

2026

Plan Year



The Spiratex Company is proud to offer an attractive and competitive benefits package. In addition to protecting you and your family's health, we offer important financial benefits and a variety of other benefits to meet your needs.

## EMPLOYEE BENEFITS GUIDE

Effective Date: January 1, 2026  
through December 31, 2026



You are eligible for health benefits if you are a full-time active employee unless otherwise stated. Full-time active employees must be regularly scheduled to work 30 hours or more per week.

Coverage for you and your dependents will begin on the first of the month following 30 days of full-time employment. If you are electing coverage during open enrollment, coverage will begin on the first day of the plan year.

Coverage for you and your dependents will end on the date on which your employment terminates, or you or your dependent(s) are no longer eligible for benefits. Dependent children will continue to be covered under the medical benefits plan until the end of the month that such child reaches age 26. Example: Birthday is 1-21-23, last day of coverage will be 1-31-23.



## MEDICAL PLAN IN-NETWORK

The BCN HMO plan requires that you and your dependents choose a Primary Care Physician (PCP) from the BCN provider directory (available on line at [www.bcbsm.com](http://www.bcbsm.com)). Your PCP must be utilized for all medical care and is responsible for referring you to specialists.

If you obtain care from a provider other than your PCP, without a referral (except for emergencies), no benefits will be paid.

You can change your PCP at any time by either calling customer service or visiting the BCN website.

EHIM administers certain medical claims on behalf of The Spiratex Company. If you are enrolled in the BCN plan, you will need to present both your BCN ID card and your EHIM secondary payer card to your providers and request that they (1) bill BCN for services rendered and then (2) bill EHIM secondary before you make a payment.

A complete claims process flow chart and additional information can be found in Employee Navigator.

The prescription coverage is administered by EHIM and has different copay amounts for generic and brand name prescriptions.



## DENTAL, OPTICAL & HEARING (DOH) REIMBURSEMENT

Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body - including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health.

The Spiratex Company Reimbursement plan provides you and your eligible dependents with help in managing the cost of your care. Below is a summary of the reimbursement offered to our employees.

If you have questions about the reimbursement plan or need more information please direct your inquiries to our Human Resources Department.

This Benefits Guide is intended to provide a general summary of benefits but does not include all coverage details or plan requirements. The terms of the plan are governed by legal plan documents, including but not limited to Summary Plan Descriptions (SPDs), insurance contracts and certificates of coverage. Please refer to the legal plan documents for detailed information regarding your benefits. While every effort was taken to ensure the accuracy of the information in this Benefits Guide, errors are always possible. In the event of a discrepancy between the Guide and the plan documents, the terms of the plan documents will prevail.

## MEDICAL PLAN OPTION

The Spiratex Company offers medical coverage through BCN.

In-network services are shown below. Please refer to your benefit summaries and SBC's for additional plan details.

BENEFITS	BCN HMO PLAN Member's Responsibility
<b>Deductibles (individual/family)</b>	\$200/\$400
<b>Coinsurance</b>	20%
<b>Out-of-Pocket Maximum</b>	\$10,600/\$21,200 (Medical = \$3,500/\$7,000 Prescription \$7,100/\$14,200)
<b>Office Visit Copay</b>	\$30
<b>Specialist Visit Copay</b>	\$30
<b>Chiropractic Services</b>	\$30 (30 visits per calendar year- when referred)
<b>Emergency Room Copay</b>	\$100 after ded., waived if admitted
<b>Urgent Care Copay</b>	\$50
<b>Hospitalization (in-patient)</b>	20% after deductible
<b>Prescription Drug Coverage</b>	Generic: \$10 Preferred Brand: \$30 Non-Preferred Brand: 50% -\$150 min. plus difference in cost Specialty: 30% Mail Order: \$20/\$60/50%-\$200 min./50%-\$200 min. (3 mos. Supply)
<b><u>EMPLOYEE WEEKLY CONTRIBUTIONS</u></b>	
<b>Employee Only</b>	\$37.25
<b>Employee + Spouse</b>	\$98.00
<b>Family</b>	\$140.00

Reimbursement Tier	Annual Reimbursement Allowance
<b>Single</b>	\$1,600
<b>Two-Person</b>	\$2,200
<b>Family</b>	\$2,800



## EMPLOYER PAID COVERAGES

### GUARDIAN: EMPLOYER PAID LIFE/AD&D INSURANCE

**Benefit amount:** \$25,000

**Maximum benefit amount:** \$25,000

**Benefit reduction:** 35% at age 65; 50% at age 70

### GUARDIAN: EMPLOYER PAID SHORT TERM DISABILITY

**Weekly benefit:** 70% of weekly salary up to \$800 per week

**Elimination period:** Benefits begin on the 1st day of accident/8th day of an illness or pregnancy

**Maximum benefit period:** 13 weeks

### GUARDIAN: EMPLOYER PAID LONG TERM DISABILITY

**Weekly benefit:** 60% of monthly salary up to \$5,000 per month

**Elimination period:** 90 days

**Maximum benefit period:** ADEA with Social Security Normal Retirement Age

## EMPLOYEE PAID COVERAGES

### GUARDIAN: EMPLOYEE PAID VOLUNTARY LIFE & AD&D

**EMPLOYEE: Life/AD&D**

**Benefit amount:** \$10,000 increments

**Minimum benefit amount:** \$10,000

**Maximum benefit amount:** \$300,000

**Guarantee issue amount:** \$100,000

**Benefit reduction:** Benefits will reduce 35% at age 65; 50% at age 70

**SPOUSE: Life**

**Benefit amount:** \$5,000 increments. Employees must elect coverage for themselves in order for spouse to be eligible. Not to exceed 50% of the employee elected amount

**Minimum benefit amount:** \$5,000

**Maximum benefit amount:** \$150,000

**Guarantee issue amount:** \$25,000

**Benefit reduction:** Benefits will reduce 35% at age 65; 50% at age 70

**DEPENDENT: Life**

**Coverage amount:** Birth to 14 days: \$500; 14 days to age 26 (if full time student): \$1,000 increments up to \$10,000

Please refer to your benefit summary for age and rates.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

The Employee Assistance Program is offered to all employees and immediate family members of The Spiratex Company through ComPsych. It is a company sponsored, **completely confidential** counseling program that covers issues such as marital and family concerns, depression, substance abuse, grief and loss, financial entanglements and other personal stressors.

You can contact ComPsych toll-free at (800) 964.3577, or you can visit their website at [www.guidanceresources.com](http://www.guidanceresources.com). HLF902 is the Web ID. In the Company Name Field at the bottom of personalization page enter: **ABILI**.

- Confidential Counseling - 3 Session Plan
- Financial Information and Resources
- Discover your best options
- Legal Support and Resources
- Expert info when you need it
- Work-Life Solutions
- Delegate your "to-do" list
- Guidance Resources Online
- Knowledge at your fingertips
- Free Online Will Preparation
- Get peace of mind

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**EMPLOYEE NAVIGATOR - ENROLL IN YOUR BENEFITS**

Use the below QR code to log into Employee Navigator to make your benefit selections or use the URL code of:

**Website:** <https://hremote.employeenavigator.com>

**Company Identifier: Spiratex**

You have access to all your benefits documents online. You can review and/or print the documents anytime. If you do not have access to a computer, please contact the Kapnick Employee Benefits Call Center or Human Resources immediately to request a printed copy of the documents.

**Website:** <https://hremote.employeenavigator.com>; or you can use the below QR code to log into Employee Navigator to make your benefit selections.



**WHO SHOULD I CALL FOR ASSISTANCE?**

Most of the day to day administration of your employee benefits coverage can be accomplished directly with the insurance providers either through their websites or customer service telephone numbers.



MEDICAL	HEALTH CLAIMS	PRESCRIPTION DRUGS	DENTAL, VISION & HEARING
<p><b>Blue Care Network</b> Phone Number: 800.970.6684 Website: <a href="http://www.bcbsm.com">www.bcbsm.com</a></p>	<p><b>EHIM</b> Phone Number: 248.948.9900 Email: <a href="mailto:medicalclaims@EHIMRX.com">medicalclaims@EHIMRX.com</a></p>	<p><b>EHIM</b> Phone Number: 800.311.3446 Website: <a href="http://www.ehimrx.com">www.ehimrx.com</a></p>	<p><b>EHIM</b> Phone Number: 248.204.6363 Email: <a href="mailto:reimbursementaccount@EHIMRX.com">reimbursementaccount@EHIMRX.com</a></p>



LIFE/AD&D/STD/LTD	ComPsych	SPIRATEX	
<p><b>Guardian</b> Phone: 888.600.1600 <a href="http://www.guardiananytime.com">www.guardiananytime.com</a></p>	<p>Phone Number: 855.239.0743 Online: <a href="http://www.GuidanceResources.com">www.GuidanceResources.com</a> Mobile App: GuidanceNow First-time users, register using your Organization Web ID: Guardian</p>	<p><b>Jeanette Tedford, Corporate HR</b> Phone Number: 734.722.0100 ext. 228 Email: <a href="mailto:jtedford@spiratex.com">jtedford@spiratex.com</a></p>	<p><b>Cheryl Harnica, Corporate HR</b> Phone Number: 734.289.4800 ext. 504 Email: <a href="mailto:charnica@spiratex.com">charnica@spiratex.com</a></p>

**Kapnick Call Center** is staffed by highly trained employee advocates who are experienced in helping you understand your benefits and the enrollment process. Kapnick's high level of customer service allows you to not only understand your benefits but to use them to their fullest extent. We're available Monday-Friday, 8:30 am—5:00 pm (Eastern) to answer questions concerning:

- Explanation of Benefits
- ID Card Reorders
- Carrier Information
- Participating Provider Assistance
- Claim Assistance
- COBRA Assistance
- Life Status Events

Contact us at **877.233.1164**