

Employee BENEFITS GUIDE



2019 PLAN YEAR

www.MyShilohBenefits.com

INTRODUCTION TO OUR EMPLOYEES AND FAMILIES

We recognize that employees perform their best when they are healthy and that optimal employee performance is necessary for the company to be a leader in the industry. The benefits program aims to improve the health and wellbeing of our Shiloh Family. Each year, the company provides an Open Enrollment period to allow our employees to choose their benefits for the upcoming year.

The employee benefits provided by the company are part of your financial safety net. It's important to invest time and effort to select the right benefits and learn how to use your benefits appropriately to protect your personal and family interests.

As a new employee to the Shiloh family, we welcome you! For those employees currently with Shiloh, thank you for your service to Shiloh! This Benefits Guide provides information to our new members as well as current members. During our annual Open Enrollment, you can review current insurance coverage, learn about important changes and updates, and make decisions about benefits for the coming year. It also provides a great opportunity to make well-informed decisions and become a good benefits consumer. It's time to take an active role in this process!

NEW HIRE ELIGIBILITY AND ANNUAL OPEN ENROLLMENT

Newly hired employees will have their benefits effective after 90 days of continuous service. Once eligible, they have 30 days to make their election.

Each year, Shiloh holds an annual Open Enrollment. This means that all eligible employees can either select benefits or elect changes to their current benefit selection.

DEPENDENT COVERAGE

Your spouse must be your legally married spouse under the law. In addition, proof of legal marriage in the form of a marriage certificate is required to add your spouse to your medical coverage. See the Working Spouse Provision on the next page for additional information when covering your spouse.

Dependent child(ren) can be covered as follows:

- 1. Dependent child(ren) as defined per the IRS regulations up to age 19.
- 2. Child(ren) age 26 will be covered until the end of the month in which they turn 26.
- 3. Child(ren) of a covered dependent child who is not yet 18 years of age.
- 4. Unmarried children who, because of a mental or physical handicap, depend solely on you for support may be covered regardless of age. Proof of your adult dependent's disability is required to obtain coverage.
- 5. Proof of dependent status in the form of a birth certificate, legal or adoption paperwork, etc. is required to add a dependent to your medical coverage.

WORKING SPOUSE PROVISION

Shiloh requires working spouses of employees to take coverage through their own employer. Spouses with medical insurance available through their employer will not be allowed on the Shiloh medical plan except for the following exceptions:

- 1. Spouse is unemployed.
- 2. Spouse is self-employed.
- 3. Spouse is working but not offered health coverage.
- 4. Spouse must pay more than 50% of the total cost of their medical plan.

A Spousal verification form will need to be completed and returned to HR for all spouses covered under Shiloh's medical plan to verify the above exceptions.

ENROLLMENT AND BENEFITS

This booklet provides a brief overview of the benefits offered by Shiloh. Additional details about each plan are located at www.MyShilohBenefits.com which can be accessed from any computer.

Please take time to go through the materials on the site. If you do not have access to a computer, you can use the computer available to employees at your plant. Please contact a member of Human Resources for assistance.

Choose your benefits carefully. Once enrolled, you can change your benefits only if you have a qualified status change defined as the occurrence of one of the following events:

- Birth of your child
- · Your legal adoption or placement in your home for adoption of a child
- Your marriage
- Loss of eligibility for any reason (including, without limitation, legal separation, divorce/death)
- · Change in employment status of spouse
- Coverage under COBRA continuation has ended, or
- Your coverage under your spouse's plan has changed resulting in a substantial loss of coverage or a substantial increase in the out-of-pocket cost of your spouse's plan, including premium cost

If you have a qualified status change as defined above, you must report the change to Human Resources within 30 days to make changes to your coverage. If you fail to meet the 30-day notification requirement, you will not be allowed to make changes to your coverage until the next Open Enrollment period.

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STARTING JANUARY 1ST 2019, SHILOH WILL BE PARTNERING WITH CIGNA FOR A NUMBER OF OUR EMPLOYEE BENEFITS!

MEDICAL & PHARMACY

BASIC LIFE
LONG TERM DISABILITY
SHORT TERM DISABILTIY



VOLUNTARY LIFE EMPLOYEE ASSISTANCE PROGRAM

ACCIDENT
CRITICAL ILLNESS
HOSPITAL INDEMNITY

How Do I Get More Information?

By Phone: 800-Cigna24

- Call anytime day or night for live customer service
- Ask for a Spanish-speaking representative or speak with Cigna in your preferred language
- · Speak with a clinician anytime, day or night through the Health Information Line

Online or Through the App (www.myCigna.com)

- Directory of in-network doctors, hospitals, facilities with cost and quality information
- Useful tools to help you:
 - Review your coverage
 - Manage and track claims
 - Track account balances and deductibles, and sign up for email notifications
 - Find quality of care information for common procedures and treatments
 - Get Claims and Balances statements on demand
 - View prescription drug prices



QUESTIONS PRIOR TO YOUR EFFECTIVE DATE?

PLEASE CALL CIGNA'S PRE-ENROLLMENT LINE TOLL FREE 888-806-5042

MEDICAL



Shiloh offers employees the choice of three Medical / Rx plans – PPO1, PPO2 and PPO3. The PPO1 and PPO3 plans have embedded deductibles which means that you have both an individual deductible and a 2 Person or Family deductible. Claims are applied to each deductible and you move to coinsurance once one or the other is satisfied. The PPO2 plan has a non-embedded deductible which means that you only have one deductible based on the number of members on your plan. Once that deductible is met, all members on the plan moves to coinsurance. The PPO2 and PPO3 plans are Consumer Driven Health Plans with an attached Health Savings Account.

PPO1				
Benefit	Network	Non-Network		
Dependent Age Limit End of Month Up to age 26				
Lifetime Maximum	Un	limited		
Annual Deductible	\$1,000 EE / \$1,500 EE +1 / \$2,000 Family	\$2,000 EE / \$3,000 EE + 1 / \$4,000 Family		
Coinsurance Maximum	\$3,000 EE / \$4,500 EE + 1 / \$6,000 Family	\$6,000 EE / \$9,000 EE + 1/ \$12,000 Family		
Out-of-Pocket Maximum	\$4,000 EE / \$6,000 EE + 1 / \$8,000 Family	\$8,000 EE / \$12,000 EE + 1 / \$16,000 Family		
INPATIENT SERVICES				
Room and Board	70% after deductible	50% after deductible		
Emergency Use of ER (copay waived if admitted) (Diagnostic treatment and or service subject to deductible)	100% after \$300 copay	100% after \$300 copay		
Lab, X-ray & Ancillary Services	70% after deductible	50% after deductible		
Mental Health & Substance Abuse	70% after deductible	50% after deductible		
OUTPATIENT SERVICES				
Office Visit (Diagnostic treatment and or service subject to deductible)	\$25.00 copay	50% after deductible		
Specialist (Diagnostic treatment and or service subject to deductible)	\$50.00 copay	50% after deductible		
Urgent Care (Diagnostic treatment and or service subject to deductible)	\$75.00 copay	50% after deductible		
Wellness/Routine Physicals	Covered at 100%	50% coinsurance after deductible		
Routine Pap & Mammogram Tests	Covered under Wellness/ Routine Physicals Benefits	Covered under Wellness/ Routine Physicals Benefit		
Physical or Occupational Therapy Office Visits (60 day limit)	\$50.00 copay	50% after deductible		
Chiropractic Services (25 day limit)	\$50.00 copay	50% after deductible		
Speech Therapy Office Visits (20 day limit)	\$50.00 copay	50% after deductible		
Outpatient Surgery	70% after deductible	50% after deductible		
Dietician Services (3 day limit)	\$50.00 copay	50% after deductible		
OTHER SERVICES				
Ambulance Services	70% after deductible	70% after deductible		
Hospice Care	70% after deductible	50% after deductible		
Home Health Care	70% after deductible	50% after deductible		
Skilled Nursing	70% after deductible	50% after deductible		
Telehealth Services	\$5.00 copay	Not Covered		



MEDICAL (cont.)

PPO2				
	Network	Non-Network		
Dependent Age Limit	End of Mont	End of Month Up to age 26		
Lifetime Maximum	Unl	imited		
Annual Deductible	\$2,000 EE / \$3,000 EE +1 / \$4,000 Family	\$4,000 EE / \$6,000 EE + 1 / \$8,000 Family		
Coinsurance Maximum	\$3,000 EE / \$4,500 EE + 1 / \$6,000 Family	\$6,000 EE / \$9,000 EE + 1/ \$12,000 Family		
Out-of-Pocket Maximum	\$5,000 EE / \$7,500 EE + 1 / \$10,000 Family	\$10,000 EE / \$15,000 EE + 1 / \$20,000 Family		
INPATIENT SERVICES				
Room and Board	80% after deductible	50% after deductible		
Emergency Use of ER (copay waived if admitted) (Diagnostic treatment and or service subject to deductible)	100% after \$300 copay	100% after \$300 copay		
Lab, X-ray & Ancillary Services	80% after deductible	50% after deductible		
Mental Health & Substance Abuse	80% after deductible	50% after deductible		
OUTPATIENT SERVICES - Copays Apply After Deductible Has Been Met				
Office Visit (Diagnostic treatment and or service subject to deductible)	\$25.00 copay	50% after deductible		
Specialist (Diagnostic treatment and or service subject to deductible)	\$50.00 copay	50% after deductible		
Urgent Care (Diagnostic treatment and or service subject to deductible)	\$75.00 copay	50% after deductible		
Wellness/Routine Physicals	Covered at 100%	50% coinsurance after deductible		
Routine Pap & Mammogram Tests	Covered under Wellness/ Routine Physicals Benefits	Covered under Wellness/ Routine Physicals Benefit		
Physical or Occupational Therapy Office Visits (60 day limit)	\$50.00 copay	50% after deductible		
Chiropractic Services (25 day limit)	\$50.00 copay	50% after deductible		
Speech Therapy Office Visits (20 day limit)	\$50.00 copay	50% after deductible		
Outpatient Surgery	80% after deductible	50% after deductible		
Dietician Services (3 day limit)	\$50.00 copay	50% after deductible		
OTHER SERVICES				
Ambulance Services	80% after deductible	50% after deductible		
Hospice Care	80% after deductible	50% after deductible		
Home Health Care	80% after deductible	50% after deductible		
Skilled Nursing	80% after deductible	50% after deductible		
Telehealth Services	\$5.00 copay	Not Covered		

	PPO3			
Benefit	Network	Non-Network		
Dependent Age Limit	End of Mont	th Up to age 26		
Lifetime Maximum	Uni	limited		
Annual Deductible	\$3,000 EE / \$4,500 EE +1 / \$6,000 Family	\$6,000 EE / \$9,000 EE + 1 / \$12,000 Family		
Coinsurance Maximum	\$3,000 EE / \$4,500 EE + 1 / \$6,000 Family	\$6,000 EE / \$9,000 EE + 1/ \$12,000 Family		
Out-of-Pocket Maximum	\$6,000 EE / \$9,000 EE + 1 /\$12,000 Family	\$12,000 EE / \$18,000 EE + 1 / \$24,000 Family		
NPATIENT SERVICES				
Room and Board	80% after deductible	50% after deductible		
Emergency Use of ER (copay waived if admitted) (Diagnostic treatment and or service subject to deductible)	100% after \$300 copay	100% after \$300 copay		
Lab, X-ray & Ancillary Services	80% after deductible	50% after deductible		
Mental Health & Substance Abuse	80% after deductible	50% after deductible		
OUTPATIENT SERVICES - Copays Apply After Deductible Has Been Met				
Office Visit (Diagnostic treatment and or service subject to deductible)	\$25.00 copay	50% after deductible		
Specialist (Diagnostic treatment and or service subject to deductible)	\$50.00 copay	50% after deductible		
Urgent Care (Diagnostic treatment and or service subject to deductible)	\$75.00 copay	50% after deductible		
Wellness/Routine Physicals	Covered at 100%	50% coinsurance after deductible		
Routine Pap & Mammogram Tests	Covered under Wellness/ Routine Physicals Benefits	Covered under Wellness/ Routine Physicals Benefit		
Physical or Occupational Therapy Office Visits (60 day limit)	\$50.00 copay	50% after deductible		
Chiropractic Services (25 day limit)	\$50.00 copay	50% after deductible		
Speech Therapy Office Visits (20 day limit)	\$50.00 copay	50% after deductible		
Outpatient Surgery	80% after deductible	50% after deductible		
Dietician Services (3 day limit)	\$50.00 copay	50% after deductible		
OTHER SERVICES				
Ambulance Services	80% after deductible	50% after deductible		
Hospice Care	80% after deductible	50% after deductible		
Home Health Care	80% after deductible	50% after deductible		
Skilled Nursing	80% after deductible	50% after deductible		
Telehealth Services	\$5.00 copay	Not Covered		



MEDICAL (cont.)

2019 Medical Contributions

PP01 Coverage	Monthly Contribution
Employee	\$163.36
Employee + Spouse	\$352.57
Employee + Child	\$275.78
Employee + Children	\$344.85
Employee + Family	\$434.20

PP02 Coverage	Monthly Contribution
Employee	\$77.94
Employee + Spouse	\$160.18
Employee + Child	\$136.09
Employee + Children	\$170.17
Employee + Family	\$199.03

PP03 Coverage	Monthly Contribution
Employee	\$26.50
Employee + Spouse	\$94.64
Employee + Child	\$77.94
Employee + Children	\$97.24
Employee + Family	\$110.84

PHARMACY



Cigna Pharmacy has plan information at your fingertips. At www.myCigna.com, you will have 24/7/365 access to all you need to know about your pharmacy coverage. See your claim history, plan details and account balances all in one place. You can even talk to a pharmacist if you have a medication question.

PRESCRIPTION DRUG SAVINGS

Did you know Wal-Mart/Sam's Club, Target, CVS, K-Mart and other retailers currently offer a large selection of generic prescriptions for \$4?

PHARMACY MAIL ORDER SERVICE

Mail order services are provided through Cigna Mail order. They will ship your order to your home within seven days of receiving your valid prescription. Questions regarding mail-order prescriptions can be directed to 800-835-3784.

SPECIALTY PHARMACY

If you're taking a specialty medication, medical condition experts at Cigna Specialty Pharmacy will give you one- on-one support. Your personal therapy team will answer your medication questions, help you work through any side effects, and make sure you have any supplies you need (at no extra cost). Just call a Cigna Pharmacy Specialist at 800-351-3606 to get started.

Questions?

Contact Cigna Customer Service Center at 800-835-3784.

Prescription Drugs	Retail	Mail Order
Generic (Mandatory) Tier 1	\$10.00 copay – 30-day supply 90-day supply can be filled for \$30.00	\$30.00 copay – 90-day supply
Brand Name - Formulary Tier 2	\$30.00 copay – 30-day supply 90-day supply can be filled for \$90.00	\$90.00 copay – 90-day supply
Brand Name - Non-Formulary Tier 3	\$60.00 copay – 30-day supply 90-day supply can be filled for \$180.00	\$180.00 copay – 90-day supply
Specialty Medication	25% of drug cost to a maximum of \$250	N/A

Copays apply immediately for the PPO1 plan and after the deductible has been met under the PPO2 and PPO3 plans.



TELEHEATLH

Choice is good. More choice is even better.

Cigna provides access to two telehealth services as part of your medical plan - Amwell and MDLIVE. Cigna Telehealth Connection lets you get the care you need, including most prescriptions, for a wide range of minor conditions. Now you can connect with a board-certified doctor via video chat or phone, without leaving your home or office when, where and how it works best for you!

Choose when: Day or night, weekdays, weekends and holidays.

Choose where: Home, work or on the go.

Choose how: Phone or video chat.

Choose who: Amwell or MDLIVE doctors.

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on both Amwell and MDLIVE, you can speak with a doctor for help with:

sore throatheadachefevercold and fluacne

• stomachache • allergies • UTIs and more

Televisits with Amwell and MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider. Remember, your telehealth services are only available for minor, non-life threatening conditions. In an emergency, dial 911 or go to the nearest hospital.

Amwell and MDLIFE are both national telehealth providers, so you can choose your care confidently. When you can't get to your doctor, Cigna Telehealth Connection is here for you.

Register for one or both today so you'll be ready to use a telehealth service when and where you need it.

www.AmwellforCigna.com 855-667-9722

www.MDLIVEforCigna.com 888-726-3171



DENTAL



Shiloh offers two comprehensive dental plans to fit your needs. Your coverage is provided through Delta Dental of Ohio which offers you an extensive network of dental providers. Remember, using an in-network PPO dentist can save you money. If you use an out-of-network dentist, Delta Dental will send payment for the claim to you, and you will be responsible for paying the dentist. To find a dentist, review your benefits, download or print your ID card and much more, go to www.deltadentaloh.com or call 800-524-0149.

LOW PLAN - \$1,000 Annual Maximum Benefit

Services	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*	
	Diagnostic & Pr	eventive		
Diagnostic and Preventive Services	100%	100%	100%	
Brush Biopsy – to detect oral cancer	100%	100%	100%	
Radiographs – X-rays	100%	100%	100%	
	Basic Services			
Emergency Palliative Treatment	80%	80%	80%	
Sealants	80%	80%	80%	
Minor Restorative Services	80%	80%	80%	
Simple Extractions	80%	80%	80%	
Minor Restorative Services	80%	80%	80%	
Endodontic Services	80%	80%	80%	
Periodontic Services	80%	80%	80%	
Oral Surgery Services	80%	80%	80%	
Other Basic Services	80%	80%	80%	
Major Services				
Major Restorative Services	50%	50%	50%	
Relines and Repairs	50%	50%	50%	
Prosthodontic Services	50%	50%	50%	

^{*}When you receive services from a non-participating dentist, the percentages in the column indicate the portion of Delta Dental's non-participating dentist fee that will be paid for those services. The Nonparticipating Dentist Fee may be less then what the dentist charges and you are responsible for the difference.



DENTAL (cont.)

HIGH PLAN - \$2,000 Annual Maximum Benefit

Services	Delta Dental PPO Dentist Plan Pays	Delta Dental Premier Dentist Plan Pays	Nonparticipating Dentist Plan Pays*	
	Diagnostic & Pr	eventive		
Diagnostic and Preventive Services	100%	100%	100%	
Brush Biopsy – to detect oral cancer	100%	100%	100%	
Radiographs – X-rays	100%	100%	100%	
	Basic Serv	ices		
Emergency Palliative Treatment	80%	80%	80%	
Sealants	80%	80%	80%	
Minor Restorative Services	80%	80%	80%	
Simple Extractions	80%	80%	80%	
Minor Restorative Services	80%	80%	80%	
Endodontic Services	80%	80%	80%	
Periodontic Services	80%	80%	80%	
Oral Surgery Services	80%	80%	80%	
Other Basic Services	80%	80%	80%	
Major Services				
Major Restorative Services	50%	50%	50%	
Relines and Repairs	50%	50%	50%	
Prosthodontic Services	50%	50%	50%	
Orthodontic Services				
Orthodontic Services	50%	50%	50%	
Orthodontic Age Limit	No Age Limit	No Age Limit	No Age Limit	

2019 Monthly Contributions

Monthly contributions are paid by Shiloh Industries.

^{*}When you receive services from a non-participating dentist, the percentages in the column indicate the portion of Delta Dental's non-participating dentist fee that will be paid for those services. The Nonparticipating Dentist Fee may be less then what the dentist charges and you are responsible for the difference.



VISION



We offer employees a comprehensive vision program which includes eye exams, contacts, lenses and frames. Your vision coverage is provided through EyeMed. Access their website at www.eyemed.com. Remember, using an in-network vision provider can save you money, but out-of-network providers can be used. When an out-of-network provider is used, you pay the bill and then submit for a reimbursement through EyeMed.

Services	In-Network Member Cost	Out-of-Network Reimbursement		
Exam With Dilation as Necessary \$10 Copay		Up to \$30		
Contact Lens Fit and Follow-Up (Contact lens fit and two follow up visits are available once a comprehensive eye exam has been completed)				
Standard Contact Lens Fit & Follow-Up	Up to \$40	N/A		
Premium Contact Lens Fit & Follow-Up	10% off retail	N/A		
Frames	\$0 Copay; \$120 allowance; 80% of charge over \$120	Up to \$60		
	Standard Plastic Lenses			
Single Vision	\$25 Copay	Up to \$25		
Bifocal	\$25 Copay	Up to \$40		
Trifocal	\$25 Copay	Up to \$55		
Standard Progressive Lens	\$90	Up to \$40		
Premium Progressive	\$90, 80% of charge less \$120 Allowance	Up to \$40		
Lenticular	\$25 Copay	Up to \$55		
Lens Options (paid by the member and added to the base price of the lens)				
UV Treatment	\$15	N/A		
Tint (Solid and Gradient)	\$15	N/A		
Standard Plastic Scratch Coating	\$0	N/A		
Standard Polycarbonate	\$40	N/A		
Standard Anti-Reflective Coating	\$45	N/A		
Other Add-Ons and Services	20% off retail price	N/A		
Contact Lenses				
Conventional	\$0 Copay; \$130 allowance; 85% of charge over \$130	Up to \$104		
Disposable	\$0 Copay; \$130 allowance; plus balance over \$130	Up to \$104		
Medically Necessary	\$0 Copay, Paid in Full	Up to \$200		
Laser Vision Correction				
Lasik or PRK from U.S. Laser Network 15% off retail price or 5% off promotional price		N/A		
Frequency				
Examination	Once every 12 months			
Lenses or Contact Lenses Once every 12 months				
Frame	Once every 24 months			

2019 Monthly Contributions

Monthly contributions are paid by Shiloh Industries.



HEALTH SAVINGS ACCOUNT

Shiloh is pleased to announce the offering of a Health Savings Account option for employees and their families. A Health Savings Account (HSA) is like a 401(k) for healthcare. It is a tax-advantaged personal savings or investment account that individuals can use to save and pay for qualified healthcare expenses, now or in the future. Paired with a qualified consumer driven health plan (CDHP), an HSA is a powerful financial tool that empowers consumers to be more actively involved in their healthcare decisions.

However, unlike other financial savings vehicles (Roth IRA, Traditional IRA, 401K, etc.), an HSA has the unique potential to offer triple tax savings through:

- Federal & State Tax-deductible contributions to the HSA.
- Tax-free interest or investment earnings.
- Tax-free distributions when used for qualified healthcare expenses.

CONTRIBUTIONS TO YOUR HSA

Shiloh will payroll deduct your contributions and deposit them directly into your HSA account. Shiloh makes an additional employer contribution into your HSA account based on your medical plan tier.

The annual maximum allowable contributions to an HSA (employee plus employer contributions), as established by the IRS for 2019, are:

Individual: \$3,500 Family: \$7,000

Individuals 55 and older can make an additional catch-up contribution of \$1,000 in 2019. A married couple can make two catch-up contributions if both are eligible. Your spouse must deposit the catch-up contributions into a separate account. Health savings accounts are administered by Health Equity. You can access your HSA account by calling 888-769-8696 or by logging onto www.healtheguity.com.

2019 Employer Contributions

Coverage	Rate
Employee	\$41.66 per month (\$500 per year)
Employee + Spouse & Employee + Child	\$58.33 per month (\$700 per year)
Employee + Children & Employee + Family	\$79.17 per month (\$950 per year)

DISTRIBUTIONS FROM YOUR HSA

- You, or your authorized signer, can make withdrawals for qualified expenses.
- Any claim incurred before an HSA account is set up is not eligible for reimbursement.
- Distributions for qualified medical expenses are tax free.
- Distributions made for anything other than qualified medical expenses are subject to IRS tax plus a 20% penalty.
- Qualified medical expenses for your spouse and your tax dependents may be paid from your HSA, even if those individuals are not covered under your medical insurance plan.
- You are responsible for keeping receipts for all distributions. The bank does not monitor how funds are spent.

FLEXIBLE SPENDING ACCOUNT



A Flexible Spending Account is an account that allows you to reimburse yourself with pretax dollars for eligible out-of-pocket healthcare costs and/or the daycare costs associated with caring for a qualified dependent. It is administered through WageWorks and is available for all employees who work more than 30 hours per week. You may contact WageWorks at 877-924-3967 or at www.wageworks.com.

DEPENDENT FLEX PLAN

You can designate up to \$5,000 a year on a pre-tax basis; \$2,500 if filing separate tax returns. You can then use the funds to pay dependent care expenses (IRS reportable).

MEDICAL FLEX PLAN

For those not participating in the HSA

You can designate up to \$2,650 a year on a pre-tax basis. The FSA has a grace period of two and half months into the next calendar year for employees to incur expenses before "use it or lose it" applies. You can use the funds to pay qualified out-of-pocket expenses such as:

- Medical expenses
- · Dental expenses
- Vision expenses
- Some over-the-counter (OTC) prescribed by your physician

How it Works

The money you set aside is never counted as income. That means it is not subject to federal income tax, Social Security, Medicare, and in most cases, state and local taxes. This lowers your taxable income and increases your spendable income. Depending on your tax situation, you could save 20-40% on expenses you would be paying anyway.



LIFE AND AD&D

Life Insurance is often one of the cornerstones of financial planning. Should the unexpected happen, life insurance can help safeguard your family's needs. Shiloh is pleased to provide Life and Accidental Death and Dismemberment (AD&D) Insurance to all employees. This is an employer paid benefit through Cigna.

Shiloh pays the full cost of Basic Life and AD&D insurance for all eligible employees.

- Basic Life Insurance is \$50,000.
- Accidental Death & Dismemberment Insurance (AD&D) provides financial protection by paying an additional amount in the event of an accidental death, as well as a benefit in the event of dismemberment.
- Accidental Death benefit is \$50,000. The dismemberment benefit is a scheduled defined benefit.
- There are no medical questions for coverage to be issued. This group insurance is offered as guaranteed issue coverage.

Please note: Benefits are reduced by 50% at age 70.

Don't forget to designate your beneficiary! If no beneficiary election has been made, Shiloh must pay out your benefit to your estate in case of death.



VOLUNTARY AND DEPENDENT LIFE

While Shiloh provides employees with a company-paid Life and AD&D Insurance policy, sometimes individuals and families need additional protection to accomplish their goals. Shiloh is pleased to offer additional Voluntary Life and AD&D Insurance to all eligible employees through Cigna. This is a voluntary program.

- Voluntary Life and AD&D insurance is paid by the employee.
- There are no medical questions for coverage to be issued under the guarantee issue amount when you are first eligible.
- Guarantee Issue coverage is available for employees, spouses and children.
 - o **Employee Options:** in multiples up to 4 times your base pay. Guarantee issue is \$500,000 or 3x you base pay at time of new hire. At subsequent Open Enrollments, you can enroll or increase your Voluntary Life & AD&D insurance in increments of 1 times your base pay. Amounts that exceed quarantee issue require medical underwriting. Benefits are reduced by 50% at age 70.
 - o **Spouse Options:** \$10,000 or \$20,000 options.
 - o Child Options: \$5,000 or \$10,000 options. Available for children from birth to age 26.

WORKSITE BENEFITS



Worksite Benefits through Cigna can provide you and your family with the coverage and additional financial protection you may need for expenses associated with an unplanned covered accident, illness or hospitalization. These plans pay benefits directly to you. What you do with the money is up to you.

CRITICAL ILLNESS

When a serious illness strikes, critical illness insurance can provide financial support to help you through a difficult time. It can pay you a lump-sum cash benefit up to \$30,000, which you can use to meet your needs. You can get coverage for your spouse and dependents too. To help prevent illness, this plan can also pay you an annual cash benefit when you complete a covered wellness screening test.

ACCIDENT INSURANCE

You can't always avoid accidents — but you can protect yourself from accident-related costs that can strain your budget. Accident insurance pays a benefit directly to you if you have a covered non-work place injury and need treatment. You can get coverage for your spouse and dependents too. As medical costs continue to rise, accident insurance provides a necessary layer of financial protection. The plan also has an annual cash benefit when you complete a covered wellness screening.

HOSPITAL INDEMNITY INSURANCE

A trip to the hospital can be stressful, and so can the bills. Even with major medical insurance, you may still be responsible for co-payments, deductibles and other out-of-pocket costs. The hospital indemnity plan pays a cash benefit directly to you whenever you or your covered family members are admitted to the hospital.

Please note - Children can be covered under all three policies until age 26.

DISABILITY



Shiloh provides company paid short and long term disability benefits to our employees. Refer to the benefit summaries for full details.

How Do I Report a STD Claim?

- 1. Call Cigna at 888-842-4462 between 7:00 am and 7:00 pm CST **OR**
- 2. Create a new leave request online at www.myCigna.com
 - a. Select the "Review my Coverage" tab from the header
 - b. Then select the "Disability" from the drop-down menu
 - c. Click on "Submit a request for disability

You will also need to call Shiloh on or before your first day of absence to report how long you plan to be absent.



EMPLOYEE ASSISTANCE PROGRAM

Balance work, life and everything in-between

Shiloh offers an Employee Assistance Program through Cigna. Employee Assistance & Work/Life Support is here to help you with not only the big things in life that challenge us but the small stuff too.

Cigna can help you with a range of issues, including:

- Managing stress
- · Dealing with depression, anxiety and other mental issues
- · Going through grief and loss
- · Addressing legal needs and financial questions
- Repairing and growing relationships
- Finding caregiver solutions

Contact Cigna 24/7: 877-622-4327 www.myCigna.com Employer ID: shiloh



HEALTH ADVOCATE

Now it's even easier to take control of your health and healthcare spending

Health Advocate gives you one-on-one support to take control of your healthcare and your healthcare spending.

Health Advocate is here to help with the following:

- Finding an In-Network Doctor, Lab or Hospital
- Choosing a Plan
- Managing and Tracking Claims
- · Cost Estimates for Care
- Prescription Drug Prices
- · Access ID cards to print, fax or e-mail

Pick up the phone and call with any healthcare issue. Health Advocate will get you the help you need!

Phone: 866-695-8622

Email: answers@HealthAdvocate.com **Website:** www.HealthAdvocate.com

MYSHILOHBENEFITS.COM



Shiloh's website for employees is www.myshilohbenefits.com. The website includes information regarding:

- Benefit Information
- · Frequently asked questions
- Discount Programs
- Plan Select Tool through Health Equity <u>www.comparemyhsa.com/shiloh</u>
 - No user name or password to log in is required. Copy the link; answer a few questions about who will be on your medical coverage. The tool will calculate and display a side-by-side comparison of the three medical plans. Use this information to help make your choice as to which medical plan is the best fit for you!

401K



Shiloh has established a 401k Plan through Principal <u>www.principal.com</u> with the goal of providing the tools and resources to help you plan for and achieve financial security in retirement.

Through the 401k plan, you elect to save a percentage of your pay each pay period through payroll deduction. Because your savings are deducted from your pay before income taxes, your taxable income will be reduced when you contribute to the plan. To encourage you to save through the plan and increase your benefit, Shiloh makes a matching contribution. Employees will be eligible to participate in the Plan when they meet the conditions below:

Plan Eligibility



Age 18



Active Union employees



The day after 90 days of continuous service

Financial Advice

Saving towards retirement and making wise 401(k) decisions is tougher than ever. Many employees have asked for more assistance and retirement planning advice and we're happy to deliver! You will have access to a financial expert who will be able to answer the question "What should I do?" Shiloh has partnered with an independent plan investment advisor, Waypoint Partners, to provide expanded investment education and participant advisory sessions. They are available to meet and/or speak with you individually to provide you the help you need. You can contact them directly at 216-765-7400 or by speaking with your local HR Department.

CONTACTS

Answers to all your questions

Benefit	Whom to Call	Plan ID	Phone Number	Website
Medical	Cigna	3342164	800-244-6224	www.cigna.com www.mycigna.com
Telehealth	Amwell MDLive		855-667-9722 888-726-3171	www.AmwellforCigna.com www.MDLIVEforCigna.com
Health Advocacy	Health Advocate		866-695-8622	www.HealthAdvocate.com
Health Savings (HSA)	HealthEquity	48682	866-346-5800	www.healthequity.com
Prescription Drugs	Cigna	3442164	800-835-3784	www.cigna.com www.mycigna.com
Vision	EyeMed	9731415 Select Network	866-299-1358	www.eyemedvisioncare.com
Dental	Delta Dental of OH	2290	800-524-0149	www.DeltaDentalOH.com
Long Term Disability	Cigna	LK965747	888-842-4462	www.cigna.com www.mycigna.com
Leave of Absence	Cigna	FML963235	888-842-4462	<u>www.mycigna.com</u>
Life Insurance (Basic, Voluntary Employee & Dependent	Cigna	FLX968524 FLX968525 – Vol	800-362-4462	www.cigna.com www.mycigna.com
AD&D (Basic, Voluntary Employee and Dependent)	Cigna	OK969996 OK969997 – Vol	800-362-4462	www.cigna.com www.mycigna.com
Employee Assistance Program	Cigna	Shiloh	877-622-4327	www.cigna.com www.mycigna.com
Flexible Spending Accounts	Wageworks	41768	877-924-3967	www.wageworks.com
Accident and Critical Illness Insurance	Cigna	Al960782 –Acc Cl960756 – Cl HC960274 - HO	800-754-3207	www.cigna.com www.mycigna.com
401K Administrator	Principal	815297	800-547-7754	www.principal.com
401K Advice	Waypoint Partners		216-765-7400	www.waypoint.com

This summary of benefits is designed to provide a high-level overview of Shiloh Industries' 2019 Employee Benefits. Should there be any conflict between the explanation in this summary and the actual terms and provisions of the plan documents, the terms of the plan documents and contracts will govern in all cases. You will not gain any new benefits because of a misstatement or omission in this overview.

