



Offered by Life Insurance Company of North America

Employee-Paid

CRITICAL ILLNESS INSURANCE

SUMMARY OF BENEFITS

Prepared for: Megalodon Midco LLC d/b/a Dura and Shiloh Companies

Critical Illness insurance provides a cash benefit when a Covered Person is diagnosed with a covered critical illness or event after coverage is in effect. See State Variations (marked by *) below.

Who Can Elect Coverage:

You: All active, Full-time unionized Fremont Employees of the Employer regularly working a minimum of 30 hours per week in the United States who are citizens or permanent residents aliens of the United States.

You will be eligible for coverage after 90 days of active service.

Your Spouse:* Up to age 99, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to age 26; 26+ if disabled, are automatically enrolled as long as you apply for and are approved for coverage yourself.

Available Coverage:

The benefit amounts shown will be paid regardless of the actual expenses incurred. The benefit descriptions are a summary only. There are terms, conditions, state variations, exclusions and limitations applicable to these benefits. Please read all of the information in this Summary and your Certificate of Insurance for more information. All Covered Critical Illness Conditions must be due to disease or sickness.

	Benefit Amount	Guaranteed Issue Amount
Employee	\$5,000, \$10,000, \$15,000, \$20,000, \$25,000 \$30,000	Up to \$30,000
Spouse	50% of employee amount	Up to \$15,000
Children	25% of employee amount, including Childhood Conditions.	All guaranteed issue

See "Guaranteed Issue" section below for more information.

Covered Conditions	Benefit Amount
Cancer Conditions	
Skin Cancer*	\$250 1x per lifetime

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
Vascular Conditions		
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%
Nervous System Conditions		
Advanced Alzheimer's Disease	25%	Not Available
Amyotrophic Lateral Sclerosis (ALS)	25%	Not Available
Parkinson's Disease	25%	Not Available
Multiple Sclerosis	25%	Not Available

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Childhood Conditions*		
Cerebral Palsy	100%	Not Available
Cystic Fibrosis	100%	100%
Muscular Dystrophy	100%	100%
Poliomyelitis	100%	Not Available
Other Specified Conditions		
Benign Brain Tumor	100%	100%
Blindness	100%	Not Available
Coma	25%	25%
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%
Paralysis	100%	100%

For Childhood Conditions please refer to the beginning of the Available Coverage section above for details on how much coverage is available for covered children.

Health Screening Test Benefit	Benefit Amount
Examples includes (but are not limited to) mammography, and certain blood tests. The benefit amount shown will be paid regardless of the actual expenses incurred and is paid on a per day basis. <i>Virtual Care accepted.</i>	\$100 1 per year

Benefits	
Initial Critical Illness Benefit	Benefit for a diagnosis made after the effective date of coverage for each Covered Condition shown above. The amount payable per Covered Condition is the Initial Benefit Amount multiplied by the applicable percentage shown. Each Covered Condition will be payable one time per Covered Person, subject to the Maximum Lifetime Limit. A 180 days separation period between the dates of diagnosis is required.*
Recurrence Benefit	Benefit for the diagnosis of a subsequent and same Covered Condition for which an Initial Critical Illness Benefit has been paid, payable after a 12 month separation period from diagnosis of a previous Covered Condition, subject to the Maximum Lifetime Limit.
Skin Cancer Benefit	Pays benefit stated above.
Maximum Lifetime Limit	The maximum benefit payable per Covered Person is the lesser of 5 times the elected Benefit Amount or \$150,000. The following benefits are not subject to this limit: Skin Cancer

Portability Feature: You can continue 100% of coverage for all Covered Persons at the time Your coverage ends. You must be covered under the policy and be under the age of 99 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

Employee's Monthly Cost of Coverage:

Benefit Amount: \$5,000

Age	Employee	Employee + Spouse	Employee + Children	Employee + Family
<29	\$4.90	\$9.13	\$4.90	\$9.13
30 to 39	\$5.60	\$11.25	\$5.60	\$11.25
40 to 49	\$7.55	\$15.05	\$7.55	\$15.05
50 to 59	\$12.30	\$24.60	\$12.30	\$24.60
60 to 69	\$19.10	\$38.20	\$19.10	\$38.20
70 to 79	\$28.50	\$57.00	\$28.50	\$57.00
80 to 89	\$37.75	\$75.50	\$37.75	\$75.50
90+	\$37.75	\$75.50	\$37.75	\$75.50

Benefit Amount: \$10,000

Age	Employee	Employee + Spouse	Employee + Children	Employee + Family
<29	\$6.30	\$11.26	\$6.30	\$11.26
30 to 39	\$7.70	\$15.50	\$7.70	\$15.50
40 to 49	\$11.60	\$23.10	\$11.60	\$23.10
50 to 59	\$21.10	\$42.20	\$21.10	\$42.20
60 to 69	\$34.70	\$69.40	\$34.70	\$69.40
70 to 79	\$53.50	\$107.00	\$53.50	\$107.00
80 to 89	\$72.00	\$144.00	\$72.00	\$144.00
90+	\$72.00	\$144.00	\$72.00	\$144.00

Benefit Amount: \$15,000

Age	Employee	Employee + Spouse	Employee + Children	Employee + Family
<29	\$7.70	\$13.39	\$7.70	\$13.39
30 to 39	\$9.80	\$19.75	\$9.80	\$19.75
40 to 49	\$15.65	\$31.15	\$15.65	\$31.15
50 to 59	\$29.90	\$59.80	\$29.90	\$59.80
60 to 69	\$50.30	\$100.60	\$50.30	\$100.60
70 to 79	\$78.50	\$157.00	\$78.50	\$157.00
80 to 89	\$106.25	\$212.50	\$106.25	\$212.50
90+	\$106.25	\$212.50	\$106.25	\$212.50

Benefit Amount: \$20,000

Age	Employee	Employee + Spouse	Employee + Children	Employee + Family
<29	\$9.10	\$15.52	\$9.10	\$15.52
30 to 39	\$11.90	\$24.00	\$11.90	\$24.00
40 to 49	\$19.70	\$39.20	\$19.70	\$39.20
50 to 59	\$38.70	\$77.40	\$38.70	\$77.40
60 to 69	\$65.90	\$131.80	\$65.90	\$131.80
70 to 79	\$103.50	\$207.00	\$103.50	\$207.00
80 to 89	\$140.50	\$281.00	\$140.50	\$281.00
90+	\$140.50	\$281.00	\$140.50	\$281.00

Benefit Amount: \$25,000

Age	Employee	Employee + Spouse	Employee + Children	Employee + Family
<29	\$10.50	\$17.65	\$10.50	\$17.65
30 to 39	\$14.00	\$28.25	\$14.00	\$28.25
40 to 49	\$23.75	\$47.25	\$23.75	\$47.25
50 to 59	\$47.50	\$95.00	\$47.50	\$95.00
60 to 69	\$81.50	\$163.00	\$81.50	\$163.00
70 to 79	\$128.50	\$257.00	\$128.50	\$257.00
80 to 89	\$174.75	\$349.50	\$174.75	\$349.50
90+	\$174.75	\$349.50	\$174.75	\$349.50

Benefit Amount: \$30,000

Age	Employee	Employee + Spouse	Employee + Children	Employee + Family
<29	\$11.90	\$19.78	\$11.90	\$19.78
30 to 39	\$16.10	\$32.50	\$16.10	\$32.50
40 to 49	\$27.80	\$55.30	\$27.80	\$55.30
50 to 59	\$56.30	\$112.60	\$56.30	\$112.60
60 to 69	\$97.10	\$194.20	\$97.10	\$194.20
70 to 79	\$153.50	\$307.00	\$153.50	\$307.00
80 to 89	\$209.00	\$418.00	\$209.00	\$418.00
90+	\$209.00	\$418.00	\$209.00	\$418.00

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

The policy's rate structure is based on attained age, which means the premium can increase due to the increase in your age.

Important Policy Provisions and Definitions:

Covered Person: An eligible person who is enrolled for coverage under the Policy.

Covered Loss: A loss that is specified in the Policy in the Schedule of Benefits section and suffered by the Covered Person within the applicable time period described in the Policy.

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, the first of the month following the date your completed enrollment form is received, or if evidence of insurability is required, the first of the month after we have approved you (or your dependent) for coverage in writing, unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all Covered Persons will not begin on the effective date if the covered person is confined to a hospital, facility or at home, disabled or receiving disability benefits or unable to perform activities of daily living.

When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued. Be sure to read the provisions in your Certificate about when coverage may continue.)

30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate of Insurance for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Benefit Reductions, Common Exclusions and Limitations:

Pre-Existing Condition Limitation:* In addition to any benefit-specific limitations, we will not pay benefits for a covered Critical Illness caused or contributed to by, or resulting from, a Pre-existing Condition. The term "Pre-existing Condition" means any sickness or injury for which an Covered Person received medical treatment, advice, care or services including diagnostic measures, took prescribed drugs or medicines or for which a reasonable person would have consulted a Physician within 12 months before the Covered Person's most recent effective date of insurance, and the most recent effective date of any added or increased amount of insurance.

The Pre-Existing Condition Limitation will apply to any added benefits or increases in benefits. This Limitation will not apply to a covered Critical Illness for which the date of diagnosis occurs after the Covered Person is insured under this Policy for at least 12 months after the Covered Person's most recent effective date of insurance, and effective date of any added or increased amount of insurance.

Exclusions: In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Loss that is caused directly or indirectly, in whole or in part by any of the following: • intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane; • commission or attempt to commit a felony or an assault; • declared or undeclared war or act of war; • a Covered Loss that results from active duty service in the military, naval or air force of any country or international organization (upon our receipt of proof of service, we will refund any premium paid for this time; Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days); • voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage; • operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant ("Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Loss occurred) • a diagnosis not in accordance with generally accepted medical principles prevailing in the United States at the time of the diagnosis.

Specific Definitions, Benefit Exclusions and Limitations:

The date of diagnosis must occur while coverage is in force and the condition definition must be satisfied. Only one Initial Benefit will be paid for each Covered Condition per person and benefits will be subject to separation periods and Maximum Lifetime Limits.

Skin Cancer, basal cell/squamous cell carcinoma or certain forms of melanoma.

Invasive Cancer, uncontrolled/abnormal growth or spread of invasive malignant cells. Excludes pre-malignant conditions or conditions with malignant potential, carcinoma in situ, basal cell carcinoma, squamous cell carcinoma of the skin, unless metastatic disease develops, melanoma that is diagnosed as Clark's Level I or II or Breslow less than 0.75mm, or melanoma in situ, or prostate tumor that is classified as T-1a, b, or c, N-0, and M-0 on a TNM classification scale. Also excludes the recurrence or metastasis of an original Cancer that was diagnosed prior to the coverage effective date if the Insured has undergone treatment for such cancer within 12 months of being diagnosed with cancer while under this coverage.

Carcinoma in Situ, non-invasive malignant tumor. Excludes premalignant conditions or conditions with malignant potential, skin cancers, invasive cancer (basal/squamous cell carcinoma or melanoma/ melanoma in situ).

Heart Attack, includes the following that confirms permanent loss of heart muscle function: 1) EKG; 2) elevation of cardia enzyme.

Specific Definitions, Benefit Exclusions and Limitations:

Stroke, cerebrovascular event—for instance, cerebral hemorrhage—confirmed by neuroimaging studies and neurological deficits lasting 96 hours or more. Excludes transient ischemic attack (TIAs), brain injury related to trauma or infection, brain injury associated with hypoxia or anoxia, vascular disease affecting eye or optic nerve or ischemic disorders of the vestibular system.

Coronary Artery Disease, heart disease/angina requiring coronary artery bypass surgery, as prescribed by a Physician. Excludes angioplasty (percutaneous coronary intervention) and stent implantation.

Advanced Alzheimer's Disease, progressive degenerative disorder that attacks the brain's nerve cells resulting in the inability to perform 3 or more of the Activities of Daily Living.

Amyotrophic Lateral Sclerosis (ALS aka Lou Gehrig's Disease), motor neuron disease resulting in muscular weakness and atrophy.

Parkinson's Disease, progressive, degenerative neurologic disease with indicated signs of the disease.

Multiple Sclerosis, disease involving damage to brain and spinal cord cells with signs of motor or sensory deficits confirmed by MRI.

Cerebral Palsy, brain injury or abnormality occurring within 24 hours of birth resulting in developmental brain disorder.

Cystic Fibrosis, progressive disorder that affects exocrine glands.

Muscular Dystrophy, progressive disorder that interferes with formation of healthy muscles.

Poliomyelitis, acute, infectious disease caused by the poliovirus with indicated signs of the disease. Excludes non-paralytic polio or post-polio syndrome.

Benign Brain Tumor, non-cancerous abnormal cells in the brain.

Blindness, irreversible sight reduction in both eyes; Best corrected single eye visual acuity less than 20/200 (E-Chart) or 6/60 (Metric) or with visual field reduction (both eyes) to 20 degrees or less. May require loss be due to specific illness.

Coma, unconscious state lasting at least 96 continuous hours. Excludes any state of unconsciousness intentionally or medically induced from unconsciousness intentionally which the Covered Person is able to be aroused.

End-Stage Renal (Kidney) Disease, chronic, irreversible function of both kidneys. Requires hemo or peritoneal dialysis.

Major Organ Failure, includes: liver, lung, pancreas, kidney, heart or bone marrow. Happens when transplant is prescribed or recommended and placed on UNOS registry. If the Covered Person has a combination transplant (i.e. heart and lung), a single benefit amount will be payable. Recurrence Benefit not payable for same organ for which a benefit was previously paid.

Paralysis, complete, permanent loss of use of two or more limbs due to a disease. Excludes loss due to Stroke and Multiple Sclerosis.

Guaranteed Issue:

If you are a new hire you are not required to provide proof of good health if you enroll during your employer's eligibility waiting period and you choose an amount of coverage up to and including the Guaranteed Issue Amount. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. Guaranteed Issue coverage may be available at other specified periods of time. Your employer will notify you when these periods of time are available. Pre-existing condition limitation: Pre-existing condition limitations may apply. Your Spouse must be age 18 or older to apply if evidence of insurability is required.

*State Variations

For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Spouse definition includes civil union partners in New Hampshire and Vermont. **Portability** in VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage. **Pre-existing Condition Limitation** differs in ID, NC and SC. **Exclusions** may vary for residents of ID, MN, NC, SC, SD, VT and WA.

THESE POLICIES PAY LIMITED BENEFITS ONLY. THEY ARE NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DO NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Terms and conditions of coverage for Critical Illness Insurance are set forth in Group Policy No. CI960756. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. For costs and details of coverage, review your plan documents or contact a Cigna representative. Insurance coverage is issued on group policy form number: Policy Form GCI-02-1000. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

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Offered by Life Insurance Company of North America

Employee-Paid

ACCIDENTAL INJURY INSURANCE

SUMMARY OF BENEFITS

Prepared for: Megalodon Midco LLC d/b/a Dura and Shiloh Companies

Accidental Injury coverage provides a fixed cash benefit according to the schedule below when a Covered Person suffers certain Injuries or undergoes a broad range of medical treatments or care resulting from a Covered Accident. See State Variations (marked by *) below.

Who Can Elect Coverage:

You: All active, Full-time unionized Fremont Employees of the Employer regularly working a minimum of 30 hours per week in the United States who are citizens or permanent residents aliens of the United States.

You will be eligible for coverage after 90 days of active service.

Your Spouse*: Up to age 99, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

Available Coverage: This Accidental Injury plan provides off the job only coverage.

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Benefit Percentage Amount (unless otherwise indicated)	Employee	Spouse	Children
	100% of benefits shown	100% of benefits shown	100% of benefits shown

Initial & Emergency Care	Plan
Emergency Care Treatment	\$200
Physician Office Visit	\$100
Diagnostic Exam (x-ray or lab)	\$50
Ground or Water Ambulance/Air Ambulance	\$150/\$1,000
Hospitalization Benefits	Plan
Hospital Admission	\$1,000
Hospital Stay	\$200
Intensive Care Unit Stay	\$400
Fractures and Dislocations	Plan
Per covered surgically-repaired fracture	\$200-\$8,000
Per covered non-surgically-repaired fracture	\$100-\$4,000
Chip Fracture (percent of fracture benefit)	25%
Per covered surgically-repaired dislocation	\$200-\$6,000
Per covered non-surgically-repaired dislocation	\$100-\$3,000
Follow-Up Care	Plan
Follow-up Physician Office Visit	\$75
Follow-up Physical Therapy Visit	\$50
Enhanced Accident Benefits	Plan
Examples:	
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)	\$100
Large Lacerations (more than 6 inches long and requires 2 or more sutures)	\$600
Concussion	\$150
Coma (lasting 7 days with no response)	\$10,000

Additional Accidental Injury benefits included - See certificate for details, including limitations & exclusions. Virtual Care accepted for Initial Physician Office Visit and Follow-Up Care.

Accidental Death and Dismemberment Benefit	Plan
Examples of benefits include (but are not limited to) payment for death from Automobile accident; total and permanent loss of speech or hearing in both ears. Actual benefit amount paid depends on the type of Covered Loss. The Spouse and Child benefit is 100% and 100% respective of the benefit shown.	Loss of Life: \$50,000 - \$100,000 Dismemberment: \$2,000 - \$30,000
Wellness Treatment, Health Screening Test & Preventive Care Benefit*	Plan
Wellness Treatment, Health Screening Test and Preventive Care Benefit:* Examples include (but are not limited to) routine gynecological exams, general health exams, mammography and certain blood tests. Benefit paid for all covered persons is 100% of the benefit shown. <i>Also includes COVID-19 Immunization. Virtual Care accepted.</i>	\$50

Portability Feature: You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be under the age of 99 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

Employee's Monthly Cost of Coverage:

Tier	Plan
Employee	\$16.21
Employee and spouse	\$23.14
Employee and child(ren)	\$30.89
Family	\$37.82

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

Important Definitions and Policy Provisions:

Coverage Type: Benefits are paid when a Covered Injury results, directly and independently of all other causes, from a Covered Accident.

Covered Accident: A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and occurs while the Covered Person is insured under this Policy; is not contributed to by disease, sickness, mental or bodily infirmity; and is not otherwise excluded under the terms of this Policy.

Covered Injury: Any bodily harm that results directly and independently of all other causes from a Covered Accident.

Covered Person: An eligible person who is enrolled for coverage under this Policy.

Covered Loss: A loss that is the result, directly and independently of other causes, from a Covered Accident suffered by the Covered Person within the applicable time period described in the Policy.

Hospital: An institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of medical doctors; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis, and charges for its services. The term Hospital does not include a clinic, facility, or unit of a Hospital for: rehabilitation, convalescent, custodial, educational, or nursing care; the aged, treatment of drug or alcohol addiction.

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, or the first of the month following the date your completed enrollment form is received unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all Covered Persons will not begin on the effective date if hospital, facility or home confined, disabled or receiving disability benefits or unable to perform activities of daily living.

When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued. Be sure to read the provisions in your Certificate.)

30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Benefit Conditions and Limitations: This document provides only the highlights. All claims for a covered loss must meet specific Benefit Conditions and Limitations and are otherwise subject to all other terms set forth in the group policy.

Common Exclusions:* In addition to any benefit specific exclusions, no payments will be made for losses which directly or indirectly, is caused by or results from: • intentionally self-inflicted injury, including suicide or any attempted suicide; • committing an assault or felony; • bungee jumping; parachuting; skydiving; parasailing; hang-gliding; • declared or undeclared war or act of war; • aircraft or air travel, except as a commercial passenger or Aircraft used by the Air Mobility Command (unless owned, leased or controlled by policy holder/subscriber); • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment, except bacterial infection from an accidental external cut or wound or accidental ingestion of contaminated food; • activities of active military duty, except Reserve or National Guard active duty training lasting 31 days or less; • operating any vehicle under the influence of alcohol or any drug, narcotic or other intoxicant; • voluntary use of drugs, unless taken as prescribed and under direction of a physician; • services or treatment rendered by a physician, nurse or any other person who is: employed by the subscriber, living with or immediate family of the Covered Person, or providing alternative medical treatments; and • injuries that occur during the course of any employment for pay, benefit or profit. Actual policy terms may vary depending on your plan design and location.

Specific Benefit Exclusions and Limitations:*

Emergency Care Treatment: Treatment must occur within 30 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person; limit 1 Covered Accident per month. Excludes: treatment provided by an immediate family member, clinic, or doctor's office. **Physician Office Visit:** Must be diagnosed and treated by a physician within 90 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person; not payable if a Covered Person is eligible to receive a benefit under Emergency Treatment. Excludes: routine health examinations or immunizations for Covered Persons Age 60 and older, visits for mental or nervous disorders, and visits by a surgeon while confined to a Hospital. **Diagnostic Exam:** payable once per Covered Accident, per Covered Person; limit 1 Covered Accident per month. Treatment must occur within 90 days of the Covered Accident. **Ground or Water Ambulance/Air Ambulance:** Services must be provided from the scene of the Covered Accident or within 90 days of Covered Accident. Limits: payable once per Covered Accident, per Covered Person; limit 1 Covered Accident per month, only one benefit will be paid ground or water/air, whichever is greater. **Hospital Admission:** Inpatient admission must occur within 90 days of the Covered Accident due to such accident. Limits: payable once per Covered Accident; limit 1 Covered Accident per month. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Accident. **Hospital Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. Limits: 365 days per Covered Accident; 1 stay per accident; limit 1 Covered Accident per month, not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay. **Intensive Care Unit Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. Limits: 365 days per Covered Accident; limit 1 Covered Accident per month, not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay. **Fracture/Dislocation:** If more than one fracture, only one benefit will be paid, whichever is the greater amount. Chip fracture not paid in addition to closed fracture. Limits: Both fractures and dislocations are limited to 1 per accident. Must be diagnosed and treated by a physician within 90 days of the Covered Accident.

Follow-up Physician Office Visit: Limits: 10 follow up visit(s) for each Covered Person per Covered Accident for follow up physician office visits; limit 1 Covered Accident per month. Must be examined, treated or prescribed by physician. Examination or treatment must be provided within 90 days and treatment must be completed within 365 days of the Covered Accident. **Follow-up Physical Therapy Visit:** Limits: 10 follow up visit(s) for each Covered Person per Covered Accident for follow up physical therapy visits; limit 1 Covered Accident per month. Must be examined, treated or prescribed by physician. First examination or treatment must be provided within 120 days of the Covered Accident. Subsequent follow up treatment must be completed within 365 days of the Covered Accident. **Wellness Treatment, Health Screening Test and Preventive Care Benefit:** Limit: 1 per year per Covered Person. **Large Lacerations:** Treatment by Physician must be received within 90 days of the Covered Accident. Limits: payable 1 time per Covered Person, Per Covered Accident; Multiple lacerations pay a maximum of 2 times the benefit. **Concussion:** Must be diagnosed by a physician within 90 days of the Covered Accident. Limits: payable 1 times per Covered Accident. **Coma:** Limits: payable 1 times per Covered Accident. Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. Excludes: medically induced coma. **Accidental Death and Dismemberment Rider:** To receive benefits, the death or loss must occur within 365 days of the covered accident. The exclusions that apply to this benefit are in the Common Exclusions Section. If a Covered Person dies as a result of an automobile accident other loss of life benefits will not be paid. If the driver, he/she must hold a current and valid driver's license. If total and permanent loss of speech or hearing in both ears is payable, no benefits will be paid under the dismemberment benefit and total benefits will not exceed the loss of life death benefit. Benefit Amounts for the Covered Person's will reduce to 50% at Age 70, but child benefits if applicable, will not reduce. This is not a complete list. See certificate for complete details, including limitations and exclusions that apply to this benefit.

*State Variations

For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Spouse definition includes civil union partners in New Hampshire and Vermont. **Specific Benefit Exclusions and Limitations:** The timeframe to obtain services following a covered accident is extended in SD and WA. **Common Exclusions** may vary for residents of MN, SC, SD, and WA. **Hospital/ICU Stay** requires a 31 day minimum for Idaho residents. See your Certificate for detail. **Wellness Treatment, Health Screening Test and Preventive Care Benefit** is not available to residents of NH. **Portability** in VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage. Covid- 19 benefits are not available to residents of ID, OR and WA.

THESE POLICIES PAY LIMITED BENEFITS ONLY. THEY ARE NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DO NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Series 1.2/1.3

Terms and conditions of coverage for Accidental Insurance are set forth in Group Policy No. AI960782. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. For costs and details of coverage, review your plan documents or contact a Cigna representative. Insurance coverage is issued on group policy form number: Policy Form GAI-00-1000.00. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

Accidental Injury, Critical Illness, and Hospital Care plans or insurance policies are distributed exclusively by or through operating subsidiaries of Cigna Corporation, are administered by Cigna Health and Life Insurance Company, and are insured by either (i) Life Insurance Company of North America ("LINA") (Philadelphia, PA); or (ii) New York Life Group Insurance Company of NY ("NYLGICNY") (New York, NY), formerly known as Cigna Life Insurance Company of New York. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. LINA and NYLGICNY are not affiliates of Cigna.

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Offered by Life Insurance Company of North America

Employee-Paid

HOSPITAL CARE COVERAGE

SUMMARY OF BENEFITS

Prepared for: Megalodon Midco LLC d/b/a Dura and Shiloh Companies

Hospital Care coverage provides a benefit according to the schedule below when a Covered Person incurs a Hospital stay resulting from a Covered Injury or Covered Illness See State Variations (marked by *) below.

Who Can Elect Coverage:

You: All active, Full-time unionized Fremont Employees of the Employer regularly working a minimum of 30 hours per week in the United States who are citizens or permanent residents aliens of the United States.

You will be eligible for coverage after 90 days of active service.

Your Spouse:* Up to age 99, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

Available Coverage:

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand the terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Benefit Waiting Period:* None, unless otherwise stated. No benefits will be paid for a loss which occurs during the Benefit Waiting Period.

Hospitalization Benefits	Plan
Hospital Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 90 days.	\$500
Hospital Chronic Condition Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 90 days.	\$50
Hospital Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	\$200
Hospital Intensive Care Unit (ICU) Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	\$400
Hospital Observation Stay 24 hour Elimination Period. Limited to 72 hours.	\$100 per 24-hour period

Portability Feature:* You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be covered under the policy and be under the age of 99 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

Employee's Monthly Cost of Coverage:

Tier	Plan
Employee Only	\$15.12
Employee & Spouse	\$29.72
Employee & Child(ren)	\$21.49
Employee & Family	\$36.14

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

NOTE: The following are some of the important policy provisions, terms and conditions that apply to benefits described in the policy. This is not a complete list. See your Certificate of Insurance for more information.

Benefit Amounts Payable: Benefits for all Covered Persons are payable at 100% of the Benefit Amounts shown, unless otherwise stated. Late applicants, if allowed under this plan, may be required to provide medical evidence of insurability.

Benefit-Specific Conditions, Exclusions & Limitations (Hospital Care):

Hospital Admission: Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).

Hospital Chronic Condition Admission: Must be admitted as an Inpatient due to a covered chronic condition and treatment for a covered chronic condition must be provided by a specialist in that field of medicine. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).

Hospital Stay: Must be admitted as an Inpatient and confined to the Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. Hospital stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one Hospital Stay.

Intensive Care Unit (ICU) Stay: Must be admitted as an Inpatient and confined in an ICU of a Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. ICU stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one ICU stay.

Hospital Observation Stay: Must be receiving treatment for a Covered Injury or Covered Illness in a Hospital, including an observation room, or ambulatory surgical center, for more than 24 hours on a non-inpatient basis and a charge must be incurred. This benefit is not payable if a benefit is payable under the Hospital Stay Benefit or Hospital Intensive Care Unit Stay Benefit.

Common Exclusions and Limitations:

Exclusions:* In addition to any benefit-specific exclusion, benefits will not be paid for any Covered Injury or Covered Illness which is caused by or results from any of the following (unless otherwise provided for in the policy): • Intentionally self-inflicted injury, suicide or any attempted threat while sane or insane; • Commission or attempt to commit a felony or an assault; • Declared or undeclared war or act of war; • A Covered Injury or Covered Illness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days; • Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage (excludes WA residents); • Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. "Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Injury or Covered Illness occurred. (excludes WA residents); • Those not necessary, as determined by Us in accordance with generally accepted standards of medical practice, for the diagnosis, care or treatment of the physical or mental condition involved. This applies even if they are prescribed, recommended, or approved by the attending physician; • Elective or cosmetic surgery. This does not include reconstructive, cosmetic surgery: a) incidental to or following surgery for trauma, infection or other disease of the involved part; or b) due to congenital disease or anomaly of a Covered Dependent child which has resulted in a functional defect; • Dental surgery, unless the surgery is the result of an accidental injury. In addition, benefits will not be paid for services or treatment rendered by a Physician, Nurse or any other person who is: employed or retained by the Subscriber or providing homeopathic, aromatherapeutic or herbal therapeutic services or living in the Covered Person's household or a parent, sibling, spouse or child of the Covered Person.

Pre-Existing Condition Limitation:* We will not pay benefits for a Covered Injury or Covered Illness caused, contributed to by, or resulting from, a Pre-Existing Condition. The term "Pre-Existing Condition" means any Illness or Injury for which a Covered Person received medical treatment, advice, care or services including diagnostic measures, took prescribed drugs or medicines or for which a reasonable person would have consulted a Physician within 12 months before the Covered Person's most recent effective date of insurance, and the most recent effective date of any added or increased amount of insurance.

The Pre-Existing Condition Limitation will apply to any added benefits or increases in benefits. This Limitation will not apply to a Covered Injury or Covered Illness that occurs after the Covered Person is insured under the Policy for at least 12 months after the Covered Person's most recent effective date of insurance and effective date of any added or increased amount of coverage.

Important Definitions:

Covered Illness: A physical or mental disease or disorder including pregnancy and complications of pregnancy that results in a covered loss. A Covered Illness includes medically-necessary quarantine in a Hospital in conjunction with medically-necessary preventive treatment due to an identifiable exposure to a life-threatening contagious and infectious disease.

Important Definitions:

Covered Injury: Any bodily harm that results in a covered loss.

Covered Person: An eligible person, as defined in the Schedule of Benefits, who is enrolled and for whom Evidence of Insurability, where required, has been accepted by Us, required premium has been paid when due, and coverage under this Policy remains in force.

Elimination Period: The continuous period of time that must be satisfied before a benefit shown in the Schedule of Benefits is payable. An Elimination Period may be satisfied during the Policy's Benefit Waiting Period.

Hospital:* An institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of physicians; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis. The term Hospital does not include a clinic or facility for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addiction or alcoholism; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients. The term Hospital also does not include a unit of a Hospital for rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care.

Policy Provisions:

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, the first of the month following the date your completed enrollment form is received or if evidence of insurability is required, the first of the month after we have approved you (or your dependent) for coverage in writing unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for Covered Persons will not begin on the effective date if the covered person is confined to a hospital, facility or at home; disabled or receiving disability benefits or unable to perform activities of daily living.

When your coverage ends: Coverage for any Covered Person ends on the earliest of the date they are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your Spouse and Dependent Child(ren), if applicable, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the *Continuation of Insurance* provisions in your Certificate.)

30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

*State Variations

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Series 1.0/1.1/1.2

Full terms and conditions of coverage are defined by and governed by Group Policy No.HC960274. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. For costs and details of coverage, review your plan documents or contact a Cigna representative. Insurance coverage is issued on group policy form number: Policy Form GHIP-00-1000.00, GHIP-1.2-1000. Coverage is underwritten by Life Insurance Company of North America, 1601 Chestnut St. Philadelphia, PA 19192

Accidental Injury, Critical Illness, and Hospital Care plans or insurance policies are distributed exclusively by or through operating subsidiaries of Cigna Corporation, are administered by Cigna Health and Life Insurance Company, and are insured by either (i) Life Insurance Company of North America ("LINA") (Philadelphia, PA); or (ii) New York Life Group Insurance Company of NY ("NYLGICNY") (New York, NY), formerly known as Cigna Life Insurance Company of New York. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. LINA and NYLGICNY are not affiliates of Cigna.