



## Introduction

Superior Technical Ceramics is proud to offer a comprehensive program of benefits designed to serve the diverse needs of our unique workforce, and we are committed to continually enhancing and expanding our offerings. The information in this document is meant to familiarize you with the benefits and programs currently in place.

Eligibility and required contributions for these benefits and programs depend on both your employee classification and whether you elect to extend coverage to your dependents. Full-time employees are eligible for the Superior Technical Ceramics benefits program. You are considered full-time if you are scheduled to work 30 or more hours per week.

All full-time employees are eligible 1st of the month following date of hire.

Employee deductions for Medical, Dental and Vision insurance are generally pre-tax; all other deductions are after-tax.

Dependents eligible for coverage under the medical, dental, and vision plans are your spouse (or civil union partner) and your children. Children can be covered for medical up to age 26 regardless of student, dependent or marital status. For dental and vision, dependent children can be covered up to age 26 regardless of student status.



## Medical Insurance



STC medical plans cover a wide range of services, from preventive and routine care, to hospitalization and surgery. Both medical plans include a prescription drug benefit, which covers prescriptions at participating pharmacies and mail-order maintenance drugs.

### Cigna Open Access Plus PPO Plan

If you enroll in the Superior Technical Ceramics PPO Plan, you may use any provider for your care. However, when you see a provider in the PPO network, your out-of-pocket costs are limited to a \$25 copay for primary care office visits / \$45 for specialists. To access a listing of In-Network providers, logon to the CIGNA Group website. [www.mycigna.com](http://www.mycigna.com)

Out of network care is also covered, but you will pay more for your care. Most out of network costs are subject to an annual deductible and then are reimbursed at 40% of the reasonable and customary charge.

	In-Network	Out-of-Network
Can I go to any doctor and receive plan benefits?	Yes	Yes
Do I pay less if I see certain doctors?	Yes. You will pay less out-of-pocket when you use preferred network doctors.	
Do I need a referral to see a specialist?	No. You can always go directly to a specialist. However, you will receive out-of-network benefits if the specialist is not in the preferred network.	
Can I use mail-order for prescription drugs I use regularly?	Yes. For Certain Drugs*	In-Network Benefit Only
Do reasonable and customary limits apply? Will I receive balance due bills?	Only if you see a doctor outside the network. If the charge is above reasonable and customary, you will receive a balance due bill. Preferred doctors charge a negotiated fee which is always lower than reasonable and customary.	

\* Must meet criteria for therapeutic classes.

### Cigna HSA Open Access Plus Plan

If you enroll in the Superior Technical Ceramics HSA Plan, you may use any provider for your care. However, you will be responsible for paying your full deductible. Once you have reached your deductible, additional services are covered at 100% coinsurance. To access a listing of In-Network providers, log on to the CIGNA Group website. [www.mycigna.com](http://www.mycigna.com)



Out of network care is also covered, but you will pay more for your care. Most out of network costs are subject to an annual deductible and then are reimbursed at 70% of the reasonable and customary charge.

	In-Network	Out-of-Network
<b>Can I go to any doctor and receive plan benefits?</b>	Yes	Yes
<b>Do I pay less if I see certain doctors?</b>	Yes. You will pay less out-of-pocket when you use preferred network doctors.	
<b>Do I need a referral to see a specialist?</b>	No. You can always go directly to a specialist. However, you will receive out-of-network benefits if the specialist is not in the preferred network.	
<b>Can I use mail-order for prescription drugs I use regularly?</b>	Yes. For Certain Drugs*	In-Network Benefit Only
<b>Do reasonable and customary limits apply? Will I receive balance due bills?</b>	Only if you see a doctor outside the network. If the charge is above reasonable and customary, you will receive a balance due bill. Preferred doctors charge a negotiated fee which is always lower than reasonable and customary.	

\* Must meet criteria for therapeutic classes.



## Medical Insurance

This is not a complete list of covered services. For more details please contact HR Benefits.



	Cigna Open Access Plus PPO	
	In-Network	Out-of-Network
<b>Annual Deductible*</b> Individual / Family	\$1,250 / \$3,750	\$2,000 / \$6,000
<b>Annual Out-of-pocket Maximum*</b> Individual / Family	\$2,500 / \$7,500 (includes deductible, coinsurance and copays)	\$5,000 / \$15,000 (includes deductible, coinsurance and copays)
<b>Coinsurance</b>	20% after deductible	40% after deductible
<b>Office Visit PCP / Specialist</b>	\$25 / \$45	40% after deductible
<b>Preventive Care / Well-women Care Routine Physical Exams / Immunizations (Adult and Child)</b>	No charge	40% after deductible
<b>Lab, X-Ray and Major Diagnostics CT, PET, MRI, and Nuclear Medicine Out Patient</b>	Diagnostic (x-ray, blood work) - No charge Imaging (CT/PET, MRI) - 20% Coinsurance	40% after deductible
<b>Emergency Room</b>	\$200 copay	\$200 copay
<b>Hospital – Inpatient</b>	20% after deductible	\$1,000 per admission; 40% after deductible
<b>Hospital – Outpatient</b>	20% after deductible	40% after deductible
<b>Urgent Care</b>	\$45	40% after deductible
<b>Mental Health Inpatient</b>	20% after deductible	40% after deductible
<b>Mental Health Outpatient</b>	20% after deductible	40% after deductible
<b>Prescription Drugs Retail (30-day supply)**</b>		
<b>Generic</b>	\$10 copay	50% coinsurance (deductible doesn't apply)
<b>Preferred-Brand</b>	\$25 copay	50% coinsurance (deductible doesn't apply)
<b>Brand</b>	\$50 copay	50% coinsurance (deductible doesn't apply)
<b>Mail-Order (90-day supply)**</b>		
<b>Generic</b>	\$20 copay	
<b>Preferred-Brand</b>	\$50 copay	In Network Benefit Only
<b>Brand</b>	\$100 copay	

\* Annual Deductible and Out-of-pocket Maximums reset every January 1st

\*\* If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or Cigna Home Delivery to be covered by the plan

\*\*\* Out of Network Retail prescriptions, members pay 100% up front, then will be reimbursed 50% after



Cigna HSA Open Access Plus		
	In-Network	Out-of-Network
<b>Annual Deductible*</b> Individual / Family	\$2,000 / \$4,000	\$4,000 / \$8,000
<b>Annual Out-of-pocket Maximum*</b> Individual / Family	\$2,000 / \$4,000 (includes deductible, coinsurance and copays)	\$10,000 / \$20,000 (includes deductible, coinsurance and copays)
<b>Coinsurance</b>	0% after deductible	30% after deductible
<b>Office Visit PCP / Specialist</b>	Covered 100% after deductible	30% after deductible
<b>Preventive Care / Well-women Care Routine Physical Exams / Immunizations (Adult and Child)</b>	No charge	30% after deductible
<b>Lab, X-Ray and Major Diagnostics CT, PET, MRI, and Nuclear Medicine Out Patient</b>	Covered 100% after deductible	30% after deductible
<b>Emergency Room</b>	Covered 100% after deductible	30% after deductible
<b>Hospital – Inpatient</b>	Covered 100% after deductible	30% after deductible
<b>Hospital – Outpatient</b>	Covered 100% after deductible	30% after deductible
<b>Urgent Care</b>	Covered 100% after deductible	30% after deductible
<b>Mental Health Inpatient</b>	Covered 100% after deductible	30% after deductible
<b>Mental Health Outpatient</b>	Covered 100% after deductible	30% after deductible
<b>Prescription Drugs Retail (30-day supply)</b>		
<b>Generic</b>	Covered 100% after deductible	30% after deductible
<b>Preferred-Brand</b>	Covered 100% after deductible	30% after deductible
<b>Brand</b>	Covered 100% after deductible	30% after deductible
<b>Mail-Order (90-day supply)**</b>		
<b>Generic</b>	Covered 100% after deductible	
<b>Preferred-Brand</b>	Covered 100% after deductible	In Network Benefit Only
<b>Brand</b>	Covered 100% after deductible	

\* Annual Deductible and Out-of-pocket Maximums reset every January 1st

\*\* If you choose to fill a 90-day prescription, it must be filled at a 90-day network retail pharmacy or Cigna Home Delivery to be covered by the plan



Superior Technical Ceramics

## Health Savings Account (HSA)



If you elect the HSA Open Access Plus plan you will have a higher deductible. However, you have the option of contributing pre-tax dollars from each paycheck towards a Health Savings Account to help offset the deductibles and other qualifying medical expenses. The HSA is administered by Cigna.

Health Savings Accounts are available in conjunction with high deductible plans only, and allow a maximum contribution of \$3,650 for an individual and \$7,300 for family coverage in 2022. When you open an account, you are provided with an HSA debit card for qualified medical expenses. Health Savings Account funds rollover plan year to plan year and do not expire. The HSA account belongs to you. If you leave STC, your HSA funds go with you.



## Health & Wellness Program



At Superior Technical Ceramics (STC), employees are our most valuable assets. When employees are unable to work due to illness, STC loses the benefit of their knowledge and experience. STC's Health & Wellness program provides opportunities for our employees to improve their health and allows employees a chance to establish a relationship with a primary care physician and a dentist to support personal health goals.

Employees who participate in STC's Health & Wellness program will be eligible to receive 50% off the bi-weekly employee premium. Participation in STC's Health & Wellness program is voluntary. It is essential to understand that employees will not be eligible for the discount if they do not participate in the program.

### Eligibility for Wellness Premium Discount

To earn the premium discount, you must voluntarily participate and complete ALL of the following items (in no particular order):

1. Complete an annual physical exam with your primary care physician
2. Complete two annual dental visits
3. Sign the annual tobacco-free certification form OR complete an alternative smoking cessation program

STC works with a third party vendor, ZomoHealth, to administer our Health & Wellness program. ZomoHealth is a national provider of high engagement worksite wellness programs.

You can also complete the online preventive form by visiting [forms@preventioncloud.com](mailto:forms@preventioncloud.com) or learn more at (877) 506 - 5885



## Dental Insurance

Our dental plans encourage early detection of dental problems by paying the most toward diagnostic and preventive services, such as routine check-ups and cleanings. New this year, our dental plan covers 50% of orthodontia care up to \$1,000 for children under the age of 19.



### Cigna PPO Plan

For the best savings, use a CIGNA Group participating dentist or specialist. You can find a dentist by visiting CIGNA Group website, [www.mycigna.com](http://www.mycigna.com). You can also call CIGNA Group 1-866-494-2111. Just show your dental plan card when you visit the dentist. If you choose a dentist who does not participate in our dental plan, your out-of-pocket expenses may be more, since you will be responsible for paying any difference between the dentist’s fee and the plan’s payment for the approved service

Plan Details	PPO Plan	
	When you use a PPO dentist, you pay	When you do not use a network dentist, you pay
Annual Deductible (Single / Family)	\$0 / \$0	
Calendar Year Maximum	\$1,000	
Reimbursement Levels	Based on negotiated fees	90 <sup>th</sup> Percentile of Submitted Charges
Class I Preventive & Diagnostic (Oral Exams, Cleanings, Sealants, Routine X-rays)	No charge	
Class II Basic Restorative Care (Filings, Oral Surgery, Root Canal, Periodontics)	80%	80%
Class III Major Restorative Care (Crowns, Inlays/Onlays, Bridges, Dentures)	50%	50%
Class IV Orthodontia	50%	50%





## Vision Insurance

Participation in the voluntary Vision Service Plan (VSP) is also available to all eligible employees. The most liberal benefits are paid when you use a doctor in the VSP network. The plan helps you pay for a wide range of vision-related services and products as shown below.



Benefit	Frequency (based on your last date of service)	Copay	VSP Doctor	Out-of-Network Provider
Exam	12 months	\$20	Covered in full	Reimbursed up to \$50
Lenses	12 months	\$20 (lenses & frames)	Single vision, bifocal and trifocal lenses are covered in full	Reimbursed up to \$50 / single vision Reimbursed up to \$75 / bifocal Reimbursed up to \$100 / trifocal
Frames	24 months	None	Covered up to \$130 (\$150 for featured brand); 20% savings on amount over allowance	Reimbursed up to \$70
Contact Lenses (in lieu of Lenses & Frames)	12 months	None	Covered up to \$130	Reimbursed up to \$105
Laser Vision Correction			15% off regular price or 5% off promotional price	Not covered

### Additional Plan Features

#### Glasses and Sunglasses:

- Extra \$20 to spend on featured frame brands. Go to [vsp.com/special-offers](http://vsp.com/special-offers) for details.
- 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your Well Vision Exam. Or get 20% from any VSP provider within 12 months of your last Well Vision Exam.



## Short Term Disability Plan

### STD Benefit Highlights



This policy will pay you a monthly benefit if you are unable to work due to a disabling accident or sickness. There is a waiting period from when you become ill, and when your benefits will begin. This coverage is offered at no cost to you and provided by STC.

STD Coverage Type	STD Benefits
<p><b>Short-Term Disability (STD)</b></p>	<ul style="list-style-type: none"> <li>Covers accidents and sicknesses for up to 26 weeks.</li> <li>Weekly benefits are 66.67% of your weekly earnings.</li> <li>Benefits waiting periods are 0 days for accidents and 7 days for illness.</li> <li>Pre-existing conditions may not be covered by this plan.</li> </ul>

*\*If disability benefits are payable to you under this policy, you may be eligible for benefits from other income benefits. If so, we may reduce the disability benefits by the amount of such other income benefits. Please refer to your employee certificate for a complete list of what payments qualify as other income benefits.*

*\*\*Earnings include your basic weekly earnings in effect prior to your period of disability. It does not include amounts received as bonus, commissions, overtime pay or other extra compensation.*



## Life Insurance

Your family depends on your income for a comfortable lifestyle and for the resources necessary to make their dreams - such as a college education - a reality. Like anyone, you don't like to think of the scenario where you're no longer there for your family. However, you do need to ensure their lives and dreams can continue if the worst should occur.



### Basic Life Insurance

Superior Technical Ceramics Life Insurance plan pays benefits if you die or are seriously injured. The Basic Life Insurance is automatically provided by Superior Technical Ceramics. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

<b>Basic Life</b>	2x your salary (rounded to the next higher \$1,000) up to \$250,000
<b>Benefit Reduction</b>	Providing you are still employed, benefits are reduced to 50% at age 70, to 30% at age 75 and 20% at age 80
<b>Basic Accidental Death and Dismemberment</b>	In the event of an accidental dismemberment, a benefit is provided up to a scheduled amount corresponding to the loss. Please see your booklet for further details.



## Employees' Savings Plans

### PLAN ELIGIBILITY -

Employees are eligible for all portions of the Plan (401(k), Employer Matching and Employer Profit Sharing) following completion of six (6) months and 500 hours of service with Superior Technical Ceramics Corporation. You “enter” the Plan as of the first day of the quarter following completion of those requirements and are then eligible to being making 401(k) contributions and receiving the Employer contributions described below.

### PLAN CONTRIBUTIONS -

Employer contributions will be broken down into 3 tiers as follows:

#### TIER 1: 3% SAFE HARBOR NONELECTIVE - BASE LEVEL EMPLOYER CONTRIBUTION:

All eligible employees will receive 3% of their compensation deposited to the 401(k) plan from the employer as a nonelective contribution (meaning you don't have to put any of your own money into the plan to receive it). This contribution is 100% vested upon deposit.

#### TIER 2: DISCRETIONARY MATCH OF 25% UP TO THE FIRST 6% OF COMPENSATION:

All eligible employees who are contributing to the 401(k) plan will also be eligible to receive a match as follows: 25% up to the first 6% of compensation (employee must contribute 6% to get the full 1.5% match from STC). See the grid below for a breakdown. This contribution is subject to a vesting schedule that is listed under the tier 2 column below.

#### TIER 3: PROFIT SHARING:

Profit sharing is discretionary and will be determined on a year-by-year basis depending on how well the company performed. The percentage of contribution would be determined as well on a year-by-year basis and may vary depending on the level of profit, if any. Participants need to be employed on 12/31 and work 1,000+ hours during the plan year to share in this contribution, unless they terminate due to death, disability, or attainment of Early or Normal Retirement Age. If offered, it would be in addition to the totals listed below.



## 401(k) Employer Contribution Formulas

The discretionary employer matching formula is 25% of the first 6% of compensation.

Formula breakdown is as follows:

If you contribute this 401(k) % from your paycheck:	You receive this amount as a match from STC (Tier 2):	For a contribution to the 401(k) of:	Plus, the 3% non-elective contribution (Tier 1):	For a total contribution to the 401(k) of:
0%	0%	0%	3.00%	3.00%
1.00%	0.25%	1.25%	3.00%	4.25%
2.00%	0.50%	2.50%	3.00%	5.50%
3.00%	0.75%	3.75%	3.00%	6.75%
4.00%	1.00%	5.00%	3.00%	8.00%
5.00%	1.25%	6.25%	3.00%	9.25%
6.00%	1.50%	7.50%	3.00%	10.50%
<b>This column vested 100% immediately</b>	<b>Any money contributed to this column has a 6-year vesting schedule</b>		<b>This column is invested 100% immediately</b>	
	Years of Service:			
	Less than 2 years = 0% Vesting			
	2 = 20% Vesting			
	3 = 40% Vesting			
	4 = 60% Vesting			
	5 = 80% Vesting			
	6 = 100% Vesting			

- Employee 401(k) can exceed 6%.
- Max employee 401(k) contribution limits are subject to IRS guidelines: 2022: \$20,500/Age 50 Catch Up: \$6,500