| LENSES (PAIR) | | |
| Single Vision | \$20 copay | Up to \$50/pair |
| Bifocal | \$20 copay | Up to \$75/pair |
| Trifocal | \$20 copay | Up to \$100/pair |
| Lenticular | \$20 copay | Up to \$125/pair |
| Frame - Retail Frame Allowance | \$150 retail allowance | Up to \$70 |
| CONTACT LENSES | | |
| Medically necessary | Covered 100% | Up to \$210 |
| Elective | \$150 allowance | Up to \$105 |

**Allowance may vary based on Brand and/or Retail location*

TRUHEARING® HEARING BENEFIT (included in your VSP coverage)



TruHearing MemberPlus® Program Includes:

TruHearing is offering all VSP members and their covered dependents free access (\$108 value) to the TruHearing MemberPlus® Program to enjoy deep discounts on some of the more popular hearing aids on the market. In addition to your covered dependents, VSP members may also add up to four guest members (parents, grandparents, siblings) at a VSP-exclusive rate of \$71 each.

Sign up at vsp.truhearing.com and choose whether to enroll dependents and guest members as well.

- Savings of up to 50% on hearing aids (savings over national average retail prices; vary based on hearing aid model purchased)
- Yearly comprehensive hearing exams for \$75
- 3 visits with a hearing professional after purchase (fitting, programming and / or adjustments)
- Manufacturer's coverage for a one-time loss or damage for three years (replacement fee paid to manufacturer)
- 3-year repair warranty
- 48 batteries per purchased hearing aid

VISION & HEARING

USING YOUR DENTAL PLAN

CARRIER:  **DELTA DENTAL**

Customer Service: (800) 524-0149

ON THE WEB: deltadentalin.com

Get to know the resources available to you through your carrier. Carrier websites offer many member resources including cost-saving tips, claim tracking, provider locators, benefit explanations and member ID cards.

MAKE INFORMED DECISIONS

Your dental plan organizes providers into three networks (Premier, PPO, Non-Participating). The network your selected provider belongs to will impact your out-of-pocket cost. By understanding which network a provider belongs to, you can use this knowledge to understand care costs and make informed decisions regarding your provider choice.

DENTAL

PREMIER

Fees at Premier Dentists will be less than PPO Dentists

Out-Of-Pocket costs will typically be less for Team Member

PPO

Fees will be more than at Premier Dentists

Out-Of-Pocket costs will typically be more for Team Member

COMPARE



Dentists not within the PPO network

*Team Member will be balance billed for any costs over the allowable amount for a service

WHAT DOES IT MEAN TO BE BALANCE BILLED?

Balance billing is when a patient is charged the difference between the amount a provider charges and the amount their insurance plan will pay.

NON-PARTICIPATING

PAYROLL CONTRIBUTIONS

| Team Member Only | Team Member + Spouse | Team Member + Child(ren) | Family |
|------------------|----------------------|--------------------------|--------|
| \$0.50 | \$1.01 | \$0.97 | \$1.48 |

| | PREMIER | PPO | NON-PARTICIPATING |
|--|---------|---------|-------------------|
| DEDUCTIBLE (DOES NOT APPLY TO CLASS I OR CLASS IV BENEFITS) | | | |
| Individual | \$50 | \$50 | \$50 |
| Family | \$150 | \$150 | \$150 |
| ANNUAL MAXIMUM PAYMENT | | | |
| Per eligible person, per calendar year for Class II, and Class III | \$1,500 | \$1,500 | \$1,500 |
| LIFETIME MAXIMUM PAYMENT FOR CLASS IV | | | |
| Per eligible person lifetime maximum | \$1,500 | \$1,500 | \$1,500 |

| | TEAM MEMBER PAYS | TEAM MEMBER PAYS | TEAM MEMBER PAYS |
|---|--|--|--|
| CLASS I | | | |
| Diagnostic and Preventive Services: Used to diagnose and/or prevent abnormalities or disease (includes exams, cleanings, and fluoride treatments) | 0% ¹ Not subject to Annual Maximum Payment | 0% ¹ Not subject to Annual Maximum Payment | 0% ¹ Not subject to Annual Maximum Payment |
| Emergency Palliative Treatment: Used to temporarily relieve pain | 0% ¹ | 0% ¹ | 0% ^{1*} |
| Radiographs - X-Rays | 0% ¹ | 0% ¹ | 0% ^{1*} |
| CLASS II | | | |
| Minor Restorative Services: Used to repair teeth damaged by disease or injury (for example, fillings) | 20% ¹ | 20% ¹ | 20% ^{1*} |
| Oral Surgery: Extractions and dental surgery, including preoperative and postoperative care | 20% ¹ | 20% ¹ | 20% ^{1*} |
| Periodontics: Used to treat diseases of the gums & supporting structures of the teeth | 20% ¹ | 20% ¹ | 20% ^{1*} |
| Endodontics: Used to treat teeth with diseased or damaged nerves (for example, root canals) | 20% ¹ | 20% ¹ | 20% ^{1*} |
| CLASS III | | | |
| Major Restorative Services: Used when teeth cannot be restored with another filling material (for example, crowns) | 50% ¹ | 50% ¹ | 50% ^{1*} |
| Prostodontics: Used to replace missing natural teeth (for example, bridges, endosteal implants and dentures) | 50% ¹ | 50% ¹ | 50% ^{1*} |
| CLASS IV | | | |
| Orthodontics (to age 19): Used to correct malposed teeth and/or facial bones (for example, braces) | 50% ¹ | 50% ¹ | 50% ^{1*} |



¹ of allowable charges after deductible
* Team Member will be balance billed for any costs over the allowable amount for a service

AISIN provides Short-Term Disability insurance to all eligible Team Members at no cost to you.

When you're temporarily unable to work due to an illness or injury, short-term disability insurance replaces a portion of your income to help you stay financially stable during the period of time you are unable to work.

STD

100% EMPLOYER PAID

| | |
|-----------------------------|--|
| Eligibility | All active, full-time Team Members |
| Minimum Hourly Requirement | 30 hours per week |
| Waiting Period for Benefits | First of the month following 90 days of employment |
| Benefits Begin | Hospital: 1st day Injury: 8th day Sickness: 8th day |
| Definition of Earnings | Base salary |
| Benefit Plan | 60% of weekly earnings |
| Maximum Weekly Benefit | \$2,000 |
| Benefit Duration | Accident / Sickness: 25 weeks Hospitalization: 26 weeks |
| Successive Period | 30 days |
| Exclusions | Workers Compensation |
| Contribution | 100% employer paid |

DISABILITY

CARRIER:  Prudential

Customer Service: (844) 968-2559

ON THE WEB: prudential.com

100% EMPLOYER PAID

BENEFIT DURATION

| Age at Disability | Maximum Benefit Period |
|--|----------------------------|
| Less than age 60 (but not less than 5 years) | Greater of SSNRA or age 65 |
| 60 | 60 months |
| 61 | 48 months |
| 62 | 42 months |
| 63 | 36 months |
| 64 | 30 months |
| 65 | 24 months |
| 66 | 21 months |
| 67 | 18 months |
| 68 | 15 months |
| 69 and over | 12 months |

**SSNRA means the Social Security Normal Retirement Age as figured by the 1983 amendment to the Social Security Act.*

| | |
|--|---|
| Eligibility | All active, full-time Team Members |
| Minimum Hourly Requirement | 30 hours per week |
| Waiting Period for Benefits | First of the month following 90 days of employment |
| Definition of Disability | 12 month own occupation |
| Partial Disability | Included |
| Elimination Period | 180 days |
| Definition of Earnings | Base salary |
| Benefit Plan | 60% of monthly earnings to a maximum of \$10,000 |
| Minimum Monthly Benefit | Greater of \$100 or 10% gross benefit |
| Successive Period | 180 days |
| Benefit Duration | See chart to the left |
| Mental & Nervous / Substance Non-Verifiable Limitation | Mental & Nervous: 12 months Substance Abuse: 12 months |
| Pre-Existing Condition Exclusion | 3 month look-back; 12 month exclusion |
| Integration Provision | Direct |
| Survivor Benefit | 3 month gross benefit amount |
| Contributions | 100% employer paid |

LTD

Long-term disability insurance provides income to workers whose earnings are interrupted by lengthy periods of disability.

BASIC LIFE and AD&D

CARRIER:  Prudential

Customer Service: (844) 301-4778

ON THE WEB: prudential.com

AISIN provides Basic Term Life and AD&D Insurance benefits to all eligible Team Members whether or not you are enrolled in the other AISIN benefit plans.

This coverage for you is up to one times your annual salary, minimum \$50,000, unless you are over age 65. After age 65, your coverage decreases based on your age.

 **100% EMPLOYER PAID**

OPTION TO PURCHASE

VOLUNTARY LIFE INSURANCE

You also have the **option to purchase additional term life insurance coverage** for yourself, your spouse and your eligible children. You own your coverage and can keep it even if you leave employment at AISIN.

Team Member Benefits: You may purchase life insurance in increments of \$10,000 not to exceed \$500,000. Evidence of Insurability is required on amounts of insurance exceeding \$250,000 if applied for when you are initially eligible. If you are currently enrolled or would like to enroll, you may elect up to an additional \$20,000 at open enrollment, subject to the guarantee issue.

Spouse Benefits: You may purchase life insurance for your spouse in increments of \$5,000 not to exceed \$250,000 or 50% of the Team Member's amount of voluntary life not to exceed 100% of employees Optional Life. Evidence of Insurability is required on amounts of insurance exceeding \$50,000 if applied for when you are initially eligible. A Team Member must be enrolled in the voluntary plan to elect spouse coverage. If your spouse is currently enrolled or would like to enroll, you may elect up to an additional \$10,000 at open enrollment, subject to the guarantee issue.

Dependent Children Benefits: You may purchase either \$5,000 or \$10,000 of life insurance coverage for your eligible children up to age 26. A Team Member must be enrolled in the voluntary plan to elect child coverage.

TEAM MEMBER & SPOUSE MONTHLY PREMIUM

| Age | Rate per \$1,000 per Month |
|-------|----------------------------|
| <25 | \$0.066 |
| 25-29 | \$0.066 |
| 30-34 | \$0.072 |
| 35-39 | \$0.086 |
| 40-44 | \$0.120 |
| 45-49 | \$0.196 |
| 50-54 | \$0.342 |
| 55-59 | \$0.658 |

| Age | Rate per \$1,000 per Month |
|-------|----------------------------|
| 60-64 | \$1.100 |
| 65-69 | \$1.990 |
| 70+ | \$3.070 |

CHILD(REN) PREMIUM

| Amount | Rate per Month |
|----------|----------------|
| \$5,000 | \$1.00 |
| \$10,000 | \$2.00 |

TIP: To calculate the cost of Team Member or spouse life insurance coverage, use the Team Member's age as of January 1, 2025 and locate the rate in the corresponding column. This rate is per a \$1,000 unit of coverage. Multiply the rate by the number of units you desire to calculate the monthly premium.

Illness and off-the-job accidents strike when least expected, and the associated expenses are difficult to handle at the best of times. That's why AISIN aims to provide versatile benefit options that protect our Team Members and their families, such as Critical Illness and Accident Insurance.

CARRIER:  Prudential

Customer Service: (844) 301-4778

ON THE WEB: prudential.com

HIGHLIGHTS

- With Critical Illness and Accident Insurance, you are paid a lump-sum benefit that you can use as you feel necessary.
- Guaranteed coverage for you and eligible family members, as long as you are actively at work—no medical exam required.

- Premiums paid through convenient payroll deduction.
- Coverage is portable. Take it with you if you leave employment at AISIN.
- Access to discounts or services that provide actionable tools and resources to help navigate life's twists and turns.
- Accident Insurance covers off-the-Job injuries only.

CRITICAL ILLNESS INSURANCE

Critical illness insurance provides financial support when you or a dependent becomes seriously ill. Upon verified diagnosis, it provides a lump-sum payment of \$10,000, \$20,000, or \$30,000 depending on coverage election. This payment is in addition to what your medical plan may or may not cover. Your plan also pays a Recurrence Benefit if you or a dependent experience more than one covered condition. The payment is yours to spend however you like.

Because early detection of a serious illness is important to your recovery, you can receive an extra \$100 annual benefit per calendar year on top of your total benefit amount when you see your physician for eligible health screenings or prevention measures.

As long as you or your dependent meets the policy and certificate requirements, the following medical conditions and more are covered:

| | |
|---------------------|-------------------------------|
| Invasive Cancer | Coma |
| Stroke | End Stage Renal Failure |
| Non-Invasive Cancer | Loss of Hearing/Speech/Vision |
| Heart Attack | Paralysis |
| Coronary Artery | |

See Outline of Coverage for complete details

ACCIDENT INSURANCE

Accident Insurance can help cover the out-of-pocket costs associated with an off-the-job accident by paying you a lump-sum benefit based on the injuries you suffer and the treatment you receive. You can use the money for whatever you need, from an emergency room copay to childcare so you can get to the doctor for a follow-up visit. No medical questions are required for enrollment.

See the table below for examples.

| EVENT | BENEFIT |
|-----------------------------------|--------------------------------|
| AMBULANCE | \$250 ground \$1,500 air |
| EMERGENCY ROOM | \$200 |
| FRACTURED WRIST* | \$1,250 closed \$2,500 open |
| DISLOCATED KNEE (except kneecap)* | \$1,600 closed \$3,200 open |
| CONCUSSION | \$400 |

*Benefits shown are for diagnosis only. Benefits for associated care, such as x-rays, would be paid in addition.

VOLUNTARY BENEFITS

HOSPITAL INDEMNITY COVERAGE

Hospital stays due to injury or illness can be expensive and place added stress on your finances. Hospital Indemnity coverage provides a benefit to help offset these unexpected costs so you can focus on your health and the health of your loved ones.

CARRIER:  Prudential

Customer Service: (844) 301-4778

ON THE WEB: prudential.com

HIGHLIGHTS

- Provides financial benefit for when a Covered Person incurs a hospital stay resulting from a covered injury or covered illness.
- All active, full-time employees, their spouse and dependent children are eligible immediately.
- Employee coverage is required in order for Spouse and Dependent Children to be eligible.
- Benefit amounts are paid regardless of actual expenses incurred.
- Benefits are paid on a per day basis (unless otherwise specified) only after all policy terms and conditions are met.
- No benefit waiting period.
- Please review your Certificate of Insurance for more information on important provisions, as well as terms and conditions that apply to the benefits described.

CHOOSE THE PLAN THAT'S RIGHT FOR YOU

AISIN's Hospital Indemnity benefit has a High and Low plan option. Take a look at the table below to compare the plans and determine which coverages are right for you and your family.

| | HIGH | LOW |
|---|---------|-------|
| Hospital Admission - Observation status of at least 24 hours (Maximum use of 5 times per calendar year) | \$1,000 | \$500 |
| ICU Admission - Observation status of at least 24 hours (Maximum use of 5 times per calendar year) | \$1,000 | \$500 |
| Hospital Confinement - Payable up to 30 days per confinement (Maximum use of 5 times per calendar year) | \$200 | \$100 |
| ICU Confinement - Payable up to 30 days per confinement (Maximum use of 5 times per calendar year) | \$400 | \$200 |

TABLE OF BENEFITS

CONTINUATION FEATURE

You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be covered under the policy and be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

VOLUNTARY BENEFITS



GET THE HEALTHCARE YOU NEED - WHEN YOU NEED IT

ELIGIBILITY

OPEN TO ALL AISIN EMPLOYEES REGARDLESS OF MEDICAL PLAN ENROLLMENT.

Have a health question? Feeling under the weather? With LiveHealth Online, you don't have to schedule an appointment, drive to the doctor's office or urgent care facility, and then wait to see someone.

In fact, you don't even have to leave your home or office. Doctors can answer questions, make a diagnosis and even prescribe basic medications when needed. All you need is the LiveHealth Online app or a computer with a webcam.

YOU GET:

- Get immediate 24/7 access to board certified doctors.
- See a doctor through secure and private video chat.
- Can get prescriptions sent directly to your pharmacy, if needed.

CARRIER: **LiveHealth**
ONLINE

Customer Service: (888) 548-3432

ON THE WEB: livehealthonline.com

OR DOWNLOAD THE FREE APP

WHEN TO USE:

Use LiveHealth Online when you have a health concern and don't want to wait. Doctors are available 24/7. Some of the most common uses include:

- Cold and flu symptoms such as a cough, fever and headaches.
- Allergies
- Sinus infections
- Family health questions

COST TO USE:

PPO PLAN: \$15.00 per visit.

HSA PLAN: \$59.00 per visit (until your deductible is met).

NOT ENROLLED: \$59.00 per visit (until your deductible is met).

ONLINE HEALTHCARE

For a true emergency, call 911 or go to the emergency room

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield. Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: BlueCross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri [excluding 30 counties in the Kansas City area]: RightCHOICE® Managed Care, Inc. [RIT], Healthy Alliance® Life Insurance Company [HALIC], and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin ["BCBSWi"], which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ["CompCare"], which underwrites or administers the HMO policies; and CompCare and BCBSWi collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

401(k)

CARRIER: **Fidelity**

Customer Service: (800) 835-5097

ON THE WEB: 401k.com

ELIGIBILITY

Team Members are eligible to begin participation in the 401(k) plan 1st day of the month after 6 months of employment. Full-Time and Part-Time Team Members are eligible.

ENROLLMENT

Team Members will be automatically enrolled in the 401(k) plan on the first day of the month, following six months of employment. Your pre-tax payroll contributions will be set at 5%. To make changes to your enrollment, please log on to your Fidelity account at 401k.com.

Overtime pay will be included as eligible compensation for deferrals into your 401(k) and will also be eligible for matching contributions. Now is a good time to take a look at your 401(k) to be sure you are contributing what you can, or to set up an automatic annual increase for your contributions.

ROTH 401(K) OPTION

A Roth 401(k) option has been added to the 401(k) plan.

- The Roth plan provides tax-free retirement income.
- Contributions are made after taxes.
- Distributions are tax-free.**

Log in to Fidelity at 401k.com to make a Roth election. Additional information is available from HR.

** A distribution from a Roth 401(k) is tax free and penalty free, provided the five-year aging requirement has been satisfied and one of the following conditions is met: age 59½, disability, or death.

A Team Member can enroll in both the Traditional & Roth Plan options.

AISIN offers a 401(k) plan through Fidelity, allowing you to save for retirement with tax deferred contributions.



Adds matches 100% on the first 3% of your deferred compensation
+
50% on the next 2% of your deferred compensation

If you contribute at least 5%, you will receive the full 4% company match.

Your contributions and company matching contributions are **100% vested immediately.**

WHAT IS A 401(K)

401(k)s are one of the most popular employer-managed retirement savings plans and have been around since 1978.

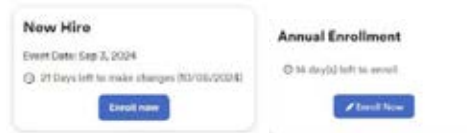
Tax-Deferred: With a traditional 401(k), contributions are taken out of an employee's paycheck before federal income taxes are calculated.

Withdrawals: When an employee reaches age 59½, they can usually withdraw funds from their 401(k) without penalty.

ENROLLMENT GUIDE

Follow these steps to enroll in your benefits through MyADP:

- Log in to MyADP at <https://my.adp.com>
- Navigate to "Benefits" in the left-side menu
- Click "Start Enrollment" or "Enroll Now"



SELECTING YOUR BENEFITS:

MEDICAL

Choose between Camry PPO and HSA-eligible High Deductible Health Plan.

Select your coverage level (e.g., Employee Only, Employee + Spouse, Family).

Attach dependents to your elected coverage.



HSA PLAN

Open your HSA account through NetBenefits to receive AISIN contributions.

Review contribution limits and decide on your contribution amount.

Select coverage level and attach dependents.

IMPORTANT HSA INFORMATION

- If you select the HSA MEDICAL PLAN: You must visit NetBenefits to open your HSA account for contributions (both yours and AISIN's) to be deposited. Without an open account, AISIN contributions cannot be credited, and funds will not be available to you.
- Failure to open your account by the end of the month your benefits are effective will result in an inability to contribute to your HSA for the remainder of the calendar year and loss of employer contributions.
- Contact your AISIN HR representative for any questions or assistance in opening your HSA account.

CHOOSE BETWEEN PPO AND HSA PLANS

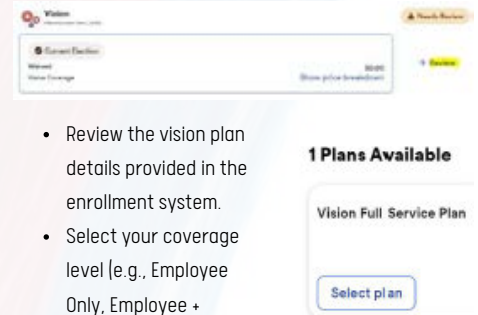
PLEASE NOTE:
You MUST
check mark
each
dependent
you want
covered
under each of
these
benefits.

DENTAL



- Review the dental plan details provided in the enrollment system.
- Select your coverage level (e.g., Employee Only, Employee + Spouse, Family).
- Attach dependents to your elected coverage.

VISION

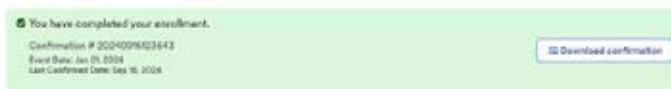


- Review the vision plan details provided in the enrollment system.
- Select your coverage level (e.g., Employee Only, Employee + Spouse, Family).
- Attach dependents to your elected coverage.

ADDITIONAL BENEFITS

- Health Savings Account (HSA)
- Medical Flexible Spending Account (FSA)
- Dependent Care Flexible Spending Account (FSA)
- Life Insurance (review beneficiaries regularly)
- Supplemental Life Insurance (Team Member, Spouse, Child)
- Voluntary Benefits (Accident, Hospital, Critical Illness)

- Review all selections and attached dependents.
- Verify total cost.
- Submit enrollment and save confirmation.



IMPORTANT NOTES

- Pay close attention to the enrollment deadline. Late enrollments will not be accepted.
- Some benefits may require additional forms or evidence of insurability. Follow up on these promptly.
- If you have questions about specific benefits or need assistance, contact your AISIN HR department or benefits administrator.

DEPENDENT VERIFICATION AUDIT

- Any newly added dependents (spouse or children) will go through a dependent verification audit.
- **You will receive communication about this audit through multiple channels:**
 - The MyADP app/ Website
 - Mail sent to your home address
- These communications will detail the specific documentation required for verification.
- It is crucial that you respond and provide the necessary documentation before the audit deadline.
- If proper documentation is not received by the deadline, your dependents will be dropped from coverage.
- To avoid any interruption in coverage for your dependents, ensure you promptly respond to all audit requests.

RESOURCE DIRECTORY

MEDICAL

CARRIER: Anthem
Customer Service: (877) 768-6675
ON THE WEB: anthem.com

PHARMACY

CARRIER: OptumRX
OptumRX: (844) 705-7500
Mail Order: (888) 658-0539
ON THE WEB: optumrx.com

VISION & HEARING

CARRIER: VSP
Customer Service: (800) 877-7195
ON THE WEB: vsp.com

DENTAL

CARRIER: Delta Dental of Indiana
Customer Service: (800) 524-0149
ON THE WEB: deltadentalin.com

VOLUNTARY

CRITICAL ILLNESS & ACCIDENT HOSPITAL INDEMNITY
CARRIER: Prudential
Customer Service: (844) 301-4778
ON THE WEB: prudential.com

ONLINE HEALTHCARE

CARRIER: LiveHealth Online
Customer Service: (888) 548-3432
ON THE WEB: livehealthonline.com
OR DOWNLOAD THE FREE APP

SURGERY BENEFITS

CARRIER: Lantern
Customer Service: (855) 676-3963

BASIC LIFE & AD&D

CARRIER: Prudential
Customer Service: (844) 301-4778
ON THE WEB: prudential.com

DISABILITY

CARRIER: Prudential
Customer Service: (844) 968-2559
ON THE WEB: prudential.com

HSA

CARRIER: Fidelity
Customer Service: (800) 742-4015
ON THE WEB: fidelity.com

FSA

CARRIER: Fidelity
Customer Service: (800) 835-5097
ON THE WEB: fidelity.com

401(k)

CARRIER: Fidelity
Customer Service: (800) 835-5097
ON THE WEB: www.401k.com

LIVE BETTER

CARRIER: Marathon Health
Customer Service: (618) 969-8683
ON THE WEB: clients.marathon.health/login-navigator

MOVEWELL

CARRIER: Marathon Health
Customer Service: (618) 969-8683
Bardavon Contact: (913) 236-1020
Bardavon Email: referrals@bardavon.com
ON THE WEB: clients.marathon.health/login-navigator

AISIN HEALTH & WELLNESS CENTER

CARRIER: Marathon Health
24-Hour Support: (618) 969-8683
Address: 8333 Express Drive, Suite D
Marion, IL 62959

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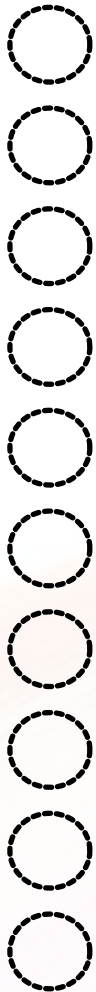
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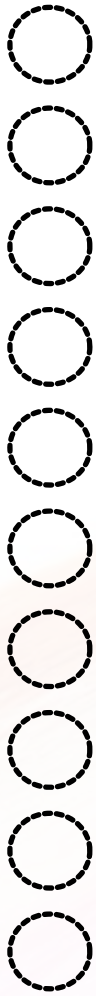
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