



 **2024 BENEFITS ENROLLMENT GUIDE**

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This guide contains general benefit information. For detailed benefit information, please refer to your Summary Plan Description, available in ADP or www.SIAassociate.com. You may also contact the SIA Associate Benefits Office to request a paper copy of the Summary Plan Description at no charge. In the event of any conflict between this guide, the Summary Plan Description and the relevant plan documents or state or federal law, the plan documents and law will govern. The information presented in this guide does not constitute any contract between SIA and any SIA Associate or former Associate. SIA reserves the right to amend, modify, suspend, replace or terminate any of its benefit plans, policies, or programs, in whole or in part, including any level or form of coverage by appropriate company action except as otherwise limited by applicable law.

Your SIA Benefits

Dear Fellow Associate,

As our company's most valuable resource, SIA is committed to taking care of Associates and their families. Our goal is to provide a total rewards package, comprised of numerous benefits, that allows us to recognize those who contribute the most to our success.

We strive to offer the best overall package among employers in our community, with a range of options that provide peace of mind during every stage of your life and career. Whether you just started at SIA, are raising a family, or closing in on a well-earned retirement, we aim to provide you and your family with comfort and security with an array of benefits, including:

- Health care plans with no premiums (medical, prescription drug, dental and vision)
- A Flexible Spending Account (FSA) with a generous company match
- Financial security benefits, including 401(k) matching and an annual retirement contribution
- Premium-free life insurance
- Short- and long-term disability benefits
- On-site facilities, including a Health and Wellness Center that provides free primary care
- A Recreation Center that provides free personal training and group classes
- Tuition reimbursement

As you review the following pages and determine which benefits are best for your situation, I hope you are impressed with SIA's comprehensive selection of plans. Our goal is to offer a total rewards package which demonstrates the company's recognition of your hard work and dedication.

Thank you for choosing to be part of SIA. If you have any questions, please contact a member of our Associate Benefits team.

Sincerely,


Scott Brand

Summary of Benefits Coverage

Availability of Summary Health Information: As an Associate, the health benefits available to you represent a significant component of your total rewards package. They also provide important protection for you and your family in the case of illness or injury. Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits Coverage (SBC), which summarizes important information about any health coverage option in a standard format, to help you compare across options. The SBC is available on mySia or you can scan this QR code with your smart phone.

A paper copy is also available, free of charge, by calling (765) 449-6235.



Welcome

Overview

SIA offers all full-time Associates and their eligible family members a comprehensive and valuable benefits program. This includes medical, prescription, dental, and vision benefits at no cost to you. You may also choose other voluntary benefits which come with an additional cost, but in most cases, at a significantly discounted group rate.

New Hires

Welcome to SIA! We are pleased to have you on our team! You have 31 days from your hire date to enroll in your SIA benefits. Please refer to the Benefits Timeline sheet which was included in your new hire packet for other important dates and deadlines. If you have misplaced this sheet or need another copy, please contact Associate Benefits.

Benefits Enrollment

To complete the benefits enrollment process, you must log in to ADP Workforce Now to enter any dependents, make your elections, and submit supporting dependent documentation (if you are covering dependents) by your enrollment deadline (new hires should refer to their Benefits Timeline sheet, 2024 Open Enrollment closes at 11:59 p.m. on November 17, 2023 for ongoing Associates). *Refer to page 6 for required dependent documents.*

IMPORTANT!

If you do not make your elections and submit documentation by your enrollment deadline, you will not have coverage for 2024 (e.g., medical, prescription, vision, dental, Flexible Spending Account).

You will not be able to elect benefits again or make changes until the next Open Enrollment period (once a year, typically in November) unless you have a qualifying life event (i.e., you lose coverage under a spouse or parent's plan).

It is your responsibility to read all the benefits materials to make informed elections and to ensure the deductions for your elections are correct. If you find a discrepancy, please notify Associate Benefits immediately.

Register with/log in to ADP Workforce Now to enroll in your benefits.

These steps must be completed even if you've used ADP with a previous employer.



1. If you are a new hire, first check the earliest date you can begin this process on your Benefits Timeline sheet.
2. Go to <https://workforcenow.adp.com>, scan the QR code to your right with your smart phone camera, or click on the ADP icon on any kiosk in the plant. Note: You cannot register with ADP for the first time using the mobile app.
3. Click "New User? Get Started". Pay attention to your Username as you will need it when logging into ADP in the future. If you already registered in ADP as an SIA Associate, enter your username and password instead.
4. Select "I have a registration code" and enter the code **SIA1-ipay**. Follow the prompts to complete your registration.

If you have issues registering, please email benefits@subaru-sia.com.

This guide contains information about each benefit available to you, as well as instructions about how and when to enroll. If you have questions not covered in this guide, please contact us:

SIA Associate Benefits Office

Phone: (765) 772-7102, (765) 449-6296, or (765) 449-6235 | **Email:** benefits@subaru-sia.com

Benefit Basics

Benefit Basics

You are eligible for benefits if you work at least 16 hours per week. Most of your benefits are effective on the first day of the month following your date of hire. You may enroll your eligible dependents for coverage, including:

- Your legal spouse
- Your children/stepchildren up to age 26
- Legal guardianship of child (typically up to age 18)

Once your benefits begin, they remain in effect until the end of the year, barring a separation of employment. You may only change your elections if you experience a qualifying life event.

Qualifying Life Events

Generally, you may only change your benefit elections once a year during the Open Enrollment period. However, certain qualifying life events allow you to make changes mid-year:

- Marriage
- Divorce or legal separation
- Birth of your child
- Death of your spouse or dependent child
- Adoption of or placement for adoption of your child
- Loss or gain of coverage under another plan
- Qualification by the Plan Administrator of a child support order for medical coverage
- Entitlement to Medicare or Medicaid

Your benefit changes must be consistent with your qualified life event (e.g., adding benefits for a newborn or new dependent).

To make changes, you must do two things within 31 days of your qualifying event:

1. Update ADP at <https://workforcenow.adp.com>.
2. Submit supporting proof of the event (e.g., birth certificate, marriage certificate) either by uploading to ADP within the enrollment process or by emailing or dropping it off to the SIA Associate Benefits office.

If you do not complete *both* tasks **within 31 days** of the qualified event, you will have to wait until the next annual Open Enrollment period to make changes to your benefits (unless you experience another qualifying life event).

If you want to update your tax withholdings following an event, log into ADP.

Please contact SIA Associate Benefits for any changes involving another SIA Associate (e.g., marriage, divorce, etc.).

Note: If you can cover or be covered by another SIA Associate (as a spouse, parent or child), only one of you may carry the medical, dental, and vision benefits for the family. The other Associate must waive these benefits. Additionally, Associates may not have duplicate coverage for the same person (e.g., life insurance for the SIA spouse or child).

Coverage Options

You have the option to waive/decline, or enroll in SIA medical, dental, and vision benefits independently (you may select any combination of those benefits). Additionally, you may have different coverage levels for each of those benefits (e.g., cover your entire family on medical but only you and your child on dental and vision).

Benefit	Who Pays	Tax Treatment
Medical Coverage	SIA	N/A
Dental Coverage	SIA	N/A
Vision Coverage	SIA	N/A
Basic Life and Accidental Death and Dismemberment (AD&D) Insurance	SIA	N/A
Voluntary Life and Accidental Death and Dismemberment (AD&D) Insurance	You	After-tax
Long Term Disability	SIA	After-tax
Short Term Disability	SIA	After-tax
Flexible Spending Accounts	You	Pre-tax
Associate Assistance Plan	SIA	N/A
Health & Wellness Center	SIA	N/A
401(k) Retirement Savings Plan	SIA and You	Pre-tax

Enrollment Instructions

ADP Workforce Now is SIA's one-stop portal where you can enroll in your benefits, view your pay statements, and update your tax withholdings. The following tips will help you prepare for and complete the online enrollment process.

Before You Enroll

Take time to review the information on the different benefits offered in this guide thoroughly. Plan summaries with more information are found in ADP Workforce Now, where you will enroll in benefits.

Submit any questions to Associate Benefits at benefits@subaru-sia.com or call (765) 772-7102, (765) 449-6296, or (765) 449-6235.

Steps to Complete Your Enrollment

STEP 1: Prior to enrolling, you will need to register with ADP Workforce Now through SIA. Initial registration must take place using an internet browser (e.g. Internet Explorer, Firefox, Chrome) – you cannot register with the mobile app. *Refer to page 3 for registration instructions.* If you've already registered but forgotten your username or password, click **Forgot your user ID?**, or enter your username and click **Forgot your password?**.

STEP 2: Log in to <https://workforcenow.adp.com> with your Username and Password.

- The Username was assigned to you and is typically your first initial + your last name + @sia1
 - Example: Jerry Subaru would be jsubaru@sia1
- You would have chosen your own Password when you registered.

STEP 3: A window will pop up showing you your current enrollment period dates (New Hire, Open Enrollment). Note the deadline to complete your elections, then click **Manage Enrollment**. On the next page, click **Start Enrollment** under Subaru New Hire Benefit Enrollment Event.

STEP 4: **If you will not cover any dependents under your benefits, skip to the next step (you can add beneficiaries later when viewing the life insurance).** On the Manage Dependents page, click **Add dependent or beneficiary**.

- Choose the Relationship either for a dependent (spouse or child) or beneficiary (person or organization who would receive a benefit in the event of your death).
- If you select Child, also select the appropriate Child Classification (e.g., biological child, stepchild, legal guardianship).
- Enter information in all fields with an asterisk (*).
- If your dependent has or will be assigned a Social Security Number (SSN), select **United States Social Security Number (SSN)** under **Tax ID Type** and enter that number in the **Tax ID** field.
If you don't know their SSN at the time you're enrolling, skip this step for now, but be sure to get the information entered into ADP as soon as possible. If your dependent does not and *will not* have an SSN, leave the **Tax ID** field blank, and check the **Applied For** box.
- Click Save. This step does not yet add dependents to benefits or assign beneficiaries.
- Note: A dependent can be a beneficiary and does not need to be added as a beneficiary if already a dependent.

STEP 5:

- Complete the tobacco usage survey (only impacts those who enroll in Critical Illness).

STEP 6:

- Begin enrolling by clicking the **View all plans** button to the right of the Medical benefit box. If you entered dependents on an earlier screen, they will be listed under Covered Individuals. **You must check the box by their name to indicate you want them to be covered under the plan you are viewing.** To review information about the plan click **Additional Details** next to the name of the plan (highly recommended).
- If you want to *waive* a plan (i.e., choose not to enroll in it), click the **Waive benefit** button on the right side of the page. You will be asked to select a reason for waiving (e.g., you already have coverage, you don't want/need it).
- When ready, click **Confirm Details** and move on to the next benefit option.

Enrollment Instructions (Cont.)

STEP 7: Repeat Step 5 for the rest of your benefits. You will also visit questionnaires around whether you have a spouse that also works at SIA and how you'd like to access benefits documents SIA is required to offer you. **These questions require an answer and should not be waived.** Once all your elections are complete, each benefit will be marked with a green "Selected" checkmark on the right side of the page and you may click the blue **Next** button at the bottom righthand corner of the screen.

STEP 8: Review everything carefully and make any desired changes, then click the blue **Submit enrollment** button at the bottom righthand corner of the screen. You may still make changes up until your enrollment deadline by contacting Associate Benefits.

Reminder: If you added a dependent(s), you must upload dependent documentation to ADP Workforce now, bring copies to the Associate Benefits office in Human Resources, or email them to benefits@subaru-sia.com by your enrollment deadline.

Failure to provide documentation by the deadline will result in no coverage for those dependents.

Required Documents

Spouse	Child/Stepchild	Legal Guardianship
Marriage certificate	Birth certificate or birth confirmation letter from the hospital	<ul style="list-style-type: none">• Official court papers showing legal guardianship• Birth certificate• Proof of relationship to the guardian (must be related to the Associate)

Social Security Numbers (SSN) are not required to enroll, but if your dependent has or will have one, it must be entered. If you do not have or know the SSN at the time of enrolling, please go back to update the record or contact a member of the Associate Benefits for assistance.

After You Enroll

Review the deductions on your first paycheck following your enrollment approval. It is your responsibility to ensure that the payroll deductions for your voluntary benefit elections are correct. If you find a discrepancy, notify Associate Benefits immediately.

Making Mid-Year Benefit Changes with a Qualifying Life Event

The benefit choices you make as a New Hire and during Open Enrollment will remain in effect for the entire calendar year. Mid-year changes to your elections can only be made if you experience a qualifying life event. *For a list of qualifying life events, refer to page 4.*

Life Event Steps:

- Log in to <https://workforcenow.adp.com> with your Username and Password.
- Click **Myself** in the menu at the top of the page, then select **Enrollments** under **Benefits**.
- Click **Report a change**.
- Select the applicable life event and enter the life event date, then click **Continue**.
- Follow the prompts to complete the process.
- Upload supporting documents to ADP Workforce Now. You may also email them to benefits@subaru-sia.com or bring them the Associate Benefits office in Human Resources,.

Important: Benefit changes must be made and submitted with supporting documentation within 31 days of your life event. Coverage is retroactive to the date of the event. Report any divorce and life events involving another Associate to Associate Benefits.

Health Care Coverage

Your Health Care Coverage

SIA provides you and your covered dependents a comprehensive health plan, administered by **Anthem Blue Cross Blue Shield**, that covers a wide range of services.

Keep in mind that while you can seek services with in- or out-of-network providers (those with or without contracts with Anthem), you will always pay less if you are treated within the provider network because the plan pays a higher percentage of your covered expenses.

Anthem has an extensive network of providers nationwide. To find providers, go to www.anthem.com and click on "Find Care".

Understanding Your Health Care Plan

First, the plan covers preventive care at 100%, which means there is no cost to you for your annual check-ups, some preventive health screenings, and more.



Visit www.anthem.com/preventive-care to find the preventive care guidelines for your age and gender

If you get sick or need care, you pay the full cost of any medical claims which don't have a copay until you reach your annual deductible. (**TIP:** Flexible Spending Account funds can help offset your deductible costs. Refer to page 12 for more information)

Deductible and Out-of-Pocket Maximum

- The SIA medical plan has an embedded deductible, which means each covered member of the family can satisfy their own "Individual" deductible amount before the "Family" amount is met. Copays do not count toward deductibles, but they do count toward your out-of-pocket maximum.
- Once the individual or total family deductible amount is met, you pay a percentage of covered costs via coinsurance until you reach your annual out-of-pocket maximum. Your coinsurance is 20% if you use in-network providers and 50% if you do not.
- The in-network and out-of-network deductibles are separate and cannot be combined.
- The out-of-pocket maximum is the most amount you will pay for eligible health care costs in a calendar year. Once you have paid the out-of-pocket maximum, the plan will cover the remaining eligible medical expenses at 100% for the rest of the year. If out-of-network providers are used, then you are responsible for charges that are above "reasonable and customary."

NOTE: Prescription drugs have a separate out-of-pocket maximum. Refer to page 9 for details.

Anthem Laboratory Networks

Did you know that if you go to a Tier 1 lab, such as Quest Diagnostics (Quest), Mid America Clinical Labs, Laboratory Corporation of America (LabCorp), IU Health Arnett Clinic, and PCL Alverno Labs, your labs will be covered in full and you still get the same quality service? Most doctors are willing to use the lab that best meets your needs, so talk with your doctor about choosing a lab where you can get quality service for less, like a Tier 1 lab.

Medical Plan

Preferred Provider Organization (PPO)	In-Network		Out-of-Network
Medical Deductible (in-network and out-of-network services are separate)	\$1,000 Individual \$2,000 Family		\$2,000 Individual \$4,000 Family
Medical Out-of-Pocket Maximum (in-network and out-of-network services are separate)	\$4,000 Individual \$6,000 Family		\$8,000 Individual \$12,000 Family
Coinsurance	20%		50%
Office Visit Copays (accumulate towards the out-of-pocket maximum)			
Primary Care (including Ob/Gyn)	\$25 copay		50% coinsurance after deductible
Specialty Care	\$50 copay		50% coinsurance after deductible
Mental Health/Substance Abuse	\$25 copay		50% coinsurance after deductible
Preventive Care Physical Exam, Female Sterilization, Well-Child Care, Colonoscopy (routine or diagnostic), Mammogram (routine or diagnostic), Pap Smear, Prostate-Specific Antigen Test, Routine Lab Services, Immunizations	Fully covered		Excluded (out-of-network diagnostic services are covered at 50% after deductible)
Emergency Room¹/Urgent Care Services			
Ambulance	20% coinsurance after deductible		
Emergency Room	\$500 copay ¹		
Urgent Care	\$50 copay		
LiveHealth Online Visit at livehealthonline.com	\$10 copay		Not Covered
Other Telehealth (must use both audio and visual, such as through a mobile phone, tablet, or computer)	\$25 copay		
Hospital/Facility Services Inpatient Hospital, Outpatient Hospital & Surgical Center	20% coinsurance after deductible		50% coinsurance after deductible
Other Services Radiology (x-rays, ultrasounds), Advanced Radiology (MRI, CT, MRA, PET), Durable Medical Equipment, Home Health Services, Hospice / Skilled Nursing, Physical Therapy, Occupational Therapy, Speech Therapy	20% coinsurance after deductible		50% coinsurance after deductible
Lasik/PRK Eye Surgery	Plan pays \$600/person lifetime		
Lab Services General health panel ² , complete blood count, prostate screen, strep throat, cholesterol, Hemoglobin A1C	Tier 1 Lab No charge	Tier 2 Lab 20% coinsurance after deductible	Tier 3 Lab 50% coinsurance after deductible

Use Anthem Laboratory Networks and Save!

To find a Tier 1 lab near you (Quest, Mid America, LabCorp, IU Health Arnett Clinic, or PCL Alverno), go to www.anthem.com or call the toll-free number on your Anthem ID card.

Alternatively, many lab services can be performed at the SIA Health and Wellness Center at no charge to you.

¹ Waived if *admitted* to the hospital (determined by your doctor or facility), then deductible and coinsurance apply to hospital stay

² A general health panel consists of a comprehensive metabolic panel (CMP), a complete blood count (CBC) and a thyroid stimulating hormone (TSH)

Note: This is only a summary of your coverage. In-network services are based on negotiated charges; out-of-network services are based on reasonable and customary (R&C) charges.

Prescription Drug Benefits

SIA provides you and your covered dependents prescription drug benefits administered by **Capital Rx**.

Prescription drug costs accumulate toward an out-of-pocket maximum which is separate from your medical plan out-of-pocket maximum. Once the prescription drug out-of-pocket maximum is satisfied, the plan will pay 100% of covered prescription drug costs for the remainder of the year. There are separate prescription drug out-of-pocket maximums for individual and family. All drug copays and coinsurance of covered family members accumulate toward the family limit.

You may contact Capital Rx at (855) 922-7793 or go to www.cap-rx.com.

Capital Rx has a separate ID card for prescription drug benefits so when visiting the pharmacy to pick up a prescription, use your Capital Rx ID card for insurance processing.

Mail order and specialty drugs are provided by Capital Rx's partner, Optum Rx, as of January 1, 2024.



	In-Network
Prescription Drug Out-of-Pocket Maximum	\$2,850 Individual \$7,700 Family
Retail Pharmacy (30-day supply)	\$10 Generics \$45 Preferred Brands 25% Non-Preferred Brands (\$150 min / \$250 max) 30% Specialty Medications
Mail Order Pharmacy (90-day supply) Save one copay per 90-day drug order	\$25 Generics \$90 Preferred Brands 25% Non-Preferred Brands (\$300 min / \$500 max) 30% Specialty Medications
Tobacco Cessation Products	\$0 (in-network pharmacy only) Some brands excluded.
Diabetic Supplies (needles, test strips, lancets, syringes)	\$0 (in-network pharmacy only) Select brands are covered at no cost.

Dental Plan

SIA offers dental benefits, administered by **Cigna**, to help pay the cost of a wide range of dental services for you and your covered family members. Regular dental exams can help you and your dentist detect problems in the early stages when treatment is more basic, and costs are much lower. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and periodontal disease. It is also an important part of maintaining your medical health.

Cigna Dental Wellness

When you or your covered dependents receive any preventive dental care in one plan year, your annual dollar maximum will increase in the following plan year by \$100 (maximum \$1,900), allowing you to build your annual dollar maximum for other service you may need in the future. Each member of the family has their own annual dollar maximums.

Participating Providers – Dentists in Cigna’s dental network have agreed to the negotiated fees set by Cigna. They will also file claims for you, making your visits paperwork free.

Non-participating Providers – If your dentist is not a participating Cigna provider, you may pay more out of your pocket because fees have not been negotiated between Cigna and your dentist. The plan will pay in accordance with its usual and customary, and you are responsible for the difference. This practice is referred to as “balance billing.” In addition, the provider may require you to submit your own claims to Cigna.



Finding a participating dentist:

- Go to www.mycigna.com
- Click “Find Care & Costs”
- Follow instructions to find a participating dentist or estimating the cost of a dental procedure

Remember: You typically save money when you use an in-network provider.

	In-Network & Out-of-Network
Deductible	\$65 individual, \$390 max per family
Annual Benefit Maximum Applies to preventive, basic, and major services	\$1,800
Preventive Services Includes two exams and two cleanings per calendar year per person	\$0
Basic Services X-rays, root canals, fillings, extractions	20% after deductible
Major Services Crowns, dentures, bridges, anesthesia	50% after deductible
Orthodontia Coverage for dependent children (to age 19) Lifetime maximum of \$1,800 / person	50% after deductible

Vision Plan

SIA offers vision benefits, administered by **Anthem**. It provides coverage for routine eye exams and also pays for all or a portion of the cost of glasses or contact lenses if you need them.

Type of Service	In-Network The Plan will pay 100% after any copays, subject to any maximum shown below	Out-of-Network The Plan will reimburse you at 100%, subject to any maximum shown below
Vision Exam (once every calendar year)	\$20 copay	\$45 copay
Lenses and/or Frames	\$20 copay (materials)	N/A
Lenses (once every calendar year) <ul style="list-style-type: none"> • Single Vision Lenses • Bifocal Lenses • Trifocal Lenses • Lenticular Lenses 	100% 100% 100% 100%	Up to \$32 Up to \$55 Up to \$65 Up to \$80
Contact Lenses¹ (once every calendar year) Elective Therapeutic	100% up to \$105 100%	Up to \$98 Up to \$210
Frames (once every 24 months)	100% up to \$120	Up to \$66

Anthem Blue View Vision is the vision benefit network. Make sure you visit www.anthem.com to find a participating provider.

Participating Providers – Anthem Blue View Vision eye care professionals in the network have agreed to the negotiated fees set by Anthem Blue View Vision. They will also file claims for you, making visits paperwork free.

Non-participating Providers – If your vision provider is not participating, you may pay more out of your pocket, because fees have not been negotiated between Anthem Blue View Vision and your vision provider. The plan will pay in accordance with its usual and customary, and you are responsible for the difference. This practice is referred to as “balance billing.” In addition, your provider may require you to submit your own claims to Anthem Blue View Vision.



Finding a participating vision professional:

- Go to www.anthem.com
- Click “Find Care”
- Follow instructions to find a participating eye care professional or estimate the cost of a procedure

Remember: You always save money when you use an in-network provider.

¹ Contact Lenses - one paid or a single purchase of a supply of contact lenses in lieu of lenses and frame benefit (may not receive contact lenses and lenses for glasses in same benefit year).

Flexible Spending Accounts

A Flexible Spending Account (FSA) is a program that helps you pay for health care or dependent care costs by using tax-free dollars. You decide how much money you would like to contribute to one or both accounts and your contribution is deducted from your paycheck before taxes. You can access the funds in your account to either pay for or reimburse yourself for eligible expenses.

This chart shows the eligible expenses for each type of FSA, how much you can contribute to each FSA annually, and how you benefit by using each FSA where applicable.

Account Type & Eligible Expenses	Annual Contribution Limits	Debit Card	Advantage
Health Care FSA Most medical, dental, and vision care expenses that are not covered by your health plan, over the counter drugs, menstrual care products	Maximum contribution: \$3,050* SIA Matching Contribution: Up to \$400 of your contribution	Yes	Saves on eligible expenses not covered by insurance; reduces your taxable income
Dependent Care FSA Dependent care expenses (e.g., day care, after school programs for children under 13) or elder care programs. May not be used for health care items and services for dependents.	Maximum contribution is \$5,000 (or \$2,500 if married and filing separate tax returns)	No	Reduces your taxable income

*Subject to increase with IRS annual limit change for 2024.

Important Information About FSAs

Your 2024 FSA funds may only be used on items and services from January 1 through December 31, 2024. Health Care FSA funds may be accessed with the debit card until December 31, then you may access any remaining funds in your account by submitting a claim for reimbursement up until March 31, 2025 for eligible expenses incurred in 2024.

Dependent Care FSA funds are accessed by claim reimbursement only.

Please plan your contributions carefully as any money remaining in your account after March 31, 2025 will be forfeited. This is known as the “use-it-or-lose-it” rule and it is governed by Internal Revenue Service regulations.

Funding Example	Health Care FSA
Associate Contribution:	\$3,050
SIA Matching Contribution:	\$400
Total Health Care FSA Balance	\$3,450



Important:

Flexible Spending Account elections do not roll from year to year. The IRS requires re-enrollment each year you want to participate in an FSA.

Please Note:

If you or your spouse are receiving contributions to a Health Savings Account (HSA) outside of SIA, enrollment in a Health Care FSA will negatively impact your HSA eligibility per Federal Tax Guidelines. Consult your HSA provider or tax advisor if you have questions.

Accident Insurance

Accident Insurance through Unum

Accident Insurance pays benefits based on the injury you receive and the treatment you need, including emergency-room care and related surgery. Choose between two levels of coverage to help offset the out-of-pocket expenses that medical insurance does not pay, including deductibles and co-pays. A Be Well option can pay an annual benefit for preventive care. You can purchase coverage for yourself, your spouse, (if you have coverage) and your dependent children. **This benefit is voluntary and paid for by Associates. Premiums are per pay-period and can be found in ADP.**

Sample Schedule of Benefits

Find the right plan for you by choosing between 2 levels of coverage. Below is a sample of some covered benefits:

	Option 1	Option 2
X-rays or Ultrasound	\$50	\$75
Concussion	\$200	\$200
Therapy Services (chiro, speech, PT, occupation)	\$35 (max 15 days)	\$50 (max 15 days)
Ground Ambulance	\$200	\$400
Fractured Rib	\$350	\$500
Bone Scan, CAT, CT, EEG, MR, MRA, or MRI	\$100	\$200
ER Treatment	\$100	\$200

Refer to the schedule of benefits in ADP for a full list of covered injuries and expenses.

Be Well Benefit

Every year, each family member who has Accident coverage can also receive **\$50** for getting a covered Be Well Benefit screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental, and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

Why is this coverage so valuable?

- It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles
- You're guaranteed base coverage, without answering health questions
- The cost is conveniently deducted from your paycheck
- You can keep your coverage if you change jobs or retire without having to answer health questions, you'll be billed directly
- You can buy coverage for your spouse and dependent children.
- Benefits are payable for accidents that occur on or off the job



What's Covered?

Some covered expenses may include:

- Emergency-room treatment
- Outpatient surgery facility visits
- Doctor office visit
- Hospitalization
- Physical, occupational & speech therapy
- Chiropractic visit
- X-rays
- Prescription Drugs

The list of covered injuries includes:

- Broken bones
- Burns
- Torn ligaments
- Lacerations
- Coma due to a covered injury
- Eye injuries
- Concussions

Critical Illness Insurance

Critical Illness Insurance through Unum

Unum’s Critical Illness Insurance can help protect your finances from the impact of a serious health problem, such as a stroke, heart attack, or cancer diagnosis. You choose a lump-sum benefit amount that’s payable directly to you upon diagnosis of a covered condition. You can use the benefit any way you choose. **This benefit is voluntary and paid for by Associates. Premiums are per pay-period and can be found in ADP.**

Why is this coverage so valuable?

- The money can help you pay out-of-pocket medical expenses, like co-pays and deductibles.
- You can use this coverage more than once.
- It’s more affordable when you buy it through your employer and the premiums are conveniently deducted from your paycheck.
- If you apply during your initial enrollment, you can get coverage without a health exam or medical questions.
- Coverage is portable. You may take the coverage with you if you leave the company or retire. You’ll be billed at home.

Even after you receive a payout for one illness, you’re still covered for the remaining conditions and for the reoccurrence of any critical illness with the exception of skin cancer. The reoccurrence benefit pays 100 of your coverage amount. Diagnoses must be at least 180 days apart or the conditions can’t be related to each other.

Who can get coverage?

You	Choose \$10,000, \$20,000 or \$30,000 of coverage with no medical questions if you apply during this enrollment.
Your spouse	Spouses can get 50% of the employee coverage amount as long as you have purchased coverage for yourself.
Your children	Children from live birth to age 26 are automatically covered at no extra cost. Their coverage amount is 50% of yours. They are covered for all the same illnesses plus these specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. The diagnosis must occur after the child’s coverage effective date.

Be Well Benefit

Every year, each family member who has Critical Illness coverage can also receive **\$50** for getting a covered Be Well Benefit screening test, such as:

- Annual exams by a physician include sports physicals, well-child visits, dental, and vision exams
- Screenings for cancer, including pap smear, colonoscopy
- Cardiovascular function screenings
- Screenings for cholesterol and diabetes
- Imaging studies, including chest X-ray, mammography
- Immunizations including HPV, MMR, tetanus, influenza

What’s covered?

Critical Illnesses	
<ul style="list-style-type: none"> • Heart attack • Stroke • Major organ failure • End-stage kidney failure 	<ul style="list-style-type: none"> • Coronary artery disease Major (50%): Coronary artery bypass graft or valve replacement Minor (10%): Balloon angioplasty or stent placement

Progressive Diseases	Supplemental Conditions
<ul style="list-style-type: none"> • Amyotrophic Lateral Sclerosis (ALS) • Dementia, including Alzheimer’s disease • Multiple Sclerosis (MS) • Parkinson’s disease • Functional loss 	<ul style="list-style-type: none"> • Loss of sight, hearing, or speech • Benign brain tumor • Coma • Permanent Paralysis • Occupational HIV, Hepatitis B, C, or D • Infectious Diseases (25%)

Cancer Conditions	
<ul style="list-style-type: none"> • Invasive cancer, all breast cancer is considered invasive 	<ul style="list-style-type: none"> • Non-invasive cancer (25%) • Skin cancer —\$500

The SIA Health & Wellness Center

The SIA Health and Wellness Center (HWC) is an accredited, state of the art health center that offers:

- Comprehensive best-in-class health care services
- Short-term behavioral health counseling
- Quality staff and management through Premise Health, the leader in workplace health care
- Convenient onsite location and accessible hours
- Strict privacy and confidentiality – your health care records are maintained by Premise Health and never shared with your employer. Behavioral health records are maintained separately from the health care records.

Acute Care

The HWC recognizes that health care needs are not always predictable. For your convenience, a limited number of acute care services are available at the HWC during normal operating hours for existing patients who experience an unexpected illness or injury. Patients must call the HWC prior to their visit to schedule an acute care appointment.

Appointments

In order to reduce wait times, all services require an appointment. Scheduling an appointment is easy and can be done by phone or online. For appointments, call **(765) 588-5667**, option “0” or log in to mypremisehealth.com.



About the PCMH Accreditation

The SIA Health and Wellness Center has received accreditation as a Patient Centered Medical Home (PCMH) by the Accreditation Association for Ambulatory Health Care (AAAHC). The accreditation process includes a stringent yearlong review and recognizes only facilities that achieve the highest standards and employ best practices in operating in compliance with nationally recognized standards of care.

Coming Summer 2024!

The SIA Health & Wellness Center is expanding to add physical therapy which will not require a copay.

Hours (Monday-Friday):

Hours are subject to change without notice.

Primary Care: 7:00 am – 7:00 pm

Acute Care: 7:00 am – 7:00 pm

Laboratory: 5:00 am – 7:00 pm

Location:

East side of the SIA property across from the SIA Recreation Center

HWC providers are certified practitioners and offer a full range of primary care services, which include, but are not limited to:

- Routine office procedures
- Management of chronic conditions, like hypertension, high cholesterol, diabetes, COPD
- Evaluation and treatment of acute illnesses, like sore throats, sinus, allergies, headaches, rashes, strains/sprains, acute injuries and illnesses, cough, musculoskeletal problems and more
- Minor surgical procedures (sutures for lacerations, mole removal, etc.)
- Tobacco Cessation
- Prescription meds (limited pre-packaged meds are available if treated by HWC providers)
- Preventive exams (including physicals)
- Flu shots and immunizations
- Allergy injections (with patient supplying drug)
- Laboratory services (all and EKGs)
- Pulse oximetry
- Physical health-related counseling and education
- Short-term behavioral health counseling

Visit mypremisehealth.com for more information and to register for portal access. There, you will create your own username and password.

SIA Recreation Center

SIA provides a staffed fitness facility for Associates and their dependents to help you achieve your fitness goals. The SIA Recreation Center is committed to helping members improve their health and physical fitness with the goal to decrease risk of cardiovascular disease, joint pain, stress, and obesity. With degreed and certified health fitness specialists on site, Associates have many resources available, including free personal training, group fitness classes, and health programs.

Personal Trainers

Work with a personal trainer to assess your fitness level and create a program based on your goals. A personal training session can involve a wide range of personalized activities – not just weightlifting – such as pickleball demonstrations, walking the trails, stretching routines, or lessons on form and gym equipment functions. The time is spent however you would like while on your journey to increased physical activity. These sessions are available to CTI, Morales, and SIA Associates.

Group Fitness Classes

Group fitness classes are appropriate for all fitness levels. You control the intensity and difficulty of your workout. Go to sia.fitnessanalyst.com for group fitness schedules.

Guest Membership at the Recreation Center

SIA Associates and spouses are eligible to bring a guest to the Recreation Center during designated times. Guest members will be required to sign a waiver and release of liability form. Guest members must be at least 18 years of age and accompanied by their SIA member during orientation and facility visits.

Outdoor Facilities

Use of the outdoor facilities requires participants to be members of the Recreation Center. Outdoor facilities, including the pavilion and fields, may be reserved in accordance with the Recreation Center's policies and procedures. Members are required to check in at the front desk when using any of the outdoor facilities.

Hours of Operation

Monday: 4:00 am - 9:00 pm*
Tuesday: 12:00 am - 9:00 pm*
Wednesday: 12:00 am - 9:00 pm*
Thursday: 12:00 am - 9:00 pm*
Friday: 12:00 am - 7:00 pm
Saturday: 11:00 am - 4:00 pm (Mar- Sept)
Sunday: 1:00 pm – 6:00 pm (Oct – Feb)

* Reopens at 11:30pm

Hours are subject to change without notice.

Connecting Health & Wellness

The staff at the Recreation Center work hand-in-hand with the SIA Health & Wellness Center (HWC) to provide a comprehensive approach to wellness. The fitness professionals at the Recreation Center take the recommendations from the HWC to design a customized exercise program that addresses the needs and goals of the Associates and their families.

Programs

Weight Management
Group Fitness Classes
Personal Training
Health Coaching
Customized Exercise Plans
Fitness Assessments

Recreation

Basketball Leagues
Baseball / Softball / Football Fields
Indoor/Outdoor Basketball Court
Indoor Volleyball Courts
Paved/Unpaved Walking Trails
Tennis Courts
Fishing Pond

Equipment

Treadmills
Elliptical Trainers
Stair Climbers
Stationary Bikes
Rowing Machines
Resistance/Stability Ball
Dumbbells



Questions?

Call the Recreation Center at (765) 449-6160. To enroll or view schedule, visit sia.fitnessanalyst.com.

Life Insurance and AD&D

Basic Life and AD&D Insurance

Life insurance is an important part of your financial security, especially if you support a family.

Accidental Death & Dismemberment (AD&D) Insurance provides a benefit in the event of your accidental death or dismemberment.

SIA provides basic Life and AD&D coverage to all eligible Associates at no cost. Coverage is automatic.

It is important to review and/or update your life insurance beneficiary annually or anytime you have a qualifying life event. You can review and update your beneficiary information in ADP.

Account Type	Basic Life Benefit
Employer-provided basic life and AD&D insurance	<ul style="list-style-type: none"> • 2x annual earnings rounded to the next higher \$1,000* • Maximum benefit of \$1,000,000 combined with voluntary life coverage

Voluntary Life and AD&D Insurance

SIA offers voluntary term life insurance and AD&D to all eligible Associates and their eligible family members. This is in addition to the SIA provided life and AD&D insurance.

When first hired, you can purchase additional coverage without answering any additional medical questions (Evidence of Insurability).

Once you have waived this benefit, you are only allowed to apply for the coverage during the annual enrollment period. However, you may decrease coverage or cancel it at any time. Coverage ends on the last day of the calendar month in which your employment ends.



Coverage	Voluntary Life Benefit
Associate	<ul style="list-style-type: none"> • Increments of 0.5-2x annual salary to maximum \$1,000,000 (combined with basic life)* • \$600,000 is guaranteed issue at initial enrollment • Late entrants or amounts over the guaranteed issue will require an Evidence of Insurability to be completed
Spouse	<ul style="list-style-type: none"> • \$10,000 increments to a maximum benefit election of \$250,000 (\$10,000 minimum)* • Guaranteed issue of \$50,000 • Late entrants or amounts over the guaranteed issue will require an Evidence of Insurability to be completed
Dependent Child	<ul style="list-style-type: none"> • Options of \$2,500, \$5,000 or \$10,000 benefit election • All amounts are guaranteed issue, no evidence of insurability required

*Benefit reduction based on Associate's age. Life benefits reduce to 65% of the original amount at age 65 and 50% at age 70.

Notice:

Duplicate coverage (e.g., multiple Associates covering the same person) is not permitted. For example, you would not be able to carry spouse life insurance if your spouse is an SIA Associate. Additionally, Associate parents may not both cover the same child under child life insurance.

You are responsible for ensuring your beneficiaries are up-to-date. Be sure to review them each year and any time you have a life event.

To update your beneficiaries, log into ADP.

Disability Income Replacement Programs

Short-Term Disability (STD) Insurance

Disability insurance provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury. SIA pays 100% of the cost of the Short-Term Disability Income Replacement Program.

STD covers most non-occupational disabilities. All full-time SIA Associates become eligible to receive STD benefits on the 1st day of the month after six full months of employment if you are actively at work on the effective date of coverage. If you are not at work, the coverage begins on the date you return to active work.

STD Schedule – Salaried Associates

Years of Service at time of Disability	Weeks of 100% Pay Replacement	Weeks of 60% Pay Replacement
More than 6 months, less than 1 year	1	25
1	3	23
2	5	21
3	7	19
4	9	17
5	11	15
6	14	12
7	17	9
8	20	6
9	23	3
10 and over	26	0

STD Schedule – Hourly Associates

Years of Service at time of Disability	Weeks of 80% Pay Replacement	Weeks of 60% Pay Replacement
More than 6 months, less than 5 years	0	26
5 years and over	11	15

To begin an STD claim, contact Lincoln Financial Group at (833) 379-1375 or log in to www.mylincolnportal.com.

You will need the Registration Code:
SUBARU

Scan the QR code to be taken to the portal.



Long-Term Disability (LTD) Insurance

The LTD plan provides partial income replacement if you are disabled and unable to work for more than six months as a result of a non-occupational illness or injury. Your LTD coverage is effective on the first day of the month following your date of hire. The amount of your benefit is equal to 60% of your pay, less family Social Security benefits or any other benefits you receive.

Generally, your LTD benefits continue:

- 1) for as long as you are disabled, or
- 2) to age 65 or to Social Security Normal Retirement Age (SSNRA), whichever is greater.

If you are disabled after age 60, your benefits continue for a specified period of time.

SIA Retiree Health Benefits

SIA Retiree Health Benefits

SIA offers health benefits to Associates who retire from SIA at or over age 55 with a minimum of 10 years of service, or with 30 years of service at any age. For details on SIA's retiree health benefits, please log in to www.SIAAssociate.com to view the SIA Retiree Health Plan and Summary Plan Description.

Pre-Age 65 Retiree Health Benefits

Retirees and their spouses under age 65 are eligible to participate in the SIA Pre-Age 65 Retiree Medical Benefit Plan. The cost of this coverage is subject to change annually. Contact the SIA Benefits Office for the most current premiums. SIA and retirees share in paying the premiums. The portion of premium a retiree will pay will vary based upon the retiree's length of service at the time of retirement as shown below.

Length of Active Service	Employer-Paid Portion of Premium Cost	Retired Associate's Portion of Premium Cost
10 years	45%	55%
11 years	48%	52%
12 years	51%	49%
13 years	54%	46%
14 years	57%	43%
15 years	60%	40%
16 years	63%	37%
17 years	66%	34%
18 years	69%	31%
19 years	72%	28%
20 years	75%	25%
21 years	78%	22%
22 years	81%	19%
23 years	84%	16%
24 years	87%	13%
25 years +	90%	10%

Age 65+ Retiree Health Benefits

At age 65, retirees and their spouses become eligible for Medicare. For retirees and their spouses age 65 or older, SIA funds a Retiree Health Reimbursement Arrangement (HRA) for which the retiree and/or their spouse may be reimbursed for eligible medical, vision, prescription, over-the-counter, and dental expenses. The amount SIA will fund annually varies based on the retiree's length of service at the time of retirement as shown below.

Retired Associate's Length of Active Service Credit	Maximum Available Annual Reimbursement Amount for Each Eligible Retired Associate and/or Covered Spouse
10 years	\$1,400
11 years	\$1,494
12 years	\$1,588
13 years	\$1,682
14 years	\$1,776
15 years	\$1,870
16 years	\$1,964
17 years	\$2,058
18 years	\$2,152
19 years	\$2,246
20 years	\$2,340
21 years	\$2,434
22 years	\$2,528
23 years	\$2,622
24 years	\$2,716
25 years +	\$2,800

SIA Retirement Plan

Eligibility & Auto Enrollment

You are eligible to participate in the SIA Retirement Plan beginning with your first paycheck. If you do not make a contribution election or opt out of the Plan, SIA will automatically enroll you into the Plan at a contribution rate of 6% on a pre-tax basis, once a 30 day-opt out period has passed. You can change your contribution rate, at any time through the year via Empower (details below).

Matching

SIA will match 50% of the first 6% that you contribute per pay period, after you have six months of service with SIA. Contribute at least 6% of pre-tax, Roth, or both combined, to take full advantage of the match. SIA's matching contribution will be in the form of pre-tax funds.

Discretionary Retirement Contribution

Each year SIA may choose to contribution a Discretionary Retirement Contribution to Associate's retirement accounts. For details regarding SIA's Retirement Plan and/or eligibility requirements refer to the Summary Plan Description located at www.siaassociate.com.

Connect with Empower

To contact Empower to make changes to your current elections, or for more information about any fund, including investment options, risks, charges, and expenses, or to obtain a fund prospectus refer to the instructions below:

Online: Go to www.empower.com/sia401k

Click the Register button

Select the I do not have a PIN tab

Follow the prompts to create a username and password

On your mobile device: Download the app in the App Store and/or on Google Play. After you download the app, open it, and follow the prompts to log in and/or register your account.

Phone: You can contact an Empower representative at (844) SIA-401k, (844 742-4015). Representatives are available Monday through Friday from 8 a.m. to 10 p.m. Eastern time and Saturdays from 8 a.m. to 5:30 p.m. Eastern time.



Additional Benefits

Associate Assistance Program (AAP)

Our AAP offers you the resources you need to meet life's challenges. The company-sponsored, confidential AAP is available to you and your family members (whether living with you or not) immediately upon your date of hire. SIA pays the full cost of this benefit. You can access unlimited 24/7 assistance and in-person guidance – counseling or legal help. Refer to the chart below for more information on what is covered.

Contacting the AAP

To access AAP benefits, contact Lincoln Financial Group Employee Connect Service at (888) 628-4824 or log on to www.guidanceresources.com (username: LFGsupport, password: LFGsupport1)

Counseling Up to 5 face to face sessions	Financial Toll Free Information Line	Legal Assistance from Attorneys	Family Access to Information
<p>Telephonic Assistance</p> <ul style="list-style-type: none"> Available 24/7 Marital/Family Personal Alcohol/Drug Abuse Stress/Anger Death and Dying <p>Also Available</p> <ul style="list-style-type: none"> Telephonic Employee Consultation Online Access to Information 	<ul style="list-style-type: none"> Credit Taxes Debt Request Educational Material <p>Financial Counseling Sessions</p> <ul style="list-style-type: none"> Scheduled Phone Counseling Session Financial Worksheet Review 	<ul style="list-style-type: none"> One Free 30 Minute Telephonic or Face to Face session Discount on additional meetings <p>Assistance with:</p> <ul style="list-style-type: none"> Document Preparation Divorce/Separation Real Estate Civil Matters 	<ul style="list-style-type: none"> Child Care Elder Care Adoption Education <p>Telephonic Assistance</p> <ul style="list-style-type: none"> One Free 30-minute telephonic session <p>Web Access:</p> <ul style="list-style-type: none"> Available 24/7

MetLife Legal Plans

MetLife Legal Plans, is a legal services plan that provides legal representation for you, your spouse, and dependents at a low monthly group rate, which is paid through the convenience of payroll deductions. For 2024, you pay \$7.62 per bi-weekly paycheck and if you stay within the network, all covered legal services are provided at no additional cost.

You and your eligible family members can get help from a network attorney whenever you need it (by telephone or in person). Once you enroll, you must remain in the plan for the entire year.

How to Find an In-Network MetLife Legal Plan Attorney To locate a local network attorney, go to www.legalplans.com and enter 9901957 or call the Client Service Center at 1 (800) 821-6400.

What if your preferred attorney is out-of-network? With MetLife Legal Plan, you have the flexibility to use an out-of-network attorney and get reimbursed for covered services according to a set fee schedule.

You can receive legal advice and covered services for a wide range of personal legal matters, including¹:

- Civil Litigation Defense
- Consumer Protection Matters
- Personal Property Protection
- Small Claims Assistance
- Juvenile Court Defense
- Demand Letters, Affidavits
- Living Wills & Powers of Attorney
- Elder Law Matters
- Identity Theft Defense
- Negotiation with Creditors
- Foreclosure
- Adoption
- Property Tax
- Traffic Ticket Defense (Except DUI)
- Protection from Domestic Violence
- Wills and Codicils Trusts
- Prenuptial Agreement
- Review of Personal Legal Docs Home Equity Loans
- Attorney Services for Non-Covered Matters (4 hours)

¹ You will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. Covered services vary in some states.

Additional Benefits

ID Theft Coverage

ID Watchdog powered by Equifax provides identity theft protection, resolution services, and an easy and affordable way to help better protect the identities of you and your loved ones of all ages.

Block new accounts from opening and control access to your data to prevent identity fraud for you and your family.

Associate: Coverage provided by SIA

Family: Associate has the option to purchase coverage for their family.

Business Travel Accident Insurance

You are automatically covered by Business Travel Accident Insurance if you are an active full-time Associate who works at least 16 hours per week. This coverage provides a benefit if you or your covered family member die as a result of an accident or illness while traveling on SIA business. The SIA Business Travel Accident Insurance covers travelers who are at least 100 miles from their residence while on company business.

Associate: \$200,000 paid to Beneficiary

Spouse: \$50,000

Dependent Child(ren): \$25,000

SIA Leave of Absence (LOA) Benefits

SIA's LOA benefits provide eligible Associates with benefits related to disability, personal or family illness, the birth, adoption or foster care placement of a child, military service, jury and civic duty, personal need or hardship, and bereavement due to the death of a family member. Please refer to the SIA Handbook and SIA policies and procedures for additional details on the various leave benefits.

Family and Medical Leave Act (FMLA)

The Family and Medical Leave Act (FMLA) provides eligible Associates with job-protected, unpaid leave. For details, please refer to SIA's FMLA policies and procedures available in www.SIAassociate.com.

Filing for Family Medical Leave Act Leave –

For new claims, call Lincoln Financial Group at (833) 379-1375 or log in to www.mylincolnportal.com. (Registration Code: SUBARU).

Note: For your own medical conditions that qualify for both FMLA and SIA's Short-Term Disability Benefits (STD), the intake specialist may process your claim for both FMLA and STD concurrently as a coordinated claim for your convenience.

CollegeChoice529

SIA allows convenient payroll deduction to help you save for college education through Indiana's CollegeChoice529 Direct Savings Plan. For more information, visit www.collegechoicedirect.com or call a Client Service Representative at (866) 485-9415, Monday through Friday 8 a.m. to 8 p.m. Eastern time.

Purchasing Power

Purchasing Power empowers you to shop thousands of premium, brand name products, vacation packages, and education services. Payments are payroll deducted from your SIA paycheck. For more information, visit www.SIA.PurchasingPower.com or call (888) 923-6236.

Liberty Mutual Auto and Homeowners Insurance

For more information on discount auto and homeowner's insurance available to you via payroll deduction, please contact Liberty Mutual at (844) 802-4356 and reference "Subaru of Indiana" when calling.

SIA Education Assistance Program

With SIA's Education Assistance Program, you may take courses to advance your career or improve your skills. You can also pursue a degree.

The Education Assistance Program reimburses you for job related courses or courses taken toward an approved degree program at an accredited institution. You may be reimbursed up to \$4,000 per calendar year for tuition/education expense.

Some programs may be reimbursed at 100% without an annual cap. For more details, refer to the Educational Assistance Program on www.SIAassociate.com or contact Associate Development at (765) 428-7580.

Glossary

Brand Name Drugs: Drugs that have trade names and are protected by patents. Brand name drugs are generally the costliest choice.

Coinsurance: The percentage of a covered charge paid by the plan.

Copay: A flat dollar amount you pay for medical or prescription drug services regardless of the actual amount charged by your doctor or health care provider.

Deductible: The annual amount you and your family must pay each year before the plan pays benefits. Does not include copay amounts.

Explanation of Benefits (EOB): Letter from your insurance carrier following a service which details what the provider charged, what discounts or insurance payments applied (where applicable), and the amount you are ultimately responsible to pay to the provider.

Generic Drugs: Generic drugs are less expensive versions of brand name drugs that have the same intended use, dosage, effects, risks, safety, and strength. The strength and purity of generic medications are strictly regulated by the Federal Food and Drug Administration.

In-Network Provider: Any licensed doctor, hospital, lab or other health care provider that has contracted to provide members with wide-ranging health care services at discounted rates.

Inpatient: Services provided to an individual during an overnight hospital stay.

Mail Order Pharmacy: Mail order pharmacies generally provide a 90-day supply of a prescription medication for the same cost as a 60-day supply at a retail pharmacy. Plus, mail order pharmacies offer the convenience of shipping directly to your door.

Out-of-Network Provider: Any licensed doctor, hospital, lab or other health care provider that is not part of a provider network. These providers may bill you for the difference of what they charged and the insurance company's "allowed" (discounted) amount. For example, if they charge \$100 for a service and your insurance only allows \$85, the provider may still send you a bill for the difference of \$15.

Out-of-Pocket Maximum: The maximum amount you and your family must pay for eligible expenses each plan year. Once your expenses reach the out-of-pocket maximum, the plan pays benefits at 100% of eligible expenses for the remainder of the year. The out-of-pocket maximum includes any amounts you have spent toward the deductible, in copays, and in coinsurance.

Outpatient: Services provided to an individual at a hospital facility without an overnight hospital stay.

Primary Care Physician (PCP): Physician (generally a family practitioner, internist or pediatrician) who provides ongoing medical care. A primary care physician treats a wide variety of health-related conditions and refers patients to specialists as necessary.

Plan Year: January 1 through December 31

Qualifying Life Event: A change in your situation; like getting married, having a baby, or losing health coverage, that can make you eligible for a Special Enrollment Period, allowing you to enroll in health insurance outside of the annual Open Enrollment Period.

Specialist: A physician who has specialized training in a particular branch of medicine (e.g., a surgeon, gastroenterologist or neurologist).

Specialty Medication: A high-cost drug generally used to treat complex or rare conditions. These medications are normally developed through intensive biotech research and often require special handling.






Term Life Insurance: Life insurance that pays a benefit in the event of the death of the insured during a specified term. If you have a term policy and die within the term, your beneficiaries receive the payout. The policy has no other value.

Usual & Customary: The provider may bill you for the difference between the provider's normal charge and the maximum usual & customary charge based on the geographic area where the service or supply is received.

Contacts

Contact	Responsibility	Phone Number	Email/Website
Anthem	Medical Plan	(844) 659-6883	www.anthem.com
	Blue View Vision Plan	(866) 723-0515	
	24/7 Nurse Line	(800) 337-4770	
	Future Moms Program	(800) 828-5891	
Capital Rx	Prescription Drugs	(855) 922-7793	www.cap-rx.com
Chard-Snyder & Associates	Flexible Spending Account (FSA)	(800) 982-7715	www.chard-snyder.com askpenny@chard-snyder.com
Cigna Healthcare	Dental Plan	(800) CIGNA24 (800) 244-6224	www.mycigna.com
CollegeChoice 529 Direct Savings Plan	Indiana College Savings Plan	(866) 485-9415	www.collegechoicedirect.com
Equifax / ID Watchdog	ID Theft Protection	(866) 513-1518	www.idwatchdog.com/myplan/Subaru
Liberty Mutual	Auto & Homeowners	(844) 802-4356	www.libertymutual.com/subaru-indiana
Lincoln Financial Group	Associate Assistance Program (Employee Connect)	(888) 628-4824	www.GuidanceResources.com
Lincoln Financial Group	Short and Long Term Disability & FMLA	(833) 379-1375	www.mylincolnportal.com
MetLife	Legal Plan	(800) 821-6400	www.legalplans.com
Purchasing Power	Purchase products up front, pay over time	(888) 923-6236	www.SIA.PurchasingPower.com
SIA Health & Wellness Center	Onsite Clinic managed by Premise Health	(765) 588-5667	mypremisehealth.com
SIA Recreation Center	Managed by Premise Health	(765) 449-6160	sia.fitnessanalyst.com
Empower	Retirement Plan	(844) 742-4015	www.empower.com/sia401k
Unum	Accident and Critical Illness	(800) 635-5597	www.unum.com
SIA Associate Benefits Office	Health & Wellness Plan, Life Insurance, Retiree Health Plan, and FSA	(765) 772-7102 (765) 449-6235 (765) 449-6296	benefits@subaru-sia.com
	Leave Management (FMLA, LTD and STD)	(765) 772-7360 (765) 772-7388	leave.admin@subaru-sia.com
	401(k)	(765) 772-7365	benefits@subaru-sia.com
	Payroll	(765) 449-6167 (765) 449-6236	payroll_requests@subaru-sia.com

Mobile Apps

Contact	Anthem	Capital Rx	Chard-Snyder & Associates	Cigna Healthcare	Unum
Mobile App	Sydney Health	Capital Rx	ChardSnyder Mobile	myCigna	Unum Customer
QR Code (Scan with mobile smart phone camera)					

Important Notices

ATTENTION SIA Associates (Eligible for Medicare):

Important Notice from Subaru of Indiana Automotive, Inc. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Subaru of Indiana Automotive, Inc. (“SIA”) and about your options under Medicare’s prescription drug coverage. This information can 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 which drugs are covered at what cost, 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 things you need to know about your current coverage and Medicare’s prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get 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. SIA has determined that the prescription drug coverage offered by the SIA Health & Wellness Plan 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.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15 to December 7.

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 SIA coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current SIA coverage, be aware that you and your dependents may not be able to get this coverage back.

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 SIA and don’t 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 go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up 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 go 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.

For More Information About This Notice Or Your Current Prescription Drug Coverage

Contact the SIA Associate Benefits Office for further information:

benefits@subaru-sia.com

(765) 772-7102 | (765) 449-6296 | (765) 449-6235

Important Notices

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through SIA changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get 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
- Call your State Health Insurance Assistance Program (Refer to 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, 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).

Date	11/01/2023
Name of Entity/Sender	Subaru of Indiana Automotive, Inc.
Contact Position / Office	Benefits Office
Address:	5500 State Road 38 E Lafayette, IN 47905
Telephone Number	(765) 449-6235 or (765) 449-6296

CMS Form 10182-CC

Updated April 1, 2011

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Important Notices

Notice of SIA Health & Wellness Plan Health Information Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

Your Rights

Get a copy of your health and claims records	<ul style="list-style-type: none">You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.
Ask us to correct health and claims records	<ul style="list-style-type: none">You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.We may say “no” to your request, but we’ll tell you why in writing within 60 days.
Request confidential communications	<ul style="list-style-type: none">You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.
Ask us to limit what we use or share	<ul style="list-style-type: none">You can ask us not to use or share certain health information for treatment, payment, or our operations.We are not required to agree to your request, and we may say “no” if it would affect your care.
Get a list of those with whom we’ve shared information	<ul style="list-style-type: none">You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.
Get a copy of this privacy notice	<ul style="list-style-type: none">You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.
Choose someone to act for you	<ul style="list-style-type: none">If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.We will make sure the person has this authority and can act for you before we take any action.
File a complaint if you feel your rights are violated	<ul style="list-style-type: none">You can complain if you feel we have violated your rights by contacting us using the information on page 1.You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1- 877-696-6775, or visiting https://www.hhs.gov/hipaa/filing-a-complaint/index.htmlWe will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:	<ul style="list-style-type: none">Share information with your family, close friends, or other involved in payment for your careShare information in a disaster relief situationContact you for fundraising efforts
In these cases we never share your information unless you give us written permission:	<ul style="list-style-type: none">Marketing purposesSale of your information

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

Important Notices

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways:

Help manage the health care treatment you receive	<ul style="list-style-type: none">We can use your health information and share it with professionals who are treating you.	Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.
Run our organization	<ul style="list-style-type: none">We can use and disclose your information to run our organization and contact you when necessary.We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.	Example: We use health information about you to develop better services for you.
Pay for your health services	<ul style="list-style-type: none">We can use and disclose your health information as we pay for your health services.	Example: We share information about you with your dental plan to coordinate payment for your dental work.
Administer your plan	<ul style="list-style-type: none">We may disclose our health information to our health plan sponsor for plan administration.	Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

How else can we use or share your information? We are allowed or require to share your information in other ways, usually in ways that contribute to the public good, such as public health and research period we have to meet many conditions in the law before we can share your information for these purposes. For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html

Help with public health and safety issues	<ul style="list-style-type: none">We share health information about you for certain situations such as:<ul style="list-style-type: none">prevent diseasehelping with product recallsreporting adverse reactions to medicationsreporting suspected abuse, neglect, or domestic violencepreventing or reducing a serious threat to anyone's health or safety	
Do research	<ul style="list-style-type: none">We can use or share your information for health research.	
Comply with the law	<ul style="list-style-type: none">We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.	
Respond to organ and tissue donation requests and work with a medical examiner or funeral director	<ul style="list-style-type: none">We can share health information about you with organ procurement organizations.We can share health information with a coroner, medical examiner, or funeral director when an individual dies.	
Address workers' compensation, law enforcement, and other government requests	<ul style="list-style-type: none">We can use or share his health information about you:<ul style="list-style-type: none">for workers compensation claimsfor law enforcement purposes or with a law enforcement officialwith health oversight agencies for activities authorized by lawfor special government functions such as military, national security, and presidential protective services	
Respond to lawsuits and legal actions	<ul style="list-style-type: none">We can share health information about you in response to a court or administrative order, or in response to a subpoena.	

Important Notices

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here and less you tell us we can in writing. If you tell us we can, you may change your mind at anytime. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of This Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request on our website, and we will Mail a copy to you.

The effective date of this Notice of SIA's Health & Wellness Plan Health Information Privacy Practices (the "Notice") is October 1, 2023, revised as of 9/26/23.

This Notice of Privacy Practices applies to the following organizations.

This Notice of Privacy Practices applies to the health plans or programs providing medical care benefits (including health, dental, vision, long term care, or other coverage affecting any structure of the body) that are sponsored by Subaru of Indiana Automotive, Inc. and that are subject to the Privacy Regulations and are either (i) uninsured, or (ii) insured and provide PHI to Subaru of Indiana Automotive, Inc. Such health plans include, without limitation, the Health and Wellness Plan, the Retiree Health and Wellness Plan, and Flexible Spending Account.

Women's Health and Cancer Rights Notice

The Women's Health and Cancer Rights Act of 1998 requires SIA to notify you, as a participant or beneficiary of its medical plan, or your rights related to benefit provided through the plan in connection with a mastectomy.

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; and
- 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 as described in your summary plan description (SPD). If you would like more information on WHCRA benefits, refer to your SPD.

Keep this notice for your records and call your plan administrator, Anthem Blue Cross Blue Shield, for more information.

Important Notices

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 aren’t 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.

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 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 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 July 31, 2023. Contact your State for more information on eligibility.

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442
ALASKA – Medicaid	FLORIDA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268
ARKANSAS – Medicaid	GEORGIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2
CALIFORNIA – Medicaid	INDIANA – Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584

Important Notices

IOWA – Medicaid and CHIP (Hawki)	MONTANA – Medicaid
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562	Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov
KANSAS – Medicaid	NEBRASKA – Medicaid
Website: http://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
KENTUCKY – Medicaid	NEVADA – Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://www.chfs.ky.gov/agencies/dms/Pages/default.aspx	Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900
LOUISIANA – Medicaid	NEW HAMPSHIRE – Medicaid
Website: www.medicareid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 HIPP Toll free number: 1-800-852-3345, ext. 5218
MAINE – Medicaid	NEW JERSEY – Medicaid and CHIP
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 800-977-6740 TTY: Maine relay 711	Medicaid Website: https://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MASSACHUSETTS – Medicaid and CHIP	NEW YORK – Medicaid
Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MINNESOTA – Medicaid	NORTH CAROLINA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739	Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100

Important Notices

MISSOURI – Medicaid	NORTH DAKOTA – Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	UTAH – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
OREGON – Medicaid	VERMONT – Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075	Website: https://dvha.vermont.gov/members/medicaid/hipp-program Phone: 1-800-250-8427
PENNSYLVANIA – Medicaid and CHIP	VIRGINIA – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 1-800-986-KIDS (5437)	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
RHODE ISLAND – Medicaid and CHIP	WASHINGTON – Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RlTe Share Line)	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
SOUTH CAROLINA – Medicaid	WEST VIRGINIA – Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://dhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
SOUTH DAKOTA - Medicaid	WISCONSIN – Medicaid and CHIP
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
TEXAS – Medicaid	WYOMING – Medicaid
Website: https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program Phone: 1-800-440-0493	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
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
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20220 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

Important Notices

This Notice is Required by the Affordable Care Act.

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law known as the "Affordable Care Act," took effect in 2014, there was a new way to buy health insurance: the Health Insurance Marketplace. To assist Associates as they evaluate options for themselves and their family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by Subaru of Indiana Automotive, Inc. ("SIA").

What is the Health Insurance Marketplace?

The Marketplace is designed to help Americans find health insurance that meets their needs and fits their budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. Individuals may also be eligible for a new kind of tax credit that lowers their monthly premium on coverage purchased in the Marketplace right away, although SIA Associates are fortunate and do not currently pay a premium for health insurance. Open enrollment for health insurance coverage through the Marketplace begins in October each year for coverage starting as early as January.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

SIA Associates may qualify to save money, but only if SIA does not offer health insurance coverage or offers coverage that doesn't meet certain minimum standards. If SIA were to discontinue health insurance coverage or change the coverage so that it did not meet the standards, the amount of savings on an Associate's premium would depend upon their household income. SIA does not intend to discontinue health care coverage, and the SIA coverage is designed to meet the standards.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If SIA offers health coverage that meets certain minimum standards, covered Associates will not be eligible for a tax credit through the Marketplace. However, if SIA discontinues health care coverage or the coverage no longer meets certain minimum standards, Associates may be eligible for a tax credit that lowers their monthly premium for coverage purchased in the Marketplace or for a reduction in certain cost-sharing. If the cost of a plan from SIA that would cover an Associate (and not any other members of his/her family) is more than 9.5% of the Associate's household income for the year, or if SIA's coverage does not meet the "minimum value" standard set by the Affordable Care Act, Associates may be eligible for the tax credit. An employer sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. SIA has determined that SIA's health care coverage currently exceeds the minimum requirements so Associates would likely not qualify for the tax credit.

Note: If an Associate chooses to purchase a health plan through the Marketplace instead of accepting SIA's premium-free health care coverage, then the Associate may lose SIA's contribution (if any) to offered coverage. Also, SIA's contribution -as well as the Associate's contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about coverage offered by SIA, please check your Summary Plan Description or contact the Associate Benefits office benefits@subaru-sia.com, (765) 772-7102 | (765) 449-6296 | (765) 449-6235.

The Marketplace can help evaluate coverage options, including eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Care Coverage Offered by SIA

This section contains information about any health care coverage offered by SIA. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

1. Name of Employer: Subaru of Indiana Automotive, Inc.
2. Employer Identification Number: 35-1709710
3. Employer Address: 5500 State Road 38 E
4. Employer Phone Number: 765-449-1111
5. City: Lafayette
6. State: Indiana
7. Zip Code: 47905
8. Contact for Employee Health Coverage: Associate Benefits
9. Phone Number of Contact Person: (765) 772-7102 | (765) 449-6296 | (765) 449-6235
10. Email Address for Contact Person: benefits@subaru-sia.com

Important Notices

Here is some basic information about health care coverage offered by SIA:

- As your employer, SIA offers a health plan to: All eligible employees
- With respect to dependents, SIA offers a health plan to: All eligible dependents defined by the SIA Health & Wellness Plan

SIA's health insurance coverage currently meets the minimum value standard, and the cost of this coverage for eligible Associates is intended to be affordable, based on SIA wages.

**** Even if SIA intends for health care coverage to be affordable, Associates may still be eligible for a premium discount through the Marketplace. The Marketplace will use household income, along with other factors, to determine whether an Associate may be eligible for a premium discount in the event SIA requires a premium in the future. If, for example, wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.****

If an Associate decides to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide them through the process.

HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. Special enrollment rights also may exist in the following circumstances:

- If you or your dependents experience a loss of eligibility for Medicaid or a state Children's Health Insurance Program (CHIP) coverage and you request enrollment within 60 days after that coverage ends; or
- If you or your dependents become eligible for a state premium assistance subsidy through Medicaid or a state CHIP with respect to coverage under this plan and you request enrollment within 60 days after the determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact the Associate Benefits office at (765) 772-7102, (765) 449-6296 or (765) 449-6235, or email benefits@subaru-sia.com.

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