

# 2026 BENEFITS GUIDE



# Enrollment & Eligibility

At SAERTEX, our goal is to continue providing you and your eligible family members with an affordable and comprehensive benefit package while managing escalating health care costs. This guide provides a general overview of your benefit choices and requirements so you can select the coverage that is right for you and your family. Our program offers a broad range of plan options and has been carefully designed to meet the needs of our diverse workforce. With choice comes responsibility and planning. In order to maximize your benefits and minimize your costs, please take the time to:

- Enroll on time.
- Read and understand each benefit offering.
- Ensure that you and your family are educated consumers of health care services.
- Plan thoughtfully regarding the level of health coverage necessary for you and your family.

## Benefits are effective January 1, 2026 through December 31, 2026!

### Who is Eligible?

If you are a full-time employee (working 30 or more hours per week), you are eligible to enroll in the benefits described in this guide. The following family members are eligible for medical, dental and vision coverage: legal spouse and dependent children (to age 26 unless mentally or physically handicapped), regardless of full-time student status or marital status.

### How to Enroll

The first step is to log into the iSolved Benefit Services portal at [www.myisolved.com/cloudservice](http://www.myisolved.com/cloudservice) and click on "Benefit Enrollment". Walk through the enrollment verification process and make changes as necessary for your benefit elections for the 2026 plan year. Human Resources is here to assist with questions.

### When to Enroll

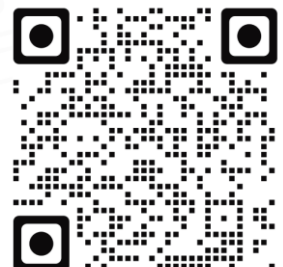
New hires are eligible to enroll 1<sup>st</sup> of the Month following date of hire. You have 30 days to enroll, but we strongly suggest enrolling ASAP, so you do not have to catch up on past contributions in a future paycheck. After that you will not be able to change your elections until the next open enrollment period unless you have a qualified change in status. Open enrollment usually runs within the month of November each year for a January 1<sup>st</sup> effective date.

### What is a Qualifying Change in Status?

Qualifying changes in status include, for example: marriage, divorce, legal separation, birth or adoption of a child, change in child's dependent status, death of spouse, child or other qualified dependent, change in residence to a different coverage area, change in employment status or change in coverage under another employer-sponsored plan.

Please take some time to familiarize yourself with the benefit offerings. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to the Human Resource contact at your location.

With your phone,  
take an image of  
the QR code for  
direct access to  
iSolved to enroll in  
benefits through  
your phone!



# Cost of Coverage

**RATES ARE NOT CHANGING FOR 2026!**

BCBSNC Medical Base Plan				
Coverage Tier	Employee Bi-Weekly Rate	Employee Monthly Cost	Employer Monthly Cost	Total Monthly Cost
Employee Only	<b>\$10.74</b>	\$23.27	\$592.87	\$616.14
Employee & Spouse	<b>\$126.44</b>	\$273.95	\$1,201.66	\$1,475.63
Employee & Child(ren)	<b>\$91.42</b>	\$198.08	\$995.98	\$1,194.06
Family	<b>\$180.22</b>	\$390.48	\$1,712.94	\$2,103.42

BCBSNC Medical Buy-Up Plan				
Coverage Tier	Employee Bi-Weekly Rate	Employee Monthly Cost	Employer Monthly Cost	Total Monthly Cost
Employee Only	<b>\$27.45</b>	\$59.48	\$649.64	\$709.11
Employee & Spouse	<b>\$172.95</b>	\$374.73	\$1,323.63	\$1,698.35
Employee & Child(ren)	<b>\$139.81</b>	\$302.92	\$1,071.36	\$1,374.28
Family	<b>\$249.98</b>	\$541.62	\$1,879.27	\$2,420.89

BCBSNC Dental Plan				
Coverage Tier	Employee Bi-Weekly Rate	Employee Monthly Cost	Employer Monthly Cost	Total Monthly Cost
Employee Only	<b>\$2.43</b>	\$5.27	\$32.60	\$37.87
Employee & Spouse	<b>\$10.58</b>	\$22.92	\$52.82	\$75.74
Employee & Child(ren)	<b>\$13.48</b>	\$29.21	\$63.34	\$92.55
Family	<b>\$23.85</b>	\$51.68	\$90.07	\$141.75

BCBSNC Vision Plan				
Coverage Tier	Employee Bi-Weekly Rate	Employee Monthly Cost	Employer Monthly Cost	Total Monthly Cost
Employee Only	<b>\$3.62</b>	\$7.85	\$0.00	\$7.85
Employee & Spouse	<b>\$6.89</b>	\$14.92	\$0.00	\$14.92
Employee & Child(ren)	<b>\$7.25</b>	\$15.70	\$0.00	\$15.70
Family	<b>\$10.65</b>	\$23.08	\$0.00	\$23.08

# Medical Coverage – Administered by BCBSNC

## For the Health of You and Your Family

Your health benefits provide important protection to keep you and your family in good health . As an eligible employee with SAERTEX you have the option of two health plans as outlined below:

[www.bluecrossnc.com](http://www.bluecrossnc.com) | Group #14159662 | 877-258-3334

	BASE Plan		BUY-UP Plan	
	In Network	Out of Network	In Network	Out of Network
<b>Deductible (Plan Year)</b>				
<b>Individual</b>	\$3,500	\$7,000	\$1,000	\$2,000
<b>Family</b>	\$7,000	\$14,000	\$3,000	\$6,000
<b>Maximum Out of Pocket</b>	<b>(Includes deductible, copays and coinsurance)</b>		<b>(Includes deductible, copays and coinsurance)</b>	
<b>Individual</b>	\$7,000	\$14,000	\$4,000	\$8,000
<b>Family</b>	\$14,000	\$28,000	\$12,000	\$24,000
<b>Coinsurance</b>	20%	50%	20%	30%
<b>Primary Office Visit</b>	\$25 copay	Deductible + 50%	\$20 copay	Deductible + 30%
<b>Specialist Office Visit</b>	\$50 copay	Deductible + 50%	\$40 copay	Deductible + 30%
<b>Preventive Care</b>	100% covered	Deductible + 30%	100% covered	Deductible + 30%
<b>Virtual Visit through Teladoc</b>	100% covered	Not Covered	100% covered	Not Covered
<b>Emergency Room</b>	\$500 copay		\$300 copay	
<b>Urgent Care Center</b>	\$50 copay	\$100 copay	\$40 copay	\$80 copay
<b>Hospital Services (In/Out Patient)</b>	Deductible + 20%	Deductible + 50%	Deductible + 20%	Deductible + 30%
<b>Prescription Retail (30-day supply)</b>				
<b>Tier 1</b>	\$10 copay	In-Network copay + amount over allowed amount	\$10 copay	In-Network copay + amount over allowed amount
<b>Tier 2</b>	\$25 copay		\$25 copay	
<b>Tier 3</b>	\$40 copay		\$40 copay	
<b>Tier 4</b>	\$80 copay		\$80 copay	
<b>Tier 5</b>	25% coinsurance to \$200 per drug maximum		25% coinsurance to \$200 per drug maximum	

This is a summary of benefits only, for more detailed information you will need to refer to the complete Plan Document

## Dental – Administered by BCBSNC

You have the freedom to select the dentist of your choice; however, when you visit a participating, in-network dentist, you will have lower out-of-pocket costs, no balance billing, and claims will be submitted by your dentist on your behalf.

[www.bluecrossnc.com](http://www.bluecrossnc.com) | Group #14159662 | 877-258-3334

Services	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>	Applies to Basic & Major Services Only	
<b>Individual</b>	\$50	\$50
<b>Family</b>	\$150	\$150
<b>Calendar Year Maximum*</b>	<b>\$2,000</b>	<b>\$2,000</b>
<b>Preventive Services</b> Includes oral exams, cleanings, fluoride treatments (to age 19), space maintainers (to age 16), sealants (to age 16), x-rays	100%	100% covered UCR
<b>Basic Services</b> Includes fillings, endodontics, periodontics, oral surgery, extractions, repair of crowns	80%	80% covered UCR
<b>Major Services</b> Includes crowns, implants, dentures, inlays, onlays,	50%	50% covered UCR
<b>Orthodontia Services (up to age 19)</b>	50%	50% covered UCR
<b>Orthodontia Lifetime Maximum</b>	\$2,000	\$2,000

## Vision – Administered by BCBSNC

Your Vision coverage provides a full range of vision care services provided through BCBSNC. You may receive care from any provider you choose, but your benefits are greater when you see a participating, in-network provider.

Vision Benefits	In-Network	Out-of-Network (Reimbursement)
<b>Services / Frequency</b>	Lenses – 12 months Frames – 24 months Contact lenses – 12 months	
<b>Eye Exams</b>	\$10 copay	Up to \$39
<b>Frames (standard)</b>	\$130 Retail Allowance	Up to \$65
<b>Lenses (standard) per pair</b>		
- Single vision	\$25 Copay	Up to \$25
- Bifocal	\$25 Copay	Up to \$39
- Trifocal	\$25 Copay	Up to \$63
- Lenticular	\$25 Copay	Up to \$63
<b>Contact Lenses**</b>		
-Elective	\$130 Allowance	Up to \$104
-Medically Necessary	100%	Up to \$200

# Flexible Spending Account (FSA) - Administered by iSolved Benefit Services

[www.isolvedbenefitservices.com/login](http://www.isolvedbenefitservices.com/login) (FSA Login) | 866-370-3040

SAERTEX offers a Flexible Spending Account (FSA) administered by **iSolved Benefit Services**. You can INCREASE your take-home pay while paying for eligible medical and/or dependent care expenses. To participate in the FSA for the 2026 plan year, you MUST enroll during Open Enrollment. FSAs help you save money by providing a way to pay for certain types of health care and dependent care on a pre-tax basis.

Annual Contribution Limits	Minimum	Maximum
Health Care FSA	\$100	\$3,400
Dependent Care FSA*	\$100	\$7,500

\*Note: Dependent Care FSA is \$2,500 maximum if you are married and filing separately.

**How an FSA Works:** During the open enrollment period you decide how much money you want to contribute to each account for the year – see limits above. The amount you designate for the year is taken out of your paycheck in equal installments each pay period and placed in the appropriate FSA account type. The contributions you make to an FSA are deducted from your pay **BEFORE** your Federal, State, or Social Security taxes are calculated.

**Health Care FSA's** may be used to pay for eligible expenses related to healthcare expenses not fully covered by your medical plan for you or your dependents, even if your spouse or dependent children are not covered on your plan.

**Dependent Care FSA's** may be used to pay for eligible expenses like child or adult day care, after school care, nursery school or nanny/babysitter as relates to the care and supervision of your child (to age 13), or adult dependent, if claimed on your tax return. Expenses are eligible for reimbursement when they have been incurred, not when you are billed or when you pay for the services.

## FSA Substantiation

Due to strict IRS restriction on the use of the Benefits Card for FSA transactions, you may be required to furnish a copy of your itemized receipt or Explanation of Benefits (EOB) to verify that the transaction is for an eligible product or service.

## Reminders:

- You decide how much to contribute. The annual amount you elect to contribute is then deducted from your paychecks evenly throughout the year, before Federal, State, and Social Security Taxes are deducted.
- FSA Accounts can carry over up to \$660 unused funds to the following year.
- Dependent Care has a 2 month and 15-day grace period
- You cannot start, stop or change your contribution amounts during the year, unless you experience a qualifying life event.
- The Health Care and Dependent Care FSAs are completely separate accounts. You cannot use one type of account to pay for the other type of expense.
- Your funds may only be used for expenses that occur or have a date of service within the current plan year.
- Terminated employees have 90 days following their last date of employment to turn in claims that were incurred on or prior to their date of termination.
- Enrollment in either FSA plan is separate from enrolling in the medical plan and a new enrollment form is required each year to participate.
- For more information about eligible medical expenses, please refer to IRS Publication 502 Medical and Dental expenses, available at [www.irs.gov/publications/p502/index.html](http://www.irs.gov/publications/p502/index.html).

# Life and AD&D – Administered by MetLife

## Basic Life and AD&D

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed with SAERTEX. Accidental Death and Dismemberment (AD&D) Insurance provides additional security if your death is a result of an accident

**As an eligible employee, you are covered for Basic Life and AD&D Insurance at no cost to you.**

Type of Service	Amount	Cost
Basic Life Benefit	\$25,000	Covered by Employer
Basic AD&D Benefit	\$25,000	Covered my Employer
Age Reduction Schedule	65% at age 65 / 45% at age 70 / 30% at age 75 20% at age 80 / 15% at age 85 / 10% at age 90	

## Voluntary Life and AD&D

In addition to the Basic Life & AD&D Insurance coverage available through SAERTEX, all employees have the opportunity to purchase supplemental life coverage through **MetLife** for yourself, your spouse and your dependent children. **If you are currently participating and wish to increase your benefit election this is your opportunity to increase or change your election amount by one increment up to guarantee issue amount for you and your covered spouse.** If you are a new hire, still in your new hire waiting period, you may elect up to the guarantee issue amount without providing EOI. The Spouse rates are based on the employee's age as of January 1, 2026. The Child rate is per family unit (not per child). *Employees are responsible for the full cost of this program.*

Benefit Detail	Voluntary Life Insurance
Employee Amount	\$10,000 increments to a maximum of \$300,000, not to exceed 5x salary
Employee Guarantee Issue Amount	\$100,000
Spouse Amount (rate is based on employee age and terminates at age 70)	\$5,000 increments up to \$100,000 (not to exceed 50% of employee amount)
Spouse Guarantee Issue Amount	\$50,000
Unmarried Child(ren) to age 25	Birth to 15 days: No Benefit; 15 days to 6 months - \$1,000 6 months to age 26 - \$1,000, \$2,000, \$4,000, \$5,000 or \$10,000
Benefit Reductions	65% at age 65 / 45% age 70 / 30% age 75 20% age 80 / 15% age 85 / 10% age 90

# Voluntary Life and AD&D Rates - Employee

## Supplemental Life Insurance Bi-Weekly Cost of Coverage – **EMPLOYEE**

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
<b>Rate Per \$1,000</b>	<b>\$0.110</b>	<b>\$0.110</b>	<b>\$0.120</b>	<b>\$0.160</b>	<b>\$0.240</b>	<b>\$0.370</b>	<b>\$0.570</b>	<b>\$0.950</b>	<b>\$1.510</b>	<b>\$2.450</b>	<b>\$3.990</b>
<b>Coverage Amount</b>											
\$10,000	\$0.51	\$0.51	\$0.55	\$0.74	\$1.11	\$1.71	\$2.63	\$4.38	\$6.97	\$11.31	\$18.42
\$20,000	\$1.02	\$1.02	\$1.11	\$1.48	\$2.22	\$3.42	\$5.26	\$8.77	\$13.94	\$22.62	\$36.83
\$30,000	\$1.52	\$1.52	\$1.66	\$2.22	\$3.32	\$5.12	\$7.89	\$13.15	\$20.91	\$33.92	\$55.25
\$40,000	\$2.03	\$2.03	\$2.22	\$2.95	\$4.43	\$6.83	\$10.52	\$17.54	\$27.88	\$45.23	\$73.66
\$50,000	\$2.54	\$2.54	\$2.77	\$3.69	\$5.54	\$8.54	\$13.15	\$21.92	\$34.85	\$56.54	\$92.08
\$60,000	\$3.05	\$3.05	\$3.32	\$4.43	\$6.65	\$10.25	\$15.78	\$26.31	\$41.82	\$67.85	\$110.49
\$70,000	\$3.55	\$3.55	\$3.88	\$5.17	\$7.75	\$11.95	\$18.42	\$30.69	\$48.78	\$79.15	\$128.91
\$80,000	\$4.06	\$4.06	\$4.43	\$5.91	\$8.86	\$13.66	\$21.05	\$35.08	\$55.75	\$90.46	\$147.32
\$90,000	\$4.57	\$4.57	\$4.98	\$6.65	\$9.97	\$15.37	\$23.68	\$39.46	\$62.72	\$101.77	\$165.74
\$100,000	\$5.08	\$5.08	\$5.54	\$7.38	\$11.08	\$17.08	\$26.31	\$43.85	\$69.69	\$113.08	\$184.15
\$110,000	\$5.58	\$5.58	\$6.09	\$8.12	\$12.18	\$18.78	\$28.94	\$48.23	\$76.66	\$124.38	\$202.57
\$120,000	\$6.09	\$6.09	\$6.65	\$8.86	\$13.29	\$20.49	\$31.57	\$52.62	\$83.63	\$135.69	\$220.98
\$130,000	\$6.60	\$6.60	\$7.20	\$9.60	\$14.40	\$22.20	\$34.20	\$57.00	\$90.60	\$147.00	\$239.40
\$140,000	\$7.11	\$7.11	\$7.75	\$10.34	\$15.51	\$23.91	\$36.83	\$61.38	\$97.57	\$158.31	\$257.82
\$150,000	\$7.62	\$7.62	\$8.31	\$11.08	\$16.62	\$25.62	\$39.46	\$65.77	\$104.54	\$169.62	\$276.23
\$160,000	\$8.12	\$8.12	\$8.86	\$11.82	\$17.72	\$27.32	\$42.09	\$70.15	\$111.51	\$180.92	\$294.65
\$170,000	\$8.63	\$8.63	\$9.42	\$12.55	\$18.83	\$29.03	\$44.72	\$74.54	\$118.48	\$192.23	\$313.06
\$180,000	\$9.14	\$9.14	\$9.97	\$13.29	\$19.94	\$30.74	\$47.35	\$78.92	\$125.45	\$203.54	\$331.48
\$190,000	\$9.65	\$9.65	\$10.52	\$14.03	\$21.05	\$32.45	\$49.98	\$83.31	\$132.42	\$214.85	\$349.89
\$200,000	\$10.15	\$10.15	\$11.08	\$14.77	\$22.15	\$34.15	\$52.62	\$87.69	\$139.38	\$226.15	\$368.31
\$210,000	\$10.66	\$10.66	\$11.63	\$15.51	\$23.26	\$35.86	\$55.25	\$92.08	\$146.35	\$237.46	\$386.72
\$220,000	\$11.17	\$11.17	\$12.18	\$16.25	\$24.37	\$37.57	\$57.88	\$96.46	\$153.32	\$248.77	\$405.14
\$230,000	\$11.68	\$11.68	\$12.74	\$16.98	\$25.48	\$39.28	\$60.51	\$100.85	\$160.29	\$260.08	\$423.55
\$240,000	\$12.18	\$12.18	\$13.29	\$17.72	\$26.58	\$40.98	\$63.14	\$105.23	\$167.26	\$271.38	\$441.97
\$250,000	\$12.69	\$12.69	\$13.85	\$18.46	\$27.69	\$42.69	\$65.77	\$109.62	\$174.23	\$282.69	\$460.38
\$260,000	\$13.20	\$13.20	\$14.40	\$19.20	\$28.80	\$44.40	\$68.40	\$114.00	\$181.20	\$294.00	\$478.80
\$270,000	\$13.71	\$13.71	\$14.95	\$19.94	\$29.91	\$46.11	\$71.03	\$118.38	\$188.17	\$305.31	\$497.22
\$280,000	\$14.22	\$14.22	\$15.51	\$20.68	\$31.02	\$47.82	\$73.66	\$122.77	\$195.14	\$316.62	\$515.63
\$290,000	\$14.72	\$14.72	\$16.06	\$21.42	\$32.12	\$49.52	\$76.29	\$127.15	\$202.11	\$327.92	\$534.05
\$300,000	\$15.23	\$15.23	\$16.62	\$22.15	\$33.23	\$51.23	\$78.92	\$131.54	\$209.08	\$339.23	\$552.46

NOTE: Newly eligible employees – You can elect coverage for yourself up to the \$100,000 Guarantee Issue amount highlighted above without evidence of insurability (EOI). Any amounts over the Guarantee Issue amount will require EOI be submitted for approval.



# Voluntary Life and AD&D Rates – Spouse

## Supplemental Life Insurance Bi-Weekly Cost of Coverage

**You must elect EMPLOYEE Life Insurance to elect Spouse and/or Child**

Age	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
<b>Rate Per \$1,000</b>	<b>\$0.110</b>	<b>\$0.110</b>	<b>\$0.120</b>	<b>\$0.160</b>	<b>\$0.240</b>	<b>\$0.370</b>	<b>\$0.570</b>	<b>\$0.950</b>	<b>\$1.510</b>	<b>\$2.450</b>	<b>\$3.990</b>
<b>Coverage Amount</b>											
\$5,000	\$0.25	\$0.25	\$0.28	\$0.37	\$0.55	\$0.85	\$1.32	\$2.19	\$3.48	\$5.65	\$9.21
\$10,000	\$0.51	\$0.51	\$0.55	\$0.74	\$1.11	\$1.71	\$2.63	\$4.38	\$6.97	\$11.31	\$18.42
\$15,000	\$0.76	\$0.76	\$0.83	\$1.11	\$1.66	\$2.56	\$3.95	\$6.58	\$10.45	\$16.96	\$27.62
\$20,000	\$1.02	\$1.02	\$1.11	\$1.48	\$2.22	\$3.42	\$5.26	\$8.77	\$13.94	\$22.62	\$36.83
\$25,000	\$1.27	\$1.27	\$1.38	\$1.85	\$2.77	\$4.27	\$6.58	\$10.96	\$17.42	\$28.27	\$46.04
\$30,000	\$1.52	\$1.52	\$1.66	\$2.22	\$3.32	\$5.12	\$7.89	\$13.15	\$20.91	\$33.92	\$55.25
\$35,000	\$1.78	\$1.78	\$1.94	\$2.58	\$3.88	\$5.98	\$9.21	\$15.35	\$24.39	\$39.58	\$64.45
\$40,000	\$2.03	\$2.03	\$2.22	\$2.95	\$4.43	\$6.83	\$10.52	\$17.54	\$27.88	\$45.23	\$73.66
\$45,000	\$2.28	\$2.28	\$2.49	\$3.32	\$4.98	\$7.68	\$11.84	\$19.73	\$31.36	\$50.88	\$82.87
\$50,000	\$2.54	\$2.54	\$2.77	\$3.69	\$5.54	\$8.54	\$13.15	\$21.92	\$34.85	\$56.54	\$92.08
\$55,000	\$2.79	\$2.79	\$3.05	\$4.06	\$6.09	\$9.39	\$14.47	\$24.12	\$38.33	\$62.19	\$101.28
\$60,000	\$3.05	\$3.05	\$3.32	\$4.43	\$6.65	\$10.25	\$15.78	\$26.31	\$41.82	\$67.85	\$110.49
\$65,000	\$3.30	\$3.30	\$3.60	\$4.80	\$7.20	\$11.10	\$17.10	\$28.50	\$45.30	\$73.50	\$119.70
\$70,000	\$3.55	\$3.55	\$3.88	\$5.17	\$7.75	\$11.95	\$18.42	\$30.69	\$48.78	\$79.15	\$128.91
\$75,000	\$3.81	\$3.81	\$4.15	\$5.54	\$8.31	\$12.81	\$19.73	\$32.88	\$52.27	\$84.81	\$138.12
\$80,000	\$4.06	\$4.06	\$4.43	\$5.91	\$8.86	\$13.66	\$21.0	\$35.08	\$55.75	\$90.46	\$147.32
\$85,000	\$4.32	\$4.32	\$4.71	\$6.28	\$9.42	\$14.52	\$22.36	\$37.27	\$59.24	\$96.12	\$156.53
\$90,000	\$4.57	\$4.57	\$4.98	\$6.65	\$9.97	\$15.37	\$23.68	\$39.46	\$62.72	\$101.77	\$165.74
\$95,000	\$4.82	\$4.82	\$5.26	\$7.02	\$10.52	\$16.22	\$24.99	\$41.65	\$66.21	\$107.42	\$174.95
\$100,000	\$5.08	\$5.08	\$5.54	\$7.38	\$11.08	\$17.08	\$26.31	\$43.85	\$69.69	\$113.08	\$184.15

NOTE: Newly eligible spouses – You can elect coverage for dependent spouse up to the \$50,000 Guarantee Issue amount highlighted above without evidence of insurability (EOI). Any amounts over the Guarantee Issue amount will require EOI be submitted for approval.

# Voluntary Life and AD&D Rates – CHILD(REN)

Rate per \$1,000	\$0.16
Coverage Amount	Cost
\$1,000	\$0.074
\$2,000	\$0.148
\$4,000	\$0.295
\$5,000	\$0.369
\$10,000	\$0.738

# Voluntary Disability – Administered by MetLife

SAERTEX provides full-time employees with the option to purchase a **Short-Term Disability (STD) and Long-Term Disability (LTD)** income replacement policy provided through **MetLife**. In the event that you become disabled due to a qualified non-work-related injury or illness, disability income benefits are provided as a source of supplemental income. Limitations and restrictions apply. If you have not enrolled in the past during your initial new hire waiting period, Evidence of Insurability (EOI) is required.

Benefit Detail	Short Term Disability*
<b>Benefits Begin</b>	8th day accident / 8th day illness
<b>Benefit Duration</b>	Up to 12 weeks
<b>Percent of Base Income Replaced</b>	60% of your base weekly earnings
<b>Maximum Weekly Benefit</b>	\$1,000 per week (excludes overtime, bonuses and commissions)
Benefit Detail	Long Term Disability
<b>Benefits Begin on</b>	90 days
<b>Maximum Payment Period</b>	Social Security Normal Retirement Age (SSNRA)
<b>Definition of Disability</b>	2-year own occupation
<b>Percent of Income Replaced</b>	60% of your monthly earnings
<b>Maximum Benefit Amount</b>	\$5,000 per month (excludes overtime, bonuses and commissions)
<b>Pre-Existing Condition Exclusion</b>	Treatment 12 months prior to coverage 12 months insured exclusion
<b>Limitations Mental/Nervous and/or Substance Abuse</b>	24 months lifetime

\*3/12 pre-existing condition clause attached to this plan

## Short Term and Long-Term Disability Payroll Deduction Calculations

### To Calculate Short Term Disability:

1. Multiply Employee's Weekly Salary by .60 to get weekly benefit \$ \_\_\_\_\_
2. Enter the lesser of Employee's Weekly Benefit or \$1,000 \$ \_\_\_\_\_
3. Divide #2 by \$10.
4. Multiply step 3 by \$0.419 for **monthly** premium \$ \_\_\_\_\_

### To Calculate Long Term Disability:

1. Enter the lesser of Employee's Monthly Salary or \$8,333 \$ \_\_\_\_\_
2. Divide #2 by \$100.
3. Multiply step 2 by \$0.685 for **monthly** premium \$ \_\_\_\_\_

## TO CALCULATE YOUR PORTION OF THE PREMIUM COST

### If you elect to take **either** STD or LTD coverage separately, **you pay 100%** of the premium:

1. Enter the monthly premium amount determined from the calculation above \$ \_\_\_\_\_
2. Multiply step 1 by 12 and divide by 26 for bi-weekly premium \$ \_\_\_\_\_

### If you elect to take **both** STD and LTD coverage, **SAERTEX contributes 50%** of your premium:

1. Add together the **monthly** STD & LTD amounts determined from the calculations above \$ \_\_\_\_\_
2. Multiply step 1 by .50 \$ \_\_\_\_\_
3. Multiply step 2 by 12 and divide by 26 for bi-weekly premium \$ \_\_\_\_\_

# Employee Assistance Program (EAP)



Professional support and guidance for everyday life

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward.

We can help you and your family, those living at home, get professional support and guidance to make life a little easier. Our Employee Assistance Program (EAP) is available to you in addition to the benefits provided with your MetLife insurance coverage. This program provides you with easy-to-use services to help with the everyday challenges of life — at no additional cost to you.



## Help is always at your fingertips.

Our mobile app makes it easy for you to access and personalize educational content important to you.

Search "LifeWorks" on iTunes App Store or Google Play. Log in with the user name: **metlifeeap** and password: **eap**

## Expert advice for work, life, and your well-being

The program's experienced counselors provided through LifeWorks — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

**Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby

**Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization

**Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues

**Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning

**Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized

**Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking

**Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

## Convenient and confidential help when you want it, how you want it

Your program includes up to 5 phone or video consultations with licensed counselors for you and your eligible household members, per issue, per calendar year. You can call **1-888-319-7819** to speak with a counselor or schedule an appointment, 24/7/365.

When you call, just select "Employee Assistance Program" when prompted. You'll immediately be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to [metlifeeap.lifeworks.com](http://metlifeeap.lifeworks.com), user name: **metlifeeap** and password: **eap**



# Employee Assistance Program (EAP) Continued:

## Answers to important questions

### Are Employee Assistance Program services confidential?

Yes. Any personal information provided to LifeWorks stays completely confidential.\*

### How do I get help?

Getting professional help is just a phone call away. Simply call 1-888-319-7819 to speak with a counselor or to schedule a phone or video conference appointment. These services are available 24 hours a day, 7 days a week.

### When is the right time to call?

That's up to you. Counselors are here whenever you need them — whether you simply need to talk or want guidance on something you are going through.

### Is my Employee Assistance Program included with my MetLife coverage?

Yes. There is no cost to you because your employer pays for the services provided within our program. While we offer a broad range of services, there may be some assistance that's not included. You can still work with counselors for these services by arranging to pay for them directly.

### Does the program have any limitations?

While we offer a broad range of services, we may not cover all services you may need. Your Employee Assistance Program does not provide:

- Inpatient or outpatient treatment for any medically treated illness  
Prescription drugs
- Treatment or services for intellectual disability or autism
- Counseling services beyond the number of sessions covered or requiring longer term intervention
- Services by counselors who are not LifeWorks providers
- Counseling required by law or a court, or paid for by Workers' Compensation

### Does the program offer Cognitive Behavioral Therapy (CBT)?

Many LifeWorks EAP providers are trained in this type of counseling and the foundation of LifeWorks' CareNow digital programs, available through the programs website and mobile app, are built upon Cognitive Behavioral Therapy (CBT) techniques. CareNow provides instant access to a range of self-service programs developed by world leading experts, focused on behavior change in the areas of anxiety, stress, depression, and more.



When you need some support,  
we're here to help.



Phone

1-888-319-7819



Web

[metliffeap.lifeworks.com](http://metliffeap.lifeworks.com)  
user name: **metliffeap** and  
password: **eap**



Mobile App

user name: **metliffeap**  
and password: **eap**

# 401(k) – Administered by Principal

[www.principal.com](http://www.principal.com) | Contract # 6-25966 | 800-547-7754  
 NFP, Karen Sanford | [karen.sanford@nfp.com](mailto:karen.sanford@nfp.com) | 704-927-7118

Plan Type	Safe Harbor 401(k) Plan
Trustees	Trustee Committee of Employer – <i>Principal Financial Group</i>
Plan Year	January 1 <sup>st</sup> – December 31 <sup>st</sup>
Eligibility	Employee Deferral: Age 21 Employer Match: Age 21
Plan Entry Dates	First of the month coincident or after satisfaction of eligibility
Compensation	Compensation for hours worked, vacation and personal Max of \$345,000 for 2026
Salary Deferral	Regular: Pre-Tax Roth: After-Tax Maximum under law: 100% of income up to \$24,000 ( <i>This is a projected limit, official limits for 2026 have not been released as of 10.21.2025</i> )
Special Catch-Up Contributions	Participants age 50 or older may contribute an extra \$8,000 in 2026 for a total of \$32,500 ( <i>This is a projected limit, official limits for 2026 have not been released as of 10.21.2025</i> )
Automatic Enrollment	Eligible Automatic Contribution Agreement (EACA): 4% pre-tax, unless elected a different salary deferral percentage
Employer Contributions	Safe Harbor 401k Match – A Safe Harbor qualified match of 100% of salary. Deferral contributions up to 6% of pay for the payroll period
Deferral Changes	Any pay period as soon as administratively feasible upon receipt of notification
Vesting	Employee Voluntary Deferrals and Employer Safe Harbor Match are 100% Vested
Plan Portability	Transfers/Rollovers allowed for both Participants and Employees
In Service Distribution	After age 59.5 for vested account balance only
Termination Distribution	No waiting period after termination
Hardship Distribution	From Participant’s elective account only, for conditions under IRS Safe Harbor guidelines
Loans	Minimum loan of \$500, only one loan O/S, \$50,000 maximum

**401(k) Rollover:**

The SAERTEX USA, LLC Retirement Plan is administered by Principal Financial Group. You will be eligible to begin contributing to the plan once you are age 21. However, you may ROLLOVER money from another retirement plan into the SAERTEX USA, LLC Retirement plan today!

**Why Should I Rollover?**

- Simplify with one statement and one website
- No taxes or tax penalties
- Likely fewer fees
- Expert Financial Assistance



If you would like help with Rollover call NFP or Principal today!

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**SAERTEXPERKS**

NEED HELP? EMAIL US: [CUSTOMERSERVICE@TICKETSATWORK.COM](mailto:CUSTOMERSERVICE@TICKETSATWORK.COM)



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All-around protection for what matters most to you — spanning the entire breadth of NFP’s focused expertise.

InsurChoice offers you the ability to personalize your own protection – bringing you quick, convenient, holistic coverage with incredible cost-saving discounts across a variety of top-rated insurance products and carriers.



Your Personalized Solutions



Discount Program



Pet Insurance



Travel Protection



Auto Insurance



Home Insurance



Renters Insurance



Mental Wellness

# Paid Time Off

All fulltime employees who work a 40-hour work week are eligible for the Personal and Vacation as part of the benefits offered by SAERTEX. We have outlined the below for your information.

## Personal Time:

You are eligible for 4 hours per month starting on the 1st day of the 7th month of employment.

## Vacation Time:

You are eligible to start earning vacation time upon hire. You can begin using this time after completion of 90 days of employment.

### **Vacation is earned on the following basis:**

#### **First Calendar Year of Employment**

- If hired between January 1<sup>st</sup> – June 30<sup>th</sup> 2 weeks' vacation (80 hours)
- If hired between July 1<sup>st</sup> – September 30<sup>th</sup> 1 week vacation (40 hours)
- If hired between October 1<sup>st</sup> – December 31<sup>st</sup> 0 days' vacation

#### **Second Calendar Year of Employment**

- As of January 1st = 2 weeks' vacation (80 hours)

#### **Once an employee has completed Three Full Years of Employment**

- Eligible for 3 weeks' (120 hours) vacation at the beginning of the next calendar year.

#### **Once an employee has completed Six Full Years of Employment**

- Eligible for 4 weeks' (160 hours) vacation at the beginning of the next calendar year.

#### **End of the year rollover limits:**








- 40 vacation hours
- 120 personal hours

## Holiday Schedule

All Fulltime employees who work 40 hours a week are eligible for Paid Holiday's as part of the benefits offered by SAERTEX. We have outlined the standard holidays recognized below for your information. Depending on your shift/schedule the holiday may be observed on a different day than it falls on or may or may not be paid based on your shift schedule.

Holiday
New Year's Day
Easter Monday
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
Day after Thanksgiving
Christmas Eve
Christmas Day

# Contact Information

 <p><b>SAERTEX</b> <b>SAERTEX</b> <i>multiCom</i></p>	<p><b>Human Resources</b></p> <p>Claudia Arjona 704-946-9042 <a href="mailto:c.arjona@saertex.com">c.arjona@saertex.com</a></p> <p>Stephanie Barrow 607-435-0261 <a href="mailto:s.barrow@saertex.com">s.barrow@saertex.com</a></p>
 <p><b>BlueCross BlueShield</b> <b>of North Carolina</b></p>	<p><b>Medical Benefits – BCBSNC</b></p> <p>Phone   877-258-3334 Website   <a href="http://www.bluecrossnc.com">www.bluecrossnc.com</a> Group #14159662</p>
 <p><b>BlueCross BlueShield</b> <b>of North Carolina</b></p>	<p><b>Dental / Vision - BCBSNC</b></p> <p>Phone   877-258-3334 Website   <a href="http://www.bluecrossnc.com">www.bluecrossnc.com</a> / <a href="http://www.eyemed.com">www.eyemed.com</a></p>
 <p><b>MetLife</b></p>	<p><b>Life &amp; Disability - MetLife</b></p> <p>Phone   866-492-6983/ 800-300-4296 Website <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a></p>
 <p><b>iSolved Benefit Services</b></p>	<p><b>Flexible Spending Accounts (FSA) and COBRA – iSolved Benefit Services</b></p> <p>FSA Participant: 866-370-3040 COBRA Participant: 800-594-6957</p>
 <p><b>MetLife</b></p>	<p><b>Employee Assistance Program (EAP)</b></p> <p>Phone   888-319-7819 Website <a href="http://www.metlifeeap.lifeworks.com">www.metlifeeap.lifeworks.com</a></p>
 <p><b>NFP</b> <b>Principal</b></p>	<p>For questions regarding 401(k) call <b>NFP</b> at: 704-927-7118 – Karen Sanford or email <a href="mailto:Karen.sanford@nfp.com">Karen.sanford@nfp.com</a> or contact <b>Principal Financial Group</b> at: 800-547-7754 or go to <a href="http://www.principal.com">www.principal.com</a></p>

# Notes

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# Notes

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**SAERTEX®**



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**multiCom®**

This is a high-level benefits guide of certain benefits your employer offers. The information in this booklet is intended as a general outline of the benefits offered under your employer's benefits program and should not be considered legal, investment or other benefits advice. Specific details and plan limitations are provided in the Summary Plan Descriptions (SPD), which is based on the official Plan Documents that may include policies, contracts and plan procedures. The SPD and Plan Documents contain all the specific provisions of the plans. In the event that the information in this brochure differs from the Plan Documents, the Plan Documents will prevail. Benefit plans are subject to change, amendment, or termination without notice to or the agreement of any employee/participant. All protected health information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about your Guide, contact Human Resources.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see the "Notices" Section in the back of this benefits booklet.