

# 2020 BENEFITS AT A GLANCE

Please see the enclosed medical, dental and vision highlights for additional benefit information

Plan Feature	Plan Name/Description	Your Eligibility
<b>Medical Plan Options</b>	<b>Anthem Blue Cross Blue Shield</b> (See plan comparison grid for plan highlights) High Deductible Health Plan with Health Savings Account (HSA)* (100% Employer Paid) Choice PPO Health Reimbursement Account (HRA)* Classic PPO Plan	1 <sup>st</sup> of the month following 30 days of employment
<b>Dental Plan Options</b>	<b>Delta Dental</b> (See reverse side for plan highlights) Dental Low – PPO/Premier Network Dental High – PPO/Premier Network	1 <sup>st</sup> of the month following 30 days of employment
<b>Vision Plan</b> (100% Employer Paid)	<b>EyeMed Vision Care</b> (See reverse side for plan highlights) Insight Network	1 <sup>st</sup> of the month following 30 days of employment
<b>Basic Life Insurance</b> (100% Employer Paid)	<b>Reliance Standard (RSLI)</b> Team Member Term Life Insurance coverage equal to 1.5 times your base annual earnings up to \$400,000	Date of Hire
<b>AD&amp;D</b> (100% Employer Paid)	<b>Reliance Standard (RSLI)</b> Team Member Term Life Insurance coverage equal to 1.5 times your base annual earnings up to \$400,000	Date of Hire
<b>Short Term Disability</b> (100% Employer Paid)	<b>Reliance Standard (RSLI)</b> 60% of your base pay, up to a maximum of \$1,500 weekly <b>Elimination Period:</b> 0 days accident / 7 days sickness <b>Maximum Period of Benefits:</b> 26 weeks	1 <sup>st</sup> of the month following 6 months full time employment
<b>Long Term Disability</b> (100% Employer Paid)	<b>Reliance Standard (RSLI)</b> 60% of your monthly earnings, up to a maximum of \$10,000 <b>Elimination Period:</b> 180 days	1 <sup>st</sup> of the month following 6 months full time employment
<b>Flexible Spending Account</b>	<b>Chard Snyder</b> - Plan Year effective January, 1, 2020 to December 31, 2020 Accounts that allow you to set aside pre-tax dollars to pay for eligible healthcare and dependent care related expenses <b>Healthcare FSA:</b> \$2,700/yr maximum contribution <b>Dependent Care FSA:</b> \$5,000/yr maximum contribution	1 <sup>st</sup> of the month following 30 days of employment
<b>Employee Assistance Program</b> (100% Employer Paid)	<b>Anthem</b> Confidential resource assistance for personal, family, life, child or elder care, financial or work-related challenges <b>You can call toll-free 800-865-1044 or visit online at <a href="http://anthemEAP.com">anthemEAP.com</a> (login: Toyota Boshoku America)</b>	Date of Hire

\*HSA (Fifth Third) & HRA (HealthEquity) receives Employer contributions.

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Plan Feature	Plan Name/Description	Your Eligibility
Optional Life	<p><b>Reliance Standard (RSLI)</b>  <b>Team Member:</b> \$10,000 increments up to a maximum of 5 times your annual earnings when approved by Reliance  <i>* <b>Guarantee Issue for New Hires:</b> 5 times your base annual earnings, up to \$400,000</i></p> <p><b>Spouse:</b> \$10,000 increments up to \$250,000. Amount cannot exceed 100% of approved Supplemental Employee Life  <i>* <b>Spouse Life Guarantee Issue for New Hires:</b> \$50,000</i></p> <p><b>Child(ren):</b> \$2,500 increments up to a maximum of \$15,000.  <i>* <b>Child Guarantee Issue for New Hires:</b> \$15,000.</i></p> <p>* Dependent children can be covered to age 19, or 25 with full Time student status and dependent on your tax return</p> <p><b>Evidence of Insurability</b> *See site HR contact for the EOI form</p> <ul style="list-style-type: none"> <li>➤ Required for any increases to team member and/or spouse life amounts.</li> <li>➤ Required for any election amounts over the Guarantee Issue.</li> </ul> <p><b>The additional amounts will be effective on the date it is approved by Medical Underwriting</b></p>	1 <sup>st</sup> of the month following 30 days of employment
Optional AD&D (Single or Family Coverage Options)	<p>Purchase increments of \$10,000 up to a maximum of \$500,000, not to exceed 10 times your base annual earnings.</p> <p><b>Family Coverage</b>  <b>Spouse:</b> Coverage amount equal to 60% of your Optional AD&amp;D election or <b>Children:</b> Coverage amount equal to 15% of your Optional AD&amp;D election  <b>Family (Spouse and Children):</b> Spouse coverage amount equal to 40% and Child coverage amount equal to 10% of your Optional AD&amp;D election</p>	1 <sup>st</sup> of the month following 30 days of employment
Voluntary Products	<p><b>Voya Financial</b></p> <p><b>Critical Illness</b> - Lump-sum benefit payment for covered medical conditions to use as you see fit to help cover expenses not typically covered by other types of insurance</p> <p><b>Accident Insurance</b> – Lump-sum benefit payment if you get hurt in a covered accident, they send you a check for the covered injuries.</p> <p><b>Chubb Workplace Benefits</b>  <b>Permanent Life</b> – Lifetime Benefit Term Insurance provides valuable life insurance protection through age 120. This policy includes valuable long-term care (LTC) coverage. Rates lock in at issue age and do not increase as the insured ages. Tobacco rated.  <b>Team Member:</b> \$5k, \$10k, \$15k, \$20k, \$25k, \$30k, \$40k, \$50k, \$75k, \$100k  <b>Spouse:</b> \$5k, \$10k, \$15k, \$20k, \$25k, \$30k, \$50k, \$75k</p> <p><b>Legal Club of America</b>  <b>Legal Plan</b> - Access to legal advice and assistance in a wide range of areas from real estate matters, to will preparation, debt problems, family law, fraud, identity theft and more.</p>	1 <sup>st</sup> of the month following 30 days of employment

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	<p><b>MetLife</b></p> <p><b>Home &amp; Auto</b> - Special team member rates and discounts could help you save up to 15% on your home and auto insurance</p> <p><b>Pet Insurance</b> - Coverage for many types of pets' medical problems and conditions, subject to policy terms and limitations</p> <p><b>For questions or additional coverage details, call MetLife directly at 1-800-GET-MET8 or visit <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a></b></p>	
401(k)	<p><b>Transamerica</b></p> <p>Opportunity to save for retirement. Unless you actively choose otherwise, 6% of your pay will be deducted from your paycheck each pay period before taxes and contributed to your account. A match of 50% up to 6% of your contributions. Annual escalate of 1% to max of 10%. 5 year vesting schedule.</p>	1st of the month following date of hire

## DENTAL AND VISION BENEFITS

Carrier	DELTA DENTAL			
Plan Name	LOW PPO		HIGH PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network *
<b>Deductible</b>				
Individual	\$50	\$75	\$50	\$50
Family	\$100	\$150	\$100	\$100
<b>Calendar Year Maximum</b>	\$1,500	\$1,500	\$1,500	\$1,500
	<b>Team Member Coinsurance</b>			
Preventive / Diagnostic	Covered 100%	20%, no ded	Covered 100%	Covered 100%
Basic / Restorative	20% after ded	40% after ded	20% after ded	20% after ded
Major	40% after ded	60% after ded	40% after ded	40% after ded
<b>Orthodontia</b>	40%, no separate deductible	Not covered	40%, no separate deductible	40%, no separate deductible
Lifetime Maximum	\$1,500	N/A	\$1,500	\$1,500
	<b>Bi-Weekly Premiums</b>			
<b>Coverage Tier</b>				
Team Member Only	\$1.29		\$2.58	
Team Member + 1	\$2.58		\$5.15	
Team Member + Child(ren)	\$2.58		\$5.15	
Team Member+ Family	\$3.60		\$7.21	

\* Non-participating dentist fee may not cover what the dentist charges and the patient will be responsible for the difference.

Carrier	EyeMed	
	In-Network	Out-of-Network
Eye Exam (once per calendar year)	\$10 copay	Up to \$45
Materials	\$10 copay	N/A
Lenses (once per calendar year)		
Standard Single Vision	\$10 copay	Reimbursed up to \$32
Standard Bifocal	\$10 copay	Reimbursed up to \$55
Standard Trifocal	\$10 copay	Reimbursed up to \$65
Standard Lenticular	\$10 copay	Reimbursed up to \$80
Progressive Lenses (once per calendar year)		
Standard	\$75 copay	Reimbursed up to \$55
Premium	\$95-\$120 Tiers 1-3	\$55 allowance
Frames (once per calendar year)	\$100 allowance 20% off balance over \$100	Reimbursed up to \$55
Contact Lenses (once per calendar year)		
Elective	\$100 allowance 15% off balance over \$100	Reimbursed up to \$87
Medically Necessary	Covered in Full	Reimbursed up to \$210
LASIK Surgery	15% off Retail Price or 5% off promotional price Only through U.S. Laser Network	
Coverage Tier	<b>Bi-Weekly Premiums</b>	
Team Member Only	\$0	
Team Member + 1	\$0	
Team Member + Child(ren)	\$0	
Team Member+ Family	\$0	

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