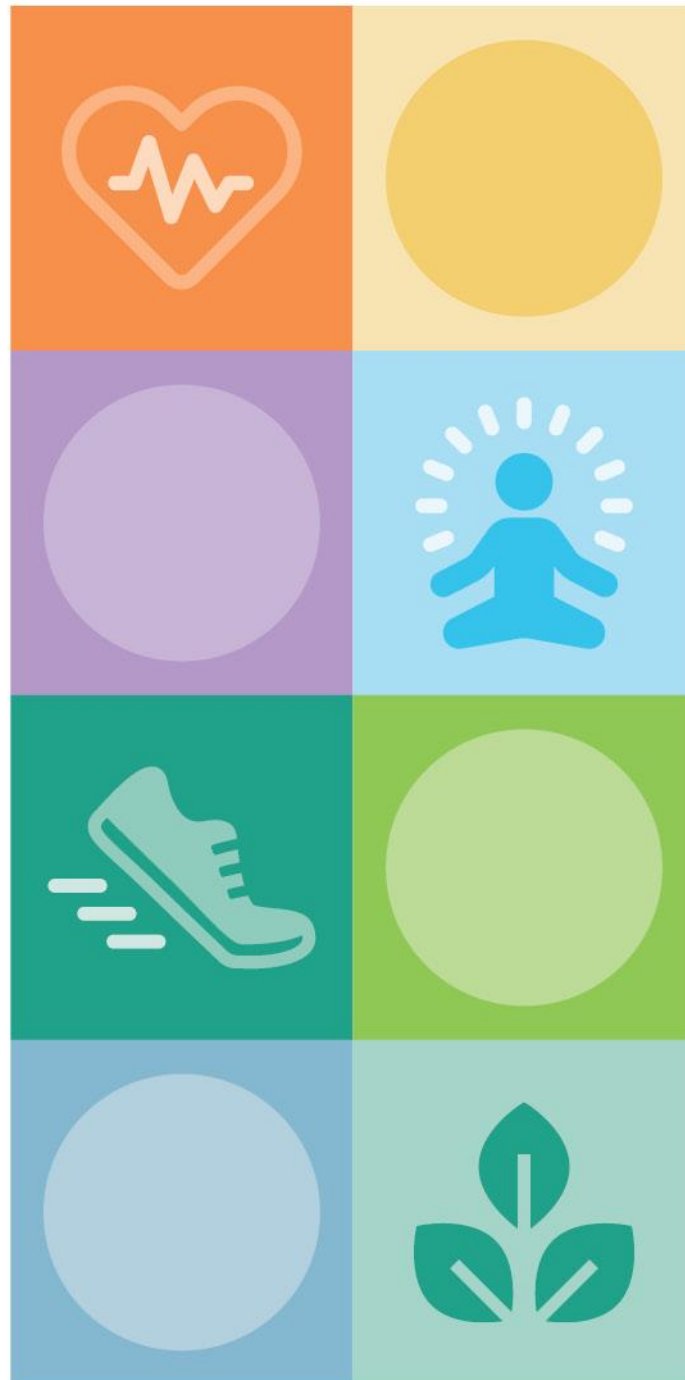


2025

Benefit Guide

California Locations



January 01, 2025 – December 31, 2025

Your Health • Your Family • Your Life

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your healthcare benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your domestic partner and/or their children. A declaration of domestic partner form must be completed, submitted to and approved by HR prior to any applicable enrollment deadline. Contact HR for more details.
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process at workforcenow.ADP.com within **20** days of your date of hire. If you enroll on time, coverage is effective on the following dates:
 - ▶ Medical, Dental, Vision, HSA, FSA, Life, Critical Illness, Hospital Indemnity, and Accident Coverage: **1st of the month coincident with date of hire or following date of hire.**
 - ▶ Long Term Disability: **61st day of employment**
- ▶ If you fail to enroll on time, you will **NOT** have benefits coverage (except for Employer-paid benefits) until you enroll during our next annual Open Enrollment period, or within 30 days of a qualifying event.
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective the following January 1st.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, domestic partner or child
- ▶ You lose coverage under your spouse's/domestic partner's plan
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Human Resources within 30 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections. Your change must be consistent with the qualifying event.

Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the Employer to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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Enrollment

Go to workforcenow.ADP.com

There you will find detailed information about the plans available to you and instructions for enrolling.

For life insurance you will need to elect a beneficiary by completing it in the ADP enrollment portal. If no beneficiary is designated, then state intestacy rules apply

Where can I find more information about benefits?

- Visit Luxfer's Document Website for access to the full benefit summaries, how to find a provider, value-adds, health savings account FAQ's and more. <https://health.horanassoc.com/clients/luxferca>
- If you have questions or need help, please contact the HUB Employee Advocacy Team:
- 1-844-694-6726 or HRT.HA.EEAdvocacy@huinternational.com

Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

You and your spouse/domestic partner get access to the UHC Rewards Wellness program where you can earn up to \$300 a year. There are a variety of actions you can do to earn rewards like, tracking steps, sleep, taking a health survey or completing a biometric screening. You have the choice to get the rewards on a VISA reloadable debit card or deposited into your Optum HSA if enrolled. If you select the deposits in the HSA, then those contributions go toward the IRS maximum annual limit. Access UHC Rewards on the app or myuhc.com, see flyer for more info.

All plans include UHC's Vital Medication program that offers preferred insulins and certain other medications at no additional cost.

All plans also offer Quit for Life that can help you quit tobacco (smoking, chewing or vape). This program has a personalized quit plan, Nicotine Replacement Therapy, 24/7 access to coaches via phone, chat or text, plus coach-led group video sessions, tools for support and more! Upon program completion contact HR to have the surcharge removed and year to date surcharges refunded.

HMO

With this plan, you select a primary care physician (PCP) from the participating network of providers who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment. Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

PPO

This plan allows you to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

- ▶ Pays the full cost of qualified in-network preventive health care.
- ▶ Other than services listed with a copay, you pay the full cost of non-preventive health care services until you meet the annual deductible.
- ▶ Once you meet the deductible, you pay a percentage of certain health care expenses (coinsurance) and the plan pays the rest.
- ▶ Once your deductible, copays and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.

PPO HDHP with or without HSA

The High-Deductible Health Plan (HDHP) works similarly to a traditional PPO:

- ▶ You may see any health care provider and still receive coverage but will maximize your benefits and lower your out-of-pocket costs if you see an in-network provider.
- ▶ Pays the full cost of qualified in-network preventive health care.
- ▶ You pay the full cost of non-preventive health care services until you meet the annual deductible.
- ▶ Once you meet the deductible, you pay a percentage of your health care expenses (coinsurance) and the plan pays the rest.
- ▶ Once your deductible and coinsurance add up to the out-of-pocket maximum, the plan pays the full cost of all qualified health care services for the rest of the year.
- ▶ This plan has some chronic conditions prescriptions not subject to the deductible



Health Savings Account

The HDHP comes with a type of savings account called a health savings account (HSA). The HSA lets you set aside before tax dollars to help offset your annual deductible and pay for qualified health care expenses.

- ▶ In ADP you have 2 options for the PPO HDHP
 1. **UHC HDHP with HSA, "I Agree"** = To authorize Luxfer to open the HSA with Optum Bank
 2. **"I Disagree" = You do NOT authorize Luxfer to open the account.** This Means:
 - ▶ You **will not** receive the HSA Employer Contributions
 - ▶ You must elect the HDHP with NO HSA in ADP

Here's how the HSA works:

- ▶ If you enroll in the HDHP with HSA and elect Luxfer as your agent, Luxfer will open an account on your behalf.
- ▶ If the HSA is elected, you can contribute before tax funds to the HSA through automatic payroll deductions.
- ▶ In addition, we will contribute to your HSA half in January and half in July. The Employer contribution amounts can be found on the medical overview grid.
- ▶ Your contributions, in addition to the Employer's contributions, UHC Rewards (if you select to have them deposited in your HSA) may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2025
Employee Only	\$4,300
Family (employee + 1 or more)	\$8,550
Catch-up (age 55+)	\$1,000

- ▶ You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your Employer.

Important Notes:

- ▶ You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, visit www.irs.gov/forms-pubs/about-publication-969.
- ▶ For a complete list of qualified health care expenses, visit www.irs.gov/forms-pubs/about-publication-502.
- ▶ Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

Medical (Continued)

The benefits in the chart are in-network. Non-network benefits are not listed. Please refer to SBC and Certificate of Coverage for benefit details. The non-network out of pocket maximum is not a true out of pocket and providers can balance bill the difference between the retail cost and what the plan reimburses. Seeking care from an in-network provider ensures the lowest cost with no balance billing.

Key Medical Benefits In-Network Benefits	HMO ² In-Network Only	PPO	PPO HDHP
Deductible¹ (per calendar year)			
Individual / Family	\$500 / \$1,000	\$1,500 / \$3,000	\$3,300 / \$6,600
Coinsurance	20%	20%	20%
Out-of-Pocket Maximum (per calendar year)			
Individual / Family	\$3,000 / \$6,000	\$4,500 / \$9,000	\$5,000 / \$10,000
Employer Contribution to Your Health Savings Account (HSA) (per calendar year; prorated for new hires/newly eligible)			
Individual / Family	N/A	N/A	\$1,000 (Employee only) \$2,000 (Employee + Spouse, Employee + Child(ren), or Family).
Covered Services			
Office Visits (physician/specialist)	\$30 / \$60	\$25 / \$50	Deductible then 20%
Routine Preventive Care	Covered in full	Covered in full	Covered in full
Outpatient Diagnostic (lab/X-ray)	Lab: \$25 copay Imaging: \$150 copay	Deductible then 20%	Deductible then 20%
Emergency Room	\$250 copay	Deductible then 20%	Deductible then 20%
Urgent Care Facility	\$50 copay	\$50 copay	Deductible then 20%
Inpatient Hospital Stay	Deductible then 20%	Deductible then 20%	Deductible then 20%
Outpatient Surgery	Deductible then 20%	Deductible then 20%	Deductible then 20%
Prescription Drugs⁴ (4 Tiers)			
Retail Pharmacy (30-day supply)	Retail: \$15 / \$30 / \$50 / \$50 Specialty: \$15 / \$30 / \$50 / \$50	Retail: \$15 / \$30 / \$50 / \$50 Specialty: \$15 / \$30 / \$50 / \$50	Some chronic condition prescriptions not subject to deductible Retail: Deductible then, \$15 / \$30 / \$50 / \$50 Specialty: Deductible then \$15 / \$30 / \$50 / \$50
Mail Order (90-day supply)	\$30 / \$60 / \$100 / \$100	\$30 / \$60 / \$100 / \$100	Deductible then \$30 / \$60 / \$100 / \$100

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. All plans have an embedded deductible. An individual in a family is at most subject to the single deductible.
2. HMO: If you do not select a PCP during enrollment then one will be auto assigned based on your zip code. New hires can change their PCP in the first 30 days back to their effective date. If the request is on or after the 16th of a month, the change will not be effective until the 1st of the second following month.
3. All plans include UHC's Vital Medication Program that offers preferred insulins and certain other medical at no additional cost.

The medical plan for 2025 is with UHC. To find a provider:

- Visit myuhc.com
- Select Find a Provider
- Select on Medical Directory
- Select Employer & Individual Plans
- HMO Plan: Signature Value, then CA
- PPO and PPO HDHP: Select Plus
- Then you can search by address/zip, primary care, doctor name, medical group or hospital

Dental

ENDP (Exclusive Network Dental Plan). With this plan, you must stay in network but not required to select a dentist. No referral for a specialist is required but recommended. With a specialist referral you only pay a copay, with no referral you only get a 25% discount.

PPO: This plan allows you to seek the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the network.

The following is a high-level overview of the in-network coverage available.

Key Dental Benefits	ENDP Exclusive Network Dental Plan (In Network only)	PPO
Deductible (per calendar year)		
Individual / Family	None	\$50 / \$150
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	None	\$1,500
Covered Services		
Preventive Services	Various Copays	Covered in full
Basic Services	Various Copays	Deductible then 20%
Major Services	Various Copays	Deductible then 50%
Orthodontia (Child & Adult)	Various Copays	50% to a lifetime max of \$1,000

- An ID card is mailed, you can also view or print one on myuhc.com or view on the UHC app.
- To find a provider visit myuhc.com, click on find a dentist, employer & individual plans, zip code, then **PPO Plan: National PPO 30** or **DMO Plan: National Exclusive Network Plan** and search.

Coinsurance percentages shown in the above chart represent what the member is responsible for paying. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

Vision Plan: This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

The following is a high-level overview of the in-network coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$20 Copay	Up to \$40
Materials Copay	\$20 Copay	N/A
Lenses (once every 12 months)	\$20 Copay	
Single Vision	No Charge after materials copay	Up to \$40
Bifocal		Up to \$60
Trifocal		Up to \$80
Frames (once every 24 months)	\$130 retail allowance and 30% off balance	Up to \$45
Contact Lenses (once every 12 months; in lieu of glasses)	Formulary: Up to 4 boxes Non-Formulary: \$130 Allowance	Up to \$130

- No ID card is mailed or needed. You can print one on myuhc.com.
- To find a provider visit myuhc.com, click on find a vision provider, employer & individual plans, update your location and search.

Flexible Spending Accounts

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered by iSolved. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

You may contribute up to **\$3,300** to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance and Copayments
- ▶ Deductibles, Prescriptions and Over-the-Counter Drugs
- ▶ Menstrual Care
- ▶ Dental treatment Orthodontia
- ▶ Eye Exams, Materials, LASIK

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Limited-Purpose Health Care FSA

If you enroll in the HDHP with HSA medical plan, you may only participate in a limited-purpose Health Care FSA and contribute up to **\$3,300**. This type of FSA allows you to be reimbursed for eligible dental, orthodontia and vision expenses while preserving your HSA funds for eligible medical expenses.

Dependent Care FSA

You may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some qualified expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers that allows you to continue to work
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Health Care FSA: Unused funds up to **\$660** from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over **\$660** will **NOT** be returned to you or carried over to the following year.

Dependent Care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

You can incur expenses through 12/31/2025 and must file claims 90 days after plan year ends.

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit after your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Employer-paid)

Benefit Amount	
Employee	1x your annual compensation, plus \$15,000, rounded to next \$1,000, with a minimum of \$50,000, maximum of \$300,000
Spouse and/or children	\$2,000 (life coverage only)

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through UHC for yourself and your eligible family members. The premium is after tax and the beneficiary is paid a non-taxable benefit.

Benefit Option ¹		Guaranteed Issue ²
Employee	Increments of \$10,000 7x annual salary up to a \$500,000 max	3x annual salary up to a \$300,000 max
Spouse	Increments of \$5,000 \$250,000 Maximum 50% of employee amount	\$30,000 Maximum 50% of employee amount
Child(ren)	\$2,500, \$5,000 or \$10,000	\$10,000

1. During Open Enrollment employees currently enrolled or enrolling for the first time (during this OE period only) can receive up to 2 increments for yourself or spouse with NO medical questions up to the Guaranteed Issue limit. Any elections over these amounts require Evidence of Insurability (EOI) for approval.

2. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI). Coverage amounts that require EOI will not be effective unless approved by the UHC.

EOI Links below:

- [EOI Form: Employee](#)
- [EOI Form: Spouse](#)
- A PDF describing the EOI process and how to obtain a paper form can be found on the Luxfer document website under Supplemental Benefits.

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Long-Term Disability	
100% Employer Paid	
Benefit Percentage	60%
Monthly Benefit Maximum	\$6,000
When Benefits Begin	After 180 days of disability
Maximum Benefit Duration	Social Security Retirement Age

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at **NO COST** to you through Optum/UHC.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Relationships or marital conflicts
- ▶ Child and eldercare Substance abuse
- ▶ Grief and loss
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to 3 in-person sessions with a counselor per issue
- ▶ Unlimited toll-free phone access and online resources
- ▶ Access to <https://www.liveandworkwell.com/en/public>

ID Theft

We offer two voluntary identity theft monitoring options through Merchants Information Solutions, Inc. (MIS). An outline of the program options and pricing can be found on our Luxfer branded identity theft enrollment site at: <https://luxferidtheft.merchantsinfo.com> Premiums are paid directly to MIS and not payroll deducted.

Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through UHC are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! If you enroll then coverage is also available for your spouse and dependents. You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Accident Insurance

This coverage pays a flat dollar benefit directly to you if you or a covered dependent incurs an accident or receives a covered treatment. UHC's accident coverage includes numerous benefits for initial and emergency care, hospitalization, fractures, dislocations, and follow-up care. Coverage is available for employees, spouses and children. Coverage includes a health screening benefit that allows you to receive **\$50** per employee and spouse on the plan for getting a health screening test. Premiums are deducted after tax, and all amounts are guaranteed issue, no medical questions.

Critical Illness

Critical Illness coverage pays a flat dollar benefit directly to you if you or a covered dependent incurs a critical illness such as, cancer, heart attack, stroke, organ failure and several others. This coverage also includes a health screening benefit that allows you to receive **\$50** per employee and spouse on the plan for getting a health screening test. Premiums are deducted on a after tax basis, so benefit is not taxed. All amounts are guaranteed issue, no medical questions

Hospital Indemnity Insurance

The Hospital Indemnity Protection Plan helps protect employees from costly hospital expenses as result of an illness or injury. All benefits are paid directly to the insured and can be used towards any expense. There are 3 plans options, and the covered benefits include hospital and ICU admission and confinement. Coverage includes a health screening benefit that allows you to receive **\$50** per employee and spouse on the plan for getting a health screening test. Premiums are deducted on a after tax basis, so benefit is not taxed.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	UHC	PPO: 1-866-633-2446 PPO HDHP: 1-866-314-0335 HMO: 1-800-624-8822	www.myuhc.com
Dental	UHC	1-877-816-3596	www.myuhc.com
Vision	UHC	1-800-638-3120	www.myuhc.com
Health Savings Accounts (HSAs)	Optum Bank	1-800-791-9361	www.myuhc.com
Flexible Spending Accounts (FSAs)	iSolved Benefit Services	1-866-370-3040	www.isolvedbenefitservices.com
Life/AD&D	UHC	1-888-451-7986	www.myuhcfc.com
Long Term Disability	UHC	1-888-299-2070	www.myuhcfc.com
Accident, Critical Illness, and Hospital Indemnity	UHC	1-800-444-5854	www.myuhcfc.com
Employee Assistance Program (EAP)	Optum/UHC	1-877-660-3806	https://liveandworkwell.com/ Access Code: FP3EAP
ID Theft	Merchants Information Solutions, Inc.	1-866-SMART68 (866-762-7868)	https://luxferidtheft.merchantsinfo.com

Questions?

In the event you have a question or concern that has not been handled correctly or to your satisfaction by the insurance carrier, please call or mail HUB or Human Resources.



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