

**Luxfer Companies**  
**Summary of Benefits**  
**Basic Life and AD&D Insurance**  
**Supplemental Life and AD&D Insurance**



<b>Effective Date</b>	January 1, 2024
<b>Eligibility</b>	All other full-time non-union employees working a minimum of 30 hours per week.
<b>Non-Contributory Basic Employee Life and AD&amp;D Benefit</b>	1 X Annual Earnings Rounded to the Next higher \$1,000 plus \$15,000
<b>Voluntary Basic Dependent Life Benefit</b>	Guarantee Issue Limit: \$300,000 Spouse Basic Life Insurance \$2,000 and Child(ren) Basic Life Insurance \$2,000.
<b>Employee Supplemental Life and AD&amp;D Benefit</b>	Increments of \$10,000, to a maximum of \$500,000, not to exceed 7 times Annual Earnings. Guarantee Issue Limit: \$300,000, not to exceed 3 times Annual Earnings
<b>Spouse Supplemental Life and AD&amp;D</b>	If you elect Supplemental Life and AD&D Insurance for yourself, you may choose to purchase Spouse Supplemental Life and AD&D Insurance: Increments of \$5,000, to a maximum of \$250,000 not to exceed 50.0% of Employee amount. Guarantee Issue Limit: \$30,000 You may not elect coverage for your Spouse if they are already covered as an Employee under this policy.
<b>Child(ren) Supplemental Life and AD&amp;D</b>	If you elect Supplemental Life and AD&D Insurance for yourself, you may choose to purchase Child(ren)* Supplemental Life and AD&D Insurance: Increments of \$2,500, to a maximum of \$10,000 not to exceed 50.0% of Employee amount for each child. Guarantee Issue Limit: \$10,000
	<b>Please see the certificate of coverage for the complete Benefit Schedule.</b>
<b>Additional Benefits</b>	
<b>Waiver of Premium</b>	If you become totally disabled your life insurance premium may be waived. See the certificate of coverage for details
<b>Accelerated Death Benefit</b>	If you are diagnosed as terminally ill you may receive payment of a portion of your Life Insurance. The remaining amount of your Life Insurance would be paid to your beneficiary when you die.
<b>Conversion</b>	Included. Please see the certificate of coverage for provision details.
<b>Benefit Reductions</b>	<b>Initial benefit age reduction is the percent of the face amount, any subsequent benefit age reductions are the percent of the original amounts.</b>
<b>Basic EE Life and AD&amp;D</b>	67% at age 65, 55% at age 70  Coverage terminates at employee's retirement
<b>Supplemental EE Life and AD&amp;D</b>	67% at age 65, 55% at age 70  Coverage terminates at employee's retirement
<b>Spouse Supplemental Life and AD&amp;D</b>	67% at age 65, 55% at age 70  Coverage terminates at employee's retirement
<b>Evidence of Insurability Requirements</b>	True Open Enrollment for January 1, 2024: A one-time exception has been made to allow an Actively at Work employee, including an employee not currently enrolled for Supplemental Life coverage, to elect an amount of Supplemental Life coverage without providing proof of good health as follows:  For employees insured under the Supplemental Life plan on December 31, 2023:  - Employees insured under the Supplemental Life plan are eligible to increase their Supplemental Life coverage without providing proof of good health, not to exceed the Guaranteed Issue limit. All requests must be received by January 31, 2024  For employees who are not insured under the Supplemental Life plan on December 31, 2023:  - Employees not insured under the Supplemental Life plan are eligible to enroll for coverage without providing proof of good health not to exceed the Guaranteed Issue limit. All requests must be received by January 31, 2024  Note: These amounts are prior to any age reduction being taken.
	Spouse: In addition to the one-time exception allowing an employee to increase his/her Supplemental Life coverage, the employee may also elect to increase the Supplemental Spouse Life coverage, not to exceed the Spouse Life Guarantee Issue limit without providing proof of good health.
	Child(ren) - You may elect up to the Guarantee Issue limit.
	Late Entrant (did not enroll within 31 days of eligibility): For Employee and Spouse coverage, evidence of good health/insurability is required for any requested amount.

## Important Details

This Summary of Benefits sheet is an overview of the Life Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your insurance coverage. In the event of any difference between the Summary of Benefits sheet and the insurance policy, the terms of the insurance policy apply.

Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

*You must be Actively at Work with your employer on the day your coverage takes effect.*

*This coverage, like most group benefit insurance, requires that a certain percentage of eligible employees participate. If that group participation minimum is not met, the insurance coverage that you have elected may not be in effect.*

*Annual Earnings are defined in UnitedHealthcare's contract with your employer.*

*Supplemental Life Insurance can be purchased without Supplemental AD&D Insurance, however you cannot purchase Supplemental AD&D Insurance without Supplemental Life Insurance. If you do elect Supplemental AD&D Insurance, the amount elected must not exceed the amount of Supplemental Life elected and approved.*

*This applies to you, your Spouse and your Dependent Child(ren).*

**Eligible Child(ren) are covered To age 26.**

### **Benefit Reduction Examples:**

- 65% at age 65, 50% at age 70: Coverage reduces to 65% of the face amount at age 65; to 50% of the original amount at age 70.

- 65% at age 65, 45% at age 70, 25% at age 75: Coverage reduces to 65% of the face amount at age 65; to 45% of the original amount at age 70; to 25% of the original amount at age 75.

### **Exclusions:**

AD&D Insurance does not cover losses caused by or contributed by:

Disease, bodily or mental infirmity, suicide or intentionally self-inflicted injury, commission of an assault or felony, war, use of any drug unless prescribed by physician, driving while intoxicated, engaging in any hazardous activities, or travel in a private aircraft.\*

Other exclusions may apply depending upon your coverage. Once a group policy is issued to your employer, a certificate of coverage will be available to explain your benefits in detail.

As is standard with most term life Insurance, this Insurance coverage includes certain limitations and exclusions:

Death by suicide\*.

\* Some state variations may apply

**Value-Added Services (All features may not apply. Some states may have restrictions.)**

**Beneficiary Services: Provides beneficiaries with services for grief consultation, financial/legal assistance and referral to community resources. For more information, call 866-302-4480.**

· Toll-free line available 24/7 as well as referrals for face-to-face counseling. Specialists provide in-depth consultation, information and referral to community resources such as grief support groups. Includes access to a national network of credentialed clinicians for grief and loss counseling. Beneficiaries receive two complimentary sessions.\*\*

· Financial and Legal Services. Telephonic access to financial consultants for assistance with financial decision-making. Includes access to a network of 22,000 attorneys for either a 30-minute telephonic or an in-person consultation. Clients may retain the same attorney for representation at a discounted rate. CLC, Inc. provides access to legal services.

· Communication Support. We provide a "Beneficiary Kit" with informational resources to help beneficiaries with the emotional and financial process that follows the loss of a loved one.

**Wealth Management Account: An enhanced benefit payment process. Life claim proceeds in excess of \$5,000 will automatically be deposited into an OptumBank Wealth Management Account (WMA). Beneficiaries receive an FDIC-insured, beneficiary-owned, interest earning account with convenient access to their claim proceeds via debit card or checkbook.\*\*\***

\*\*Beneficiary Services offered through United Behavioral Health, a company of UnitedHealth Group.

\*\*\*Eligibility for automatic deposit into an OptumHealth Bank Wealth Management Account is subject to qualifying conditions evaluated by OptumHealth Bank and UnitedHealthcare Specialty Benefits at the time of claim review to include limited availability in certain states. For more information please contact your Specialty Benefits representative. OptumHealth Bank, Member FDIC, is part of the financial services unit of OptumHealth, a health and wellness company serving more than 60 million people. OptumHealth is a UnitedHealth Group (NYSE:UNH) company.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company, and certain products in California by Unimerica Life Insurance Company. Texas Coverage is provided on Form LASD-POL-TX (05/03), Form UHCLD-POL 2/2008-TX, or UICLD-POL-TX 4/5.

UnitedHealthcare Insurance Company is located in Hartford, CT; Unimerica Insurance Company and Unimerica Life Insurance Company in Milwaukee, WI.

**Luxfer Companies**  
**Life and AD&D Cost Summary (Current Monthly Rates)**



<b>Eligibility</b>	All other full-time non-union employees working a minimum of 30 hours per week.	
<b>Rate Basis</b>	Rates per \$1,000 of benefit unless otherwise noted.	
<b>Basic Life</b>	100% Company Paid	
<b>Basic AD&amp;D</b>	100% Company Paid	
<b>Basic Dependent Life</b>	100% Company Paid	
<b>Supplemental Life Employee and Spouse</b> <i>Spouse rate is based on Employee age</i>	Monthly Age banded Rates	
<b>Age Range</b>	<b>Unitobacco Rate</b>	
less than 25	\$0.084	
25-29	\$0.084	
30-34	\$0.126	
35-39	\$0.137	
40-44	\$0.147	
45-49	\$0.221	
50-54	\$0.326	
55-59	\$0.598	
60-64	\$0.798	
65-69	\$1.355	
70-74	\$2.060	
75+	\$2.060	
<b>Supplemental Life - Child(ren)</b>	\$0.065	
<b>Supplemental AD&amp;D - Employee</b>	\$0.030	
<b>Supplemental AD&amp;D - Spouse</b>	\$0.030	
<b>Supplemental AD&amp;D - Child</b>	\$0.030	

**Premium Calculations:**

Monthly Cost: Benefit amount times rate, divided by 1,000  
Semi-monthly Cost: Monthly Cost divided by 2  
Bi-Weekly Cost: Monthly Cost times .4615 (12 divided by 26)  
Weekly Cost: Monthly Cost times .2308 (12 divided by 52)

**Luxfer Companies**  
**Premium Calculation Sheet**  
 Rates Effective January 1, 2024



**Employee Supplemental Life - Current Bi-Weekly Cost by Age Band**

Current Monthly Rates per \$1,000:

	0.084	0.084	0.126	0.137	0.147	0.221	0.326	0.598	0.798	1.355	2.060	2.060
Coverage	Age<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$10,000	0.39	0.39	0.58	0.63	0.68	1.02	1.50	2.76	3.68	6.25	9.51	9.51
\$20,000	0.78	0.78	1.16	1.26	1.36	2.04	3.01	5.52	7.37	12.51	19.02	19.02
\$30,000	1.16	1.16	1.74	1.90	2.04	3.06	4.51	8.28	11.05	18.76	28.52	28.52
\$40,000	1.55	1.55	2.33	2.53	2.71	4.08	6.02	11.04	14.73	25.02	38.03	38.03
\$50,000	1.94	1.94	2.91	3.16	3.39	5.10	7.52	13.80	18.42	31.27	47.54	47.54
\$60,000	2.33	2.33	3.49	3.79	4.07	6.12	9.03	16.56	22.10	37.52	57.05	57.05
\$70,000	2.71	2.71	4.07	4.43	4.75	7.14	10.53	19.32	25.78	43.78	66.55	66.55
\$80,000	3.10	3.10	4.65	5.06	5.43	8.16	12.04	22.08	29.46	50.03	76.06	76.06
\$90,000	3.49	3.49	5.23	5.69	6.11	9.18	13.54	24.84	33.15	56.28	85.57	85.57
\$100,000	3.88	3.88	5.82	6.32	6.78	10.20	15.05	27.60	36.83	62.54	95.08	95.08
\$110,000	4.26	4.26	6.40	6.96	7.46	11.22	16.55	30.36	40.51	68.79	104.58	104.58
\$120,000	4.65	4.65	6.98	7.59	8.14	12.24	18.06	33.12	44.20	75.05	114.09	114.09
\$130,000	5.04	5.04	7.56	8.22	8.82	13.26	19.56	35.88	47.88	81.30	123.60	123.60
\$140,000	5.43	5.43	8.14	8.85	9.50	14.28	21.06	38.64	51.56	87.55	133.11	133.11
\$150,000	5.82	5.82	8.72	9.48	10.18	15.30	22.57	41.40	55.25	93.81	142.62	142.62
\$160,000	6.20	6.20	9.30	10.12	10.86	16.32	24.07	44.16	58.93	100.06	152.12	152.12
\$170,000	6.59	6.59	9.89	10.75	11.53	17.34	25.58	46.92	62.61	106.32	161.63	161.63
\$180,000	6.98	6.98	10.47	11.38	12.21	18.36	27.08	49.68	66.30	112.57	171.14	171.14
\$190,000	7.37	7.37	11.05	12.01	12.89	19.38	28.59	52.44	69.98	118.82	180.65	180.65
\$200,000	7.75	7.75	11.63	12.65	13.57	20.40	30.09	55.20	73.66	125.08	190.15	190.15
\$210,000	8.14	8.14	12.21	13.28	14.25	21.42	31.60	57.96	77.34	131.33	199.66	199.66
\$220,000	8.53	8.53	12.79	13.91	14.93	22.44	33.10	60.72	81.03	137.58	209.17	209.17
\$230,000	8.92	8.92	13.38	14.54	15.60	23.46	34.61	63.48	84.71	143.84	218.68	218.68
\$240,000	9.30	9.30	13.96	15.18	16.28	24.48	36.11	66.24	88.39	150.09	228.18	228.18
\$250,000	9.69	9.69	14.54	15.81	16.96	25.50	37.62	69.00	92.08	156.35	237.69	237.69
\$260,000	10.08	10.08	15.12	16.44	17.64	26.52	39.12	71.76	95.76	162.60	247.20	247.20
\$270,000	10.47	10.47	15.70	17.07	18.32	27.54	40.62	74.52	99.44	168.85	256.71	256.71
\$280,000	10.86	10.86	16.28	17.70	19.00	28.56	42.13	77.28	103.13	175.11	266.22	266.22
\$290,000	11.24	11.24	16.86	18.34	19.68	29.58	43.63	80.04	106.81	181.36	275.72	275.72
\$300,000	11.63	11.63	17.45	18.97	20.35	30.60	45.14	82.80	110.49	187.62	285.23	285.23

To calculate the cost of coverage for an amount not shown in the table above, use the formula below:

$$\frac{\text{Benefit Amount}}{\text{Rate}} \times \text{Rate} = \text{Subtotal} \div 1,000 = \text{Monthly Cost} \times 12 \div 26 = \text{Bi-Weekly Cost}$$

(See top row above)

Rates shown are current as of the effective date and are subject to change over time.

Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here.

Any applicable age-related benefit reductions are **not** included.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company, and certain products in California by Unimerica Life Insurance Company. Texas Coverage is provided on Form LASD-POL-TX (05/03), Form UHCLD-POL 2/2008-TX, or UICLD-POL-TX 4/5.

**Luxfer Companies**  
**Premium Calculation Sheet**  
 Rates Effective January 1, 2024



**Spouse Supplemental Life - Current Bi-Weekly Cost by Age Band**

Current Monthly Rates per \$1,000:

	0.084	0.084	0.126	0.137	0.147	0.221	0.326	0.598	0.798	1.355	2.060	2.060
Coverage	Age<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75+
\$5,000	0.19	0.19	0.29	0.32	0.34	0.51	0.75	1.38	1.84	3.13	4.75	4.75
\$10,000	0.39	0.39	0.58	0.63	0.68	1.02	1.50	2.76	3.68	6.25	9.51	9.51
\$15,000	0.58	0.58	0.87	0.95	1.02	1.53	2.26	4.14	5.52	9.38	14.26	14.26
\$20,000	0.78	0.78	1.16	1.26	1.36	2.04	3.01	5.52	7.37	12.51	19.02	19.02
\$25,000	0.97	0.97	1.45	1.58	1.70	2.55	3.76	6.90	9.21	15.63	23.77	23.77
\$30,000	1.16	1.16	1.74	1.90	2.04	3.06	4.51	8.28	11.05	18.76	28.52	28.52
\$35,000	1.36	1.36	2.04	2.21	2.37	3.57	5.27	9.66	12.89	21.89	33.28	33.28
\$40,000	1.55	1.55	2.33	2.53	2.71	4.08	6.02	11.04	14.73	25.02	38.03	38.03
\$45,000	1.74	1.74	2.62	2.85	3.05	4.59	6.77	12.42	16.57	28.14	42.78	42.78
\$50,000	1.94	1.94	2.91	3.16	3.39	5.10	7.52	13.80	18.42	31.27	47.54	47.54
\$55,000	2.13	2.13	3.20	3.48	3.73	5.61	8.28	15.18	20.26	34.40	52.29	52.29
\$60,000	2.33	2.33	3.49	3.79	4.07	6.12	9.03	16.56	22.10	37.52	57.05	57.05
\$65,000	2.52	2.52	3.78	4.11	4.41	6.63	9.78	17.94	23.94	40.65	61.80	61.80
\$70,000	2.71	2.71	4.07	4.43	4.75	7.14	10.53	19.32	25.78	43.78	66.55	66.55
\$75,000	2.91	2.91	4.36	4.74	5.09	7.65	11.28	20.70	27.62	46.90	71.31	71.31
\$80,000	3.10	3.10	4.65	5.06	5.43	8.16	12.04	22.08	29.46	50.03	76.06	76.06
\$85,000	3.30	3.30	4.94	5.37	5.77	8.67	12.79	23.46	31.31	53.16	80.82	80.82
\$90,000	3.49	3.49	5.23	5.69	6.11	9.18	13.54	24.84	33.15	56.28	85.57	85.57
\$95,000	3.68	3.68	5.52	6.01	6.45	9.69	14.29	26.22	34.99	59.41	90.32	90.32
\$100,000	3.88	3.88	5.82	6.32	6.78	10.20	15.05	27.60	36.83	62.54	95.08	95.08
\$105,000	4.07	4.07	6.11	6.64	7.12	10.71	15.80	28.98	38.67	65.67	99.83	99.83
\$110,000	4.26	4.26	6.40	6.96	7.46	11.22	16.55	30.36	40.51	68.79	104.58	104.58
\$115,000	4.46	4.46	6.69	7.27	7.80	11.73	17.30	31.74	42.36	71.92	109.34	109.34
\$120,000	4.65	4.65	6.98	7.59	8.14	12.24	18.06	33.12	44.20	75.05	114.09	114.09
\$125,000	4.85	4.85	7.27	7.90	8.48	12.75	18.81	34.50	46.04	78.17	118.85	118.85
\$130,000	5.04	5.04	7.56	8.22	8.82	13.26	19.56	35.88	47.88	81.30	123.60	123.60
\$135,000	5.23	5.23	7.85	8.54	9.16	13.77	20.31	37.26	49.72	84.43	128.35	128.35
\$140,000	5.43	5.43	8.14	8.85	9.50	14.28	21.06	38.64	51.56	87.55	133.11	133.11
\$145,000	5.62	5.62	8.43	9.17	9.84	14.79	21.82	40.02	53.40	90.68	137.86	137.86
\$150,000	5.82	5.82	8.72	9.48	10.18	15.30	22.57	41.40	55.25	93.81	142.62	142.62

\*Spouse rate is based on Employee's age.

To calculate the cost of coverage for an amount not shown in the table above, use the formula below:

$$\frac{\text{Benefit Amount}}{\text{Rate}} \times \text{Rate} = \text{Subtotal} \div 1,000 = \text{Monthly Cost} \times 12 \div 26 = \text{Bi-Weekly Cost}$$

(See top row above)

**Dependent Child(ren) Supplemental Life - Current Bi-Weekly Cost:**

Monthly Rate per \$1,000	\$2,500	\$5,000	\$7,500	\$10,000
\$0.065	0.075	0.150	0.225	0.300

Rates shown are current as of the effective date and are subject to change over time.

Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here.

Any applicable age-related benefit reductions are **not** included.

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company, and certain products in California by Unimerica Life Insurance Company. Texas Coverage is provided on Form LASD-POL-TX (05/03), Form UHCLD-POL 2/2008-TX, or UICLD-POL-TX 4/5.

**Luxfer Companies**  
**Premium Calculation Sheet**  
 Rates Effective January 1, 2024



**Employee Supplemental AD&D - Current Bi-Weekly Cost:**

Current Monthly Rates per \$1,000: 0.030

Coverage	Cost	Coverage	Cost	Coverage	Cost
\$10,000	0.14	\$20,000	0.28	\$30,000	0.42
\$40,000	0.55	\$50,000	0.69	\$60,000	0.83
\$70,000	0.97	\$80,000	1.11	\$90,000	1.25
\$100,000	1.38	\$110,000	1.52	\$120,000	1.66
\$130,000	1.80	\$140,000	1.94	\$150,000	2.08
\$160,000	2.22	\$170,000	2.35	\$180,000	2.49
\$190,000	2.63	\$200,000	2.77	\$210,000	2.91
\$220,000	3.05	\$230,000	3.18	\$240,000	3.32
\$250,000	3.46	\$260,000	3.60	\$270,000	3.74
\$280,000	3.88	\$290,000	4.02	\$300,000	4.15

To calculate the cost of coverage for an amount not shown in the table above, use the formula below:

$$\frac{\text{Benefit Amount}}{1,000} \times 0.030 = \text{Subtotal} \div 1,000 = \text{Monthly Cost} \times 12 \div 26 = \text{Bi-Weekly Cost}$$

**Spouse Supplemental AD&D - Current Bi-Weekly Cost:**

Current Monthly Rates per \$1,000: 0.030

Coverage	Cost	Coverage	Cost	Coverage	Cost
\$5,000	0.07	\$10,000	0.14	\$15,000	0.21
\$20,000	0.28	\$25,000	0.35	\$30,000	0.42
\$35,000	0.48	\$40,000	0.55	\$45,000	0.62
\$50,000	0.69	\$55,000	0.76	\$60,000	0.83
\$65,000	0.90	\$70,000	0.97	\$75,000	1.04
\$80,000	1.11	\$85,000	1.18	\$90,000	1.25
\$95,000	1.32	\$100,000	1.38	\$105,000	1.45
\$110,000	1.52	\$115,000	1.59	\$120,000	1.66
\$125,000	1.73	\$130,000	1.80	\$135,000	1.87
\$140,000	1.94	\$145,000	2.01	\$150,000	2.08

To calculate the cost of coverage for an amount not shown in the table above, use the formula below:

$$\frac{\text{Benefit Amount}}{1,000} \times 0.030 = \text{Subtotal} \div 1,000 = \text{Monthly Cost} \times 12 \div 26 = \text{Bi-Weekly Cost}$$

**Dependent Child(ren) Supplemental AD&D - Current Bi-Weekly Cost:**

Monthly Rate per \$1,000	\$2,500	\$5,000	\$7,500	\$10,000
\$0.030	0.035	0.069	0.104	0.138

Supplemental Life Insurance can be purchased without Supplemental AD&D Insurance, however you cannot purchase Supplemental AD&D Insurance without Supplemental Life Insurance. If you do elect Supplemental AD&D Insurance, the amount elected must not exceed the amount of Supplemental Life elected and approved.

This applies to you, your Spouse and your Dependent Child(ren).

Rates shown are current as of the effective date and are subject to change over time.

Costs shown are estimates only. Your actual payroll deduction may be slightly higher or lower from those provided here.

**Any applicable age-related benefit reductions are not included.**

UnitedHealthcare Life and Disability products are provided by UnitedHealthcare Insurance Company, and certain products in California by Unimerica Life Insurance Company. Texas Coverage is provided on Form LASD-POL-TX (05/03), Form UHCLD-POL 2/2008-TX, or UICLD-POL-TX 4/5.