



# 2022 Employee Benefits Guide

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## Introduction to our Employee 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 Dura & 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.

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!

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## New Hire Eligibility and Open Enrollment

Newly hired employees are eligible for benefits on the date of hire. Once eligible, they have 30 days to make their election. Each year, Dura and Shiloh hold an annual Open Enrollment. This means that all eligible employees can either select benefits or elect changes to their current benefit. Per the IRS, you may only make changes to your benefits at Open Enrollment, or, if you experience a Qualified Life Status Change (i.e., birth, adoption, divorce, gain/loss of coverage, and more.)

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## 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 19 to 26 can be covered until the end of the month in which they turn 26.
3. Child(ren) of a covered dependent child if the covered dependent child 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

Dura and Shiloh require 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 Dura/Shiloh medical plans 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.

An Affidavit of Spousal Health Care Coverage form will need to be completed and returned to HR for all spouses covered under Dura & Shiloh's medical plan to verify the above exceptions.

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## Enrollment and Benefits

This booklet provides a brief overview of the benefits offered by Shiloh. Additional details about each plan are located at [www.MyDuraShilohBenefits.com](http://www.MyDuraShilohBenefits.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 if needed. 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 legal separation, divorce, death, or a 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.



New for 2022, Dura Automotive and Shiloh Industries will partner with Allegiance (a Cigna company) to offer 2 Medical Plans – **PPO and HDHP with HSA**.

You will receive a new ID card with Allegiance’s logo along with Cigna’s logo. Your claims administrator is Allegiance, and your network of providers or what is considered “in-network” is the **Cigna PPO** network.

To find an in-network provider near you, go to [www.mycigna.com](http://www.mycigna.com) and use the “Find a Provider” link.

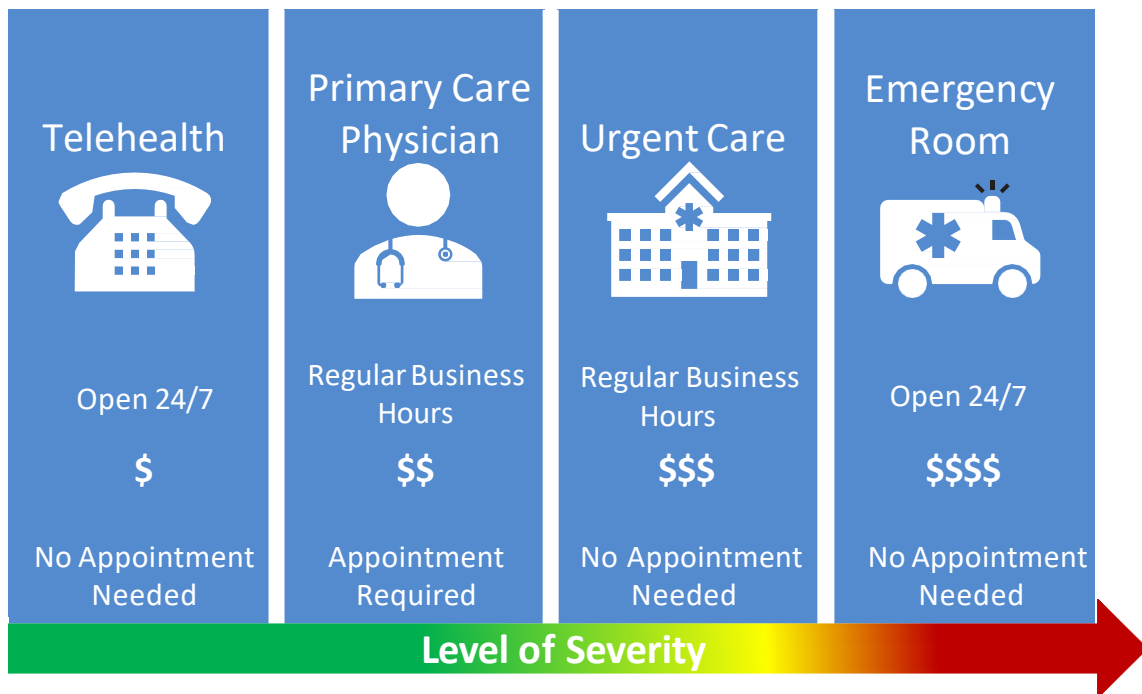
Both plans have embedded deductibles which means that you have both an individual deductible and a two person or family deductible. Claims are applied to each deductible; once one or the other is satisfied, your coinsurance coverage will begin.

The High Deductible Health Plan (HDHP) is a qualified plan meaning you are eligible to open/maintain a **Health Savings Account (HSA)** so long as you are enrolled in this plan.

All plans cover in-network preventive care at no cost to you!

## Where to go for care:

When it comes to taking care of yourself or your loved ones, you want to get the best care as quickly and affordably as possible. It’s important to know, you have options:



## Go Mobile for 24/7 Access

Visit the Cigna site at [www.mycigna.com](http://www.mycigna.com) or download the mycigna app. Allegiance also has a member portal and app available for members to download effective January 1, 2022.

Plan Benefits	In- Network	Out-of- Network
Annual Deductible	\$1,500 EE   \$2,000 EE+1   \$2,500 Family	\$3,000 EE   \$4,000 EE+1   \$5,000 Family
Coinsurance (after deductible)	30%	50%
Out of Pocket Maximum (includes deductible and coinsurance)	\$4,000 EE   \$6,000 EE+1   \$8,000 Family	\$8,000 EE   \$12,000 EE+1   \$16,000 Family
Preventive Care	FREE	50% after deductible
<b>Inpatient Services</b>		
Emergency Use of ER (copay waived if admitted) (diagnostic treatment and/or service subject to deductible)	0% after \$300 copay	0% after \$300 copay
Room and Board	30% after deductible	50% after deductible
Lab, X-ray & Ancillary Services	30% after deductible	50% after deductible
Mental Health & Substance Abuse	30% after deductible	50% after deductible
<b>Outpatient Services</b>		
Telehealth Visit (MD Live only)	\$10 Copay	N/A
Office Visit (diagnostic treatment and or service subject to deductible)	\$25 Copay	50% after deductible
Specialist (diagnostic treatment and or service subject to deductible)	\$50 Copay	50% after deductible
Urgent Care (diagnostic treatment and or service subject to deductible)	\$75 Copay	50% after deductible
Physical or Occupational Therapy Office Visits (60 day limit)	\$50 Copay	50% after deductible
Chiropractic Services (25 day limit)	\$50 Copay	50% after deductible
Speech Therapy Office Visits (20 day limit)	\$50 Copay	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible
Dietician Services (3 day limit)	\$50 Copay	50% after deductible
<b>Other Services</b>		
Ambulance Services, Hospice Care, Home Health Care, Skilled Nursing	30% after deductible	50% after deductible

*See page 15 for Employee Contributions Rates for all medical plans*



# HDHP with HSA

Plan Benefits	In- Network	Out-of- Network
Annual Deductible	\$3,500 EE   \$5,000 EE+1   \$6,500 Family	\$7,000 EE   \$10,000 EE+1   \$13,000 Family
Coinsurance (after deductible)	20%	50%
Out of Pocket Maximum (includes deductible and coinsurance)	\$6,000 EE   \$9,000 EE+1   \$12,000 Family	\$12,000 EE   \$18,000 EE+1   \$24,000 Family
Preventive Care	FREE	50% after deductible
<b>Inpatient Services</b> (*Copays Apply After Deductible Has Been Met)		
Emergency Use of ER (copay waived if admitted) (diagnostic treatment and/or service subject to deductible)	\$300 copay after deductible	\$300 copay after deductible
Room and Board	20% after deductible	50% after deductible
Lab, X-ray & Ancillary Services	20% after deductible	50% after deductible
Mental Health & Substance Abuse	20% after deductible	50% after deductible
<b>Outpatient Services</b> (*Copays Apply After Deductible Has Been Met)		
Telehealth Services (MD Live Only)	\$10 Copay*	Not Covered
Office Visit (diagnostic treatment and or service subject to deductible)	\$25 Copay*	50% after deductible
Specialist (diagnostic treatment and or service subject to deductible)	\$50 Copay*	50% after deductible
Urgent Care (diagnostic treatment and or service subject to deductible)	\$75 Copay*	50% after deductible
Physical or Occupational Therapy Office Visits (60 day limit)	\$50 Copay*	50% after deductible
Chiropractic Services (25 day limit)	\$50 Copay*	50% after deductible
Speech Therapy Office Visits (20 day limit)	\$50 Copay*	50% after deductible
Outpatient Surgery	20% after deductible	50% after deductible
Dietician Services (3 day limit)	\$50 Copay*	50% after deductible
<b>Other Services</b>		
Ambulance Services, Hospice Care, Home Health Care, Skilled Nursing	20% after deductible	50% after deductible

See page 15 for Employee Contributions Rates for all medical plans

# Tobacco/Nicotine Cessation Program



Any employee covered under the Dura/Shiloh Medical Plan(s) who has used tobacco and/or nicotine products **within the last 6 months will be assessed a surcharge.**

Tobacco/nicotine is defined as all tobacco or nicotine-derived or containing products, including but not limited to:

- Cigarettes, electronic cigarettes and any vaping device (e.g., clove, bidis, kreteks)
- Cigars and cigarillos
- Hookah smoked products
- Pipes
- Oral tobacco and nasal tobacco (e.g., smokeless, spit, spitless, chew and snuff)
- Products intended to mimic tobacco products or deliver nicotine

When you log into Kronos Self-Service for the first time, you will be asked to complete a survey indicating whether you are a Tobacco/Nicotine user. Please answer the questions on the survey and submit your response. Should you identify yourself as a tobacco/nicotine user, you will be charged an additional \$75 per month surcharge.

Employees who have used tobacco/nicotine products in the past six months but wish to avoid the \$75 per month tobacco/nicotine surcharge beginning in 2022 are invited to complete the **UBreathe Tobacco/Nicotine Cessation** program administered by Marquee Health.

**If I am a tobacco/nicotine user and want to avoid the surcharge, what are my next steps?**

- Enroll in the free UBreathe Program as early as November 8, 2021
- Complete 4 weekly coaching sessions by March 31, 2022
- New hires will have 90 days from date of hire to enroll and complete their 4 weekly coaching sessions

The completion of the survey is required each and every year during the Open Enrollment period.



# Pharmacy Program



New in 2022, CVS/Caremark will be our Pharmacy provider in 2022 (replacing Cigna for Shiloh), with its national network of CVS, Walgreens, Target, Walmart, Grocery Stores, Costco, local pharmacies, and more.

## Mandatory Mail-Order Maintenance Medication Program

- ✓ You may fill prescriptions for maintenance medications up to 2 refills at a retail pharmacy.
- ✓ Additional 90-day refills must be processed through mail-order **or at a CVS or Target Pharmacy.**
- ✓ Mail-order saves you money as you are getting a 3 month supply for the cost of only 2 months of medication (Buy 3, Get 1 FREE!).

## Mandatory Generic Prescription Program

- ✓ If you OR your provider directs the pharmacy to fill a brand name medication when a generic is available, you will pay the cost difference between the brand medication and the generic medication.
- ✓ In addition, you will also pay the applicable brand level copay for the medication.

## Specialty medication will be filled exclusively by CVS Specialty (NEW)

- ✓ Medication can be delivered anywhere nationwide (within certain state restrictions), including to your local CVS Pharmacy or Provider for pickup.
- ✓ Contact [www.CVSSpecialty.com](http://www.CVSSpecialty.com) for help with managing your specialty medications and/or download the CVS Specialty mobile app.

Prescription Drugs	Retail	Mail Order
Generic (Mandatory)	\$10 copay (30-day supply) \$20 copay (90-day supply) CVS/Target only	\$20 copay (90-day supply)
Brand Name Formulary	\$30 copay (30-day supply) \$60 copay (90-day supply) CVS/Target only	\$60 copay (90-day supply)
Brand Name Non-Formulary	\$60 copay (30-day supply) \$120 copay (90-day supply) CVS/Target only	\$120 copay (90-day supply)
Specialty (CVS Mandatory)	25% of drug cost to a maximum of \$250	N/A

**PPO:** Copays apply immediately

**HDHP:** Copays apply after the deductible has been met



## When you can't get to your doctor, MD Live is there for you!

Allegiance provides access to MD Live's telehealth services as part of your medical plan. MD Live lets you get the care you need for a wide range of minor conditions including most prescriptions. 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!

**When:** Day or night, weekdays, weekends and holidays

**Where:** Home, work or on-the-go

**How:** Phone or video chat

**Who:** MDLive

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 quickly speak with a doctor for help with:

Cold & Flu

Rash

UTI

Stomachache

Fever

Allergies

Acne

Headache

& Many More!

Telehealth visits with MD Live are a cost-effective alternative to a convenience care clinic or urgent care center and costs less than going to the emergency room. MD LIVE is a national telehealth provider, so you can choose your care confidently.

The cost to use MD Live is less than visiting a doctor/Urgent Care in person.

**PPO - \$10 copay**

**HDHP - \$51 billed charge; \$10 copay after deductible is met**

This service is intended for nonlife threatening conditions. In an emergency, call 911 or go to the nearest hospital.

Register here: [www.MDLive.com/Allegiance](http://www.MDLive.com/Allegiance)

# Dental Program



Dura & Shiloh offer 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.

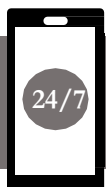
To find a dentist, review your benefits, download or print your ID card and much more, go to [www.deltadentaloh.com](http://www.deltadentaloh.com) or call 800-524-0149.

Benefits	Low Plan	High Plan
Annual Deductible (single   family)	\$50   \$150	\$50   \$150
Calendar Year Maximum Benefit (excludes ortho)	\$1,000 Per Person	\$2,000 Per Person
Orthodontia	Not Covered	50%, \$2,500 Lifetime Maximum
Diagnostic & Preventive Services (annual deductible does not apply)	100%	100%
Brush Biopsy- to detect oral cancer	100%	100%
Radiographs- X-rays	100%	100%
<b>Basic Services</b>		
Emergency Palliative Treatment	80%	80%
Sealants	80%	80%
Minor Restorative Services	80%	80%
Endodontic/ Periodontics Services	80%	80%
Oral Surgery & All Other Basic Services	80%	80%
<b>Major Services</b>		
Major Restorative Services	50%	50%
Relines and Repairs	50%	50%
Prosthodontic Services	50%	50%

### Delta Dental has two networks to choose your dentist from:

- **PPO Network:** Deepest discounts available and balance billing protection.
- **Premier Network:** Broader network, discounts available, balance billing protection.
- **Out-of-Network:** Claim is processed under “reasonable & customary” limits. Delta Dental will send payment for the claim to you, and you will be responsible for paying the dentist.
- **Find an in-network provider:**
  - <https://www.deltadental.com/us/en/find-a-dentist.html>

See page 15 for dental contribution rates



Go Mobile for 24/7 Access

Visit the Delta Dental site at [www.deltadentaloh.com](http://www.deltadentaloh.com) or download the mobile app.

# Vision Program



Dura and Shiloh offer 2 vision plans to help fit the needs of all employees. The High Vision Plan includes \$0 copays on annual exams and lenses, an increased frame and contact lenses allowance, and frames every 12 months.

Both plans will continue to be offered through EyeMed. To find more information about in-network providers and additional discounts, visit [www.eyemed.com](http://www.eyemed.com).

## Low Plan

### Low Plan

Benefits	In- Network	Out-of-Network*
Exam with Dilation (as necessary)	\$10 Copay	Up to \$30
Exam Options:	<b>Standard Contact Lens Fit &amp; Follow Up:</b> Up to \$40 <b>Premium Contact Lens Fit &amp; Follow Up:</b> 10% off Retail	N/A
Standard Plastic Lenses	<b>Single:</b> \$25 copay <b>Bifocal:</b> \$25 copay <b>Trifocal:</b> \$25 copay <b>Lenticular:</b> \$25 copay <b>Standard Progressive Lens:</b> \$90 Copay	\$25 \$40 \$55 \$55 \$40
Frames	\$0 Copay; \$120 Allowance	\$60
Contact Lenses	<b>Conventional:</b> \$0 Copay; \$130 Allowance <b>Disposable:</b> \$0 Copay; \$130 Allowance <b>Medically Necessary:</b> \$0 Copay; Paid in Full	\$104 \$104 \$200
Frequency	<b>Exam:</b> Once Every 12 Months <b>Lenses or Contact Lenses:</b> Once Every 12 Months <b>Frames:</b> Once Every 24 Months	N/A
Laser Vision Correction	15% Off Retail Price or 5% Off Promotional Price	

\*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.

# Vision Program



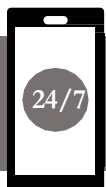
## High Plan

### High Plan

Benefits	In- Network	Out-of-Network*
Exam with Dilation (as necessary)	\$0 Copay	Up to \$30
Exam Options:	<b>Standard Contact Lens Fit &amp; Follow Up:</b> Up to \$40 <b>Premium Contact Lens Fit &amp; Follow Up:</b> 10% off Retail	N/A
Standard Plastic Lenses	<b>Single:</b> \$0 copay <b>Bifocal:</b> \$0 copay <b>Trifocal:</b> \$0 copay <b>Lenticular:</b> \$0 copay <b>Standard Progressive Lens:</b> \$65 Copay	\$25 \$40 \$55 \$55 \$40
Frames	\$0 Copay; \$200 Allowance	\$100
Contact Lenses	<b>Conventional:</b> \$0 Copay; \$200 Allowance <b>Disposable:</b> \$0 Copay; \$200 Allowance <b>Medically Necessary:</b> \$0 Copay; Paid in Full	\$160 \$160 \$200
Frequency	<b>Exam:</b> Once Every 12 Months <b>Lenses or Contact Lenses:</b> Once Every 12 Months <b>Frames:</b> Once Every 12 Months	N/A
Laser Vision Correction	15% Off Retail Price or 5% Off Promotional Price	

\*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.

*See page 15 for vision contribution rates*



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Visit the EyeMed site at [www.eyemed.com](http://www.eyemed.com) or download the mobile app.

# Health Savings Account



Dura & Shiloh are pleased to announce the offering of a Health Savings Account option for employees and their families. Administered by HealthEquity, 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. **The HSA is only available for those who enroll in the HDHP medical plan.**

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

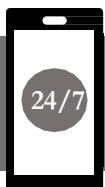
If enrolled in the HDHP, we will contribute funds to your HSA, administered through HealthEquity:

Coverage Type	2022 Employer Contribution
Employee Only	\$41.66 per month (\$500 per year)
Employee + Spouse	
Employee + Child	\$83.33 per month
Employee + Children	(\$1,000 per year)
Employee + Family	

In addition to the contribution that we are making to your HSA, you are also able to contribute. We will payroll deduct your contributions and deposit them directly into your account. The IRS sets the annual limits allowed each year. The annual limits for 2022 are listed below and include **both** employee and employer contributions. “Front loading” your HSA contribution can result in not receiving the full Employer Contribution as both your contribution and our contributions are tracked on a per-pay basis and will stop once the combined annual limit is met.

Coverage Type	Maximum Employee Contribution	Total Annual Maximum
Employee	\$262.50 per month (\$3,150 per year)	\$3,650
Employee + Spouse		
Employee + Child	\$525.00 per month	\$7,300
Employee + Children	(\$6,300 per year)	
Employee + Family		

It is the member’s responsibility to ensure HSA eligibility requirements are met



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Visit the HealthEquity site at [www.healthequity.com](http://www.healthequity.com) or download the HealthEquity app.

# 2022 Monthly Employee Contributions

## 2022 Monthly Medical Contributions



Coverage Tier	PPO	HDHP	Savings with HDHP (premiums + HSA contribution)
Employee Only	\$200	\$35	\$2,480 a year
Employee + Spouse	\$410	\$115	\$4,540 a year
Employee + Child	\$300	\$100	\$3,400 a year
Employee + Children	\$390	\$120	\$4,240 a year
Family	\$500	\$150	\$5,200 a year

Tobacco/nicotine users will be charged an **additional** surcharge of \$75 per month.

## 2022 Monthly Dental Contributions



	LOW PLAN	HIGH PLAN
Employee Only	\$8.94	\$11.44
Employee + Spouse	\$17.37	\$22.25
Employee + Child	\$20.74	\$30.58
Employee + Children	\$20.74	\$30.58
Family	\$32.56	\$46.70

## 2022 Monthly Vision Contributions



	LOW PLAN	HIGH PLAN
Employee Only	\$4.59	\$12.12
Employee + Spouse	\$8.96	\$23.64
Employee + Child	\$8.96	\$23.64
Employee + Children	\$8.96	\$23.64
Family	\$8.96	\$23.64



# 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 HealthEquity and is available for all employees who work more than 30 hours per week. You may contact Health Equity at 877-924-3967 or at [www.healthequity.com](http://www.healthequity.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 (Full)

**Not available to those enrolled in the HDHP with HSA.**

You can designate up to \$2,850\* 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
- Pharmacy expenses
- Dental expenses
- Vision expenses
- Some over-the-counter medications (OTC) prescribed by your physician

## Medical Flex Plan (Limited) – HSA Compatible

**Available to those enrolled in the HDHP with HSA in the Health Savings Account.**

You can designate up to \$2,850\* 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:

- Dental expenses
- Vision expenses

## How Does it Work?

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.

\*This amount is set by the IRS. For 2022, the IRS limit is \$2,850.



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Visit the WageWorks site at [www.healthequity.com](http://www.healthequity.com) or download the HealthEquity app.

## Basic Life and AD&D Insurance



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

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

- **Basic Life Insurance** is an amount one times your base annual pay or \$25,000 whichever is greater.
- **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 equal to one times your base annual pay or \$25,000 whichever is greater. 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 as of the next policy year starting at age 65. See your Basic Life certificate for the full details.



## Voluntary Life & Dependent Life Insurance

While we provide employees with a company-paid Life and AD&D Insurance policy, sometimes individuals and families need additional protection to accomplish their goals. We are pleased to offer additional Voluntary Life and AD&D Insurance to all eligible employees through New York Life. This is a voluntary, employee-paid 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.
  - **Employee Options:** in multiples up to 4 times your base pay. Guarantee issue is \$500,000 or 3x your 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 guarantee issue require medical underwriting.
  - **Spouse Options:** \$10,000 or \$20,000 options.
  - **Child Options:** \$5,000 or \$10,000 options. Available for children from birth to age 26.



*Go Mobile for 24/7 Access*

Visit the NY Life site at [www.mynylgbs.com](http://www.mynylgbs.com) or download the New York Life app.

# 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. 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-workplace 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



## Short Term Disability

- 100% Paid by Dura Automotive & Shiloh Industries
- Administered by New York Life
- Please refer to full benefit summaries for your coverage levels

## Long Term Disability

- 100% Paid by Dura Automotive & Industries
- Administered by New York Life
- Please refer to full benefit summaries for your coverage levels

# Employee Assistance Program (EAP)

## Balance work, life and everything in-between



We offer an Employee Assistance Program through New York Life. 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. Each member receives 3 free face-to-face counseling visits per issue.

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

- Managing stress
- Dealing with depression, anxiety and other mental issues
- Grief and loss
- Legal needs and financial questions
- Repairing and growing relationships
- Finding caregiver solutions

Offered to all  
employees and family  
members!



*Go Mobile for 24/7 Access*

Visit the Cigna EAP site at [www.mynylgbs.com](http://www.mynylgbs.com) Employer ID: shiloh

## Looking for more information?

Our website [www.MyDuraShilohBenefits.com](http://www.MyDuraShilohBenefits.com) is available to all employees and their families. This website provides information regarding:



- Detailed benefit information
- Frequently asked questions
- Discount programs
- Plan Select Tool through Health Equity: [www.comparemyhsa.com/grouper](http://www.comparemyhsa.com/grouper)
  - No username or password to login is required.
  - Copy the link, answer a few questions about who will be on your medical coverage, and 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!

## 401(k)

Shiloh has established a 401(k) Plan through Principal [www.principal.com](http://www.principal.com) with the goal of providing the tools and resources to help you plan for and achieve financial security in retirement.



Through the 401(k) 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 Warren Union Employees
- The day after 90 days of continuous service

### SOME 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 in 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.

# How Do I Elect My Benefits?



## Log into Kronos Self-Service to complete your New Hire or Open Enrollment Benefit Elections

Users with Shiloh computer credentials:

- If you have been provided Shiloh computer credentials, access the log on page from <https://Shiloh.kronos.net>. You will logon with your Shiloh email credentials

Users who do **not** have Shiloh computer credentials:

- If you do not have Shiloh computer credentials, then access the log on page from [www.Shiloh.com](http://www.Shiloh.com). Scroll to the bottom of the home page and click on the **Employee Portal Link**.

### Additional Necessary Actions:

- Complete the Tobacco/Nicotine Survey in Kronos Self-Service
- Complete and return the Affidavit of Spousal Health Care Coverage form if you have elected to cover your spouse on your Medical Plan
- Submit all required dependent verification documents (marriage certificates, birth certificates, etc.) to support all dependents on your healthcare coverages (if previously supplied during New Hire Open Enrollment or a previous Dependent Audit, documentation is not required)

# Important Employee Notices

## **Women’s Health and Cancer Rights Act of 1998 (WHCRA)**

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses;
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

Please contact your HR team with any questions.

## **HIPAA General Notice or Special Enrollment Rights**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

## **HIPAA: Wellness Program Disclosure**

If it is unreasonably difficult due to a medical condition for you to achieve the standards for the reward under this program, or if it is medically inadvisable for you to attempt to achieve the standards for the reward under this program, please contact your HR team and we will collaborate with you to develop an alternative option to qualify for the reward.

## **Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)**

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children are not eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866- 444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2020. Contact your State for more information on eligibility.



# Important Employee Notices

ALABAMA - Medicaid	Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447
ALASKA - Medicaid	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>
ARKANSAS - Medicaid	Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)
COLORADO - Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711
FLORIDA - Medicaid	Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
GEORGIA - Medicaid	Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
INDIANA - Medicaid	Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
IOWA - Medicaid	Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Phone: 1-800-257-8563
KANSAS - Medicaid	Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512
KENTUCKY - Medicaid	Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> Phone: 1-800-635-2570
LOUISIANA - Medicaid	Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447
MAINE - Medicaid	Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711
MASSACHUSETTS - Medicaid and CHIP	Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840
MINNESOTA - Medicaid	Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739
MISSOURI - Medicaid	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
MONTANA - Medicaid	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
NEBRASKA - Medicaid	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
NEVADA - Medicaid	Medicaid Website: <a href="https://dhcfp.nv.gov">https://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900

# Important Employee Notices

NEW HAMPSHIRE - Medicaid	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218   Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY - Medicaid and CHIP	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
NEW YORK - Medicaid	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
NORTH CAROLINA - Medicaid	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
NORTH DAKOTA - Medicaid	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
OKLAHOMA - Medicaid and CHIP	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
OREGON - Medicaid	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
PENNSYLVANIA - Medicaid	Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
RHODE ISLAND - Medicaid	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347 or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA - Medicaid	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
TEXAS - Medicaid	Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
UTAH - Medicaid and CHIP	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
VERMONT - Medicaid	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
VIRGINIA - Medicaid and CHIP	Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
WASHINGTON - Medicaid	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022 ext. 15473
WEST VIRGINIA - Medicaid	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN - Medicaid and CHIP	Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
WYOMING - Medicaid	Website: <a href="https://wyequalitycare.acs-inc.com/">https://wyequalitycare.acs-inc.com/</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

# Important Employee Notices

## **HIPAA Notice of Privacy Practices for Protected Health Information**

**THIS NOTICE DESCRIBES HOW PROTECTED MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **Notice of Privacy Practices**

You are receiving this Privacy Notice because you are eligible to participate in a Shiloh Industries' sponsored group health plans. The Health Plans are committed to protecting the confidentiality of any health information collected about an individual. This Notice describes how the Health Plan may use and disclose, "protected health information" (PHI). In order for information to be considered "PHI", it must meet three conditions:

Information is created or received by a health care provider, health plan, employer, or health care clearinghouse; Information relates past, present, or future physical or mental health condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and the information either identifies the individual or provides a reasonable basis for believing that it can be used to identify the individual.

The Health Plan is required by the Health Insurance Portability and Accountability Act (HIPAA) to provide this Notice to an individual. Additionally, the Health Plan is required by law to:

Maintain the privacy of an individual's "protected health information" (PHI), and provide you with the Privacy Notice of its legal duties and privacy practices with respect to an individual's PHI, and follow the terms of its Privacy Notice that is currently in effect.

Employees of the plan sponsor who administer and manage this Health Plan may use PHI only for appropriate plan purposes (such as for payment or health care operations), but not for purposes of other benefits not provided by this plan, and not for employment-related purposes of the plan sponsor. These individuals must comply with the same requirements that apply to the Health Plan to protect the confidentiality of PHI.

### **Uses and Disclosures of Protected Health Information (PHI).**

The following categories describe the ways that the Health Plan may use and disclose protected health information. For each category of uses and disclosures, examples will be provided. Not every use or disclosure in a category will be listed. However, all the ways the Health Plan is permitted to use and disclose information will fall within one of these categories.

**Treatment Purposes.** The Health Plan may disclose PHI to a health care provider for the health care provider's treatment purposes. For example, if an individual's Primary Care Physician (PCP) or treating medical provider refers the individual to a specialist for treatment, the Health Plan can disclose the individual's PHI to the specialist to whom they have been referred so (s)he can become familiar with the individual's medical condition, prior diagnoses and treatment, and prognosis.

**Payment Purposes.** The Health Plan may use or disclose health information for payment purposes; such as, determining eligibility for plan benefits, obtaining premiums, facilitating payment for the treatment and services an individual receives from health care providers, determining plan responsibility for benefit payments, and coordinating benefits with other benefit plans. Examples of payment functions may include reviewing the medical necessity of health care services, determining whether a particular treatment is experimental or investigational, or determining whether a specific treatment is covered under the plan.

**Health Care Operations.** The Health Plan may use PHI for its own health care operations and may disclose PHI to carry out necessary insurance related activities. Some examples of Health Care Operations may include: underwriting, premium rating and other activities related to plan coverage; conducting quality assessment and improvement activities; placing contracts; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; and business planning, management and general administration of the Health Plan.

# Important Employee Notices

**To a Business Associate of the Health Plan.** The Health Plan may disclose PHI to a Business Associate (BA) of the Health Plan, provided a valid Business Associate Agreement is in place between the Business Associate and the Health Plan. A Business Associate is an entity that performs a function on behalf of the Health Plan and that uses PHI in doing so, or provides services to the Health Plan such as legal, actuarial, accounting, consulting or administrative services. Examples of Business Associates include the Health Plan's Third Party Administrators (TPAs), Actuary, and Broker.

**To the Health Plan Sponsor.** The Health Plan may disclose PHI to the Plan Sponsor as long as the sponsor has amended its plan documents, provided a certification to the Health Plan, established certain safeguards and firewalls to limit the classes of employees who will have access to PHI, and to limit the use of PHI to plan purposes and not for non-permissible purposes, as required by the Privacy Rule. Any disclosures to the plan sponsor must be for purposes of administering the Health Plan. Some examples may include: disclosure for claims appeals to the Plan's Benefits Committee, for case management purposes, or to perform plan administration functions.

The Health Plan may also disclose enrollment/disenrollment information to the plan sponsor, for enrollment or disenrollment purposes only, and may disclose "Summary Health information" (as defined under the HIPAA medical privacy regulations) to the plan sponsor for the purpose of obtaining premium bids or modifying or terminating the plan.

**Required by Law or Requested as Part of a Regulatory or Legal Proceeding.** The Health Plan may use and disclose PHI as required by law or when requested as part of a regulatory or legal proceeding. For example, the Health Plan may disclose medical information when required by a court order in a litigation proceeding, or pursuant to a subpoena, or as necessary to comply with Workers' Compensation laws.

**Public Health Activities or to Avert a Serious Threat to Health or Safety.** The Health Plan may disclose PHI to public health authorities for purposes related to: preventing or controlling disease, injury or disability; reporting child abuse or neglect; reporting domestic violence; reporting to the Food and Drug Administration problems with products and reactions to medications; and reporting disease or infection exposure.

**Law Enforcement or Specific Government Functions.** The Health Plan may disclose PHI to law enforcement personnel for purposes such as identifying or locating a suspect, fugitive, material witness or missing person; complying with a court order or subpoena; and other law enforcement purposes. Other uses and disclosures will be made only with an individual's written authorization or that of their legal representative, and the individual may revoke such authorization as provided by section 164.508(b) (5) of the Privacy Rule. Any disclosures that were made when the individual's Authorization was in effect will not be retracted.

## **An Individual's Rights Regarding PHI**

An individual has the following rights with respect to their PHI:

**Right to Inspect and Copy PHI.** An individual has the right to inspect and copy health information about them that may be used to make decisions about plan benefits. If they request a copy of the information, a reasonable fee to cover expenses associated with their request may be charged.

**Right to Request Restrictions).** An individual has the right to request restrictions on certain uses and disclosures of their PHI (although the Health Plan is not required to agree to a requested restriction).

**Right to Receive Confidential Communications of PHI).** An individual has the right to receive their PHI through a reasonable alternative means or at an alternative location if they believe the Health Plan's usual method of communicating PHI may endanger them.

# Important Employee Notices

**Right to Request an Amendment.** An individual has the right to request the Health Plan to amend their health information that they believe is incorrect or incomplete. The Health Plan is not required to change the PHI, but is required to provide the individual with a response in either case.

**Right to Accounting of Disclosures.** An individual has the right to receive a list or “accounting of disclosures” of their health information made by the Health Plan, except the disclosures made by the Health Plan for treatment, payment, or health care operations, national security, law enforcement or to corrections personnel, pursuant to the individual’s Authorization, or to the individual. An individual’s request must specify a time period of up to six years and may not include dates prior to May 1, 2010 (effective date of this regulation). The Health Plan will provide one accounting of disclosures free of charge once every 12 month period.

**Breach Notification.** An individual has the right to receive notice of a breach of your unsecured medical information. Notification may be delayed if so required by a law enforcement official. If you are deceased and there is a breach of your medical information, the notice will be provided to your next of kin or personal representatives if the plan knows the identity and address of such individual(s).

*Optional if covered entity engages in underwriting* **Genetic Information** An individual’s genetic information will not be used for under writing except for long term care plans.

**Right to Paper Copy.** An individual has a right to receive a paper copy of this Notice of Privacy Practices at any time.

## **The Health Plan’s Responsibilities Regarding an Individual’s PHI**

The Health Plan is a “covered entity” (CE) and has responsibilities under HIPAA regarding the use and disclosure of PHI. The Health Plan has a legal obligation to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices with respect to PHI. The Health Plan is required to abide by the terms of the current Notice of Privacy Practices (the “Notice”). The Health Plan reserves the right to change the terms of this Notice at any time and to make the revised Notice provisions effective for all PHI the Health Plan maintains, even PHI obtained prior to the effective date of the revisions. If the Health Plan revises the Notice, the Health Plan will promptly distribute a revised Notice to all actively enrolled participants whenever a material change has been made. Until such time, the Health Plan is required by law to comply with the current version of this Notice.

## **The Health Plan’s Complaint Procedures**

Complaints about this Privacy Notice or if an individual believes their PHI has been impermissibly used or disclosed, or their privacy rights have been violated in any way, the individual may submit a formal complaint. Complaints should be submitted in writing to:

**Please contact your HR team in regards to any complaints regarding this matter.**

The complaint will be investigated and a written response will be provided to the individual within 30 days from receipt of the complaint. A written summary of the complaint and any correction action taken will be filed with the Privacy Officer. The Health Plan will not retaliate against the individual in any way for filing a complaint.

If an individual would like their complaint reviewed by an outside agency, they may contact the Department of Health and Human Services at the following address:

**Department of Health and Human Services  
The Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, D.C. 20201**

# Important Employee Notices

## **IMPORTANT NOTICE ABOUT PRESCRIPTION DRUG COVERAGE FOR YOU AND/OR YOUR MEDICARE ELIGIBLE DEPENDENTS**

### **Medicare Part D Creditable Coverage Notice**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Shiloh Industries and about your options under Medicare's prescription drug coverage. This information is to help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including covered drugs and costs, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important considerations as to your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You are eligible for this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Shiloh Industries has determined that the prescription drug coverage offered by Cigna is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

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#### **When May You Join A Medicare Drug Plan?**

You may join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

#### **What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?**

If you decide to join a Medicare drug plan, your current Cigna coverage will/will not be affected.

#### **When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?**

You should also know that if you drop or lose your current coverage with Shiloh Industries and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you experience 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may increase by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you have nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

# Important Employee Notices

**NOTE:** You'll receive this notice each year. You will also receive it before the next period in which you may join a Medicare drug plan, and also if this coverage through Shiloh Industries changes. You may request a copy of this notice at anytime.

## **For More Information Regarding Your Options Under Medicare Prescription Drug Coverage**

Contact the person listed below for further information. Detailed information regarding Medicare plans offering prescription drug coverage is in the "Medicare & You" handbook. You'll receive a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit [www.medicare.gov](http://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

**Please contact your local Human Resource Department should you have any questions.**



# Contact Information

Benefit	Vendor	Group Number	Contact Number	Website/ Email
401(k) Administrator	Principal	448358	800-547-7754	<a href="http://www.principal.com">www.principal.com</a>
AD&D (Basic and Voluntary)	New York Life	OK969996 Vol: OK969997	800-362-4462	<a href="http://www.mynylgbs.com">www.mynylgbs.com</a>
Accident/Critical Illness/Hospital	Cigna	Acc: AI960782 CI: CI960756 H: HC960274	800-754-3207	<a href="http://www.mycigna.com">www.mycigna.com</a>
Dental	Delta Dental of Ohio	2290	800-524-0149	<a href="http://www.deltadentaloh.com">www.deltadentaloh.com</a>
EAP	New York Life	Shiloh	877-622-4327	<a href="http://www.mynylgbs.com">www.mynylgbs.com</a>
Financial Advisor	Waypoint Partners		216-765-7400	<a href="http://www.waypoint.com">www.waypoint.com</a>
Flexible Spending Accounts	HealthEquity	41768	877-924-3967	<a href="http://www.healthequity.com">www.healthequity.com</a>
Health Savings Account	HealthEquity	48682	866-346-5800	<a href="http://www.healthequity.com">www.healthequity.com</a>
Leave of Absence	New York Life	FML963235	888-842-4462	<a href="http://www.mynylgbs.com">www.mynylgbs.com</a>
Life Insurance (Basic, Voluntary Employee & Dependent)	New York Life	OK969996 Vol: OK969997	800-362-4462	<a href="http://www.mynylgbs.com">www.mynylgbs.com</a>
Long Term Disability	New York Life	LK965747	800-842-4462	<a href="http://www.mynylgbs.com">www.mynylgbs.com</a>
Medical	Allegiance Cigna PPO Network			<a href="http://www.Allegiance.com">www.Allegiance.com</a> <a href="http://www.mycigna.com">www.mycigna.com</a>
Prescription Drug	CVS/Caremark			<a href="http://www.caremark.com">www.caremark.com</a>
Telehealth	MDLive		888-726-3171	<a href="http://www.MDLive.com/Allegiance">www.MDLive.com/Allegiance</a>
UBreathe Tobacco/Nicotine Cessation Program	Marquee Health		800-882-2109	<a href="mailto:Coaching@marqueehealth.com">Coaching@marqueehealth.com</a>
Vision	EyeMed	Low: 9731415 High: 1024706	866-299-1358	<a href="http://www.eyemed.com">www.eyemed.com</a>

This summary of benefits is designed to provide a high-level overview of Dura Automotive & Shiloh Industries' 2022 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.