

Your 2020 Benefits Guide



Benefits for a Happy, Healthy You!

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Key Terms

| Сорау | A predetermined dollar amount you pay for visits to the doctor, prescriptions and other health care (as specified by your plan). |
|--------------------------|--|
| Deductible | The amount of money you pay out of pocket for covered health care services before your insurance plan starts to pay. |
| Coinsurance | The percentage you pay for the cost of covered health care services after you've met your deductible. For example, if the coinsurance under your plan is 20%, you would pay 20% of the cost of the service and your insurance would pay the remaining 80%. |
| Out-of-Pocket Maximum | The cap on your out-of-pocket costs for the plan year. Once you've reached this amount, your plan will cover 100% of your qualified medical expenses for the remainder of the plan year. |
| Plan Year | The period of time when your coverage is active (January 1 - December 31). |
| Premium | The amount of money that's paid for your health insurance every month. Toyoda Gosei pays a portion of this amount and you pay the rest through payroll deductions. |
| Network | A group of doctors, hospitals, labs and other providers that your health insurance contracts so you can make visits at a pre-negotiated (and often discounted) rate. |

Important Notice

Toyoda Gosei North America (Toyoda Gosei) has made every attempt to ensure the accuracy of the information described in this guide. Any discrepancy between this guide and the insurance contracts or other legal documents that govern the plans of benefits described in this guide will be resolved according to the insurance contracts and legal documents. Toyoda Gosei reserves the right to amend or discontinue the benefits described in this enrollment guide in the future, as well as change how eligible employees and Toyoda Gosei share plan costs at any time. This guide creates neither an employment agreement of any kind nor a guarantee of continued employment with Toyoda Gosei.

Toyoda Gosei truly values the dedication and talent you bring to the team. That's why we strive to offer a comprehensive and competitive benefits package to you and your family each year. Please review this information carefully to choose the best coverage for your needs.

For More Information

Visit **tggroupbenefits.com** (password: TGNA) to review your options and enroll.

- If you have any questions, you may:
- Email tggroupbenefits@toyodagosei.com
- Call the Toyoda Gosei Benefits Center at 877-557-1132 (Monday – Friday, 7 a.m. – 7 p.m. CST)

Eligibility

You're eligible for Toyoda Gosei benefits as a full-time employee working at least 30 hours per week. Eligible dependents include your:

- Legal spouse
- Children up to age 26 (coverage ends on the last day of the month in which the child turns 26), including the following who live with you in a parent-child relationship for the entire year:
 - -Biological children
 - -Legally adopted children
 - -Stepchildren
 - -Foster children
 - -Children for whom you are the sole legal guardian
 - -Children age 26 or older who are incapable of earning a living because of a disability, subject to conditions defined in the SPD

Proof of Dependent Eligibility

You must provide proof of eligibility for your dependents by the deadline. **If you do not provide documentation, they will not be covered under Toyoda Gosei benefits.**

Attempting to enroll an ineligible dependent could lead to disciplinary action, up to termination of employment. If your dependent becomes ineligible for coverage during the year, you must contact the Toyoda Gosei Benefits Center within 30 days.

| Dependent | Required Documentation | |
|--|--|--|
| Legal Spouse | Marriage Certificate | |
| Biological Children or Stepchildren | Birth Certificate | |
| Legally Adopted Children | Adoption Decree | |
| | Both must be provided: | |
| Children for Whom You Are the Sole Legal Guardian | Sworn statement that includes the date of petition for legal guardianship and the date the child established residency | |
| Guardian | A statement from the court verifying legal guardianship has been granted | |

NOTE: For all, you may also submit the first page of the previous year's tax return (with your dependents listed).



There are **three possible opportunities** to make changes to your benefits:

1. As a New Hire

As a new hire, you have 30 days to enroll in benefits. If you miss this initial enrollment window:

- You will NOT be enrolled in medical, prescription drug, dental or vision benefits for 2020.
- You will ONLY be enrolled in company-paid basic life, accidental death and dismemberment (AD&D) as well as long-term and short-term disability coverage for 2020.

Your next opportunity to enroll will be the open enrollment period, which is usually in October.

Benefits effective dates vary, so please call the Toyoda Gosei Benefits Center at 877-557-1132 (Monday – Friday, 7 a.m. – 7 p.m. CST) or email tggroupbenefits@toyodagosei.com to confirm.

2. During Open Enrollment

To have Toyoda Gosei benefits, you must enroll each year during open enrollment. You can make changes to your benefits each year during this time period (normally held in October) for benefits effective January 1 – December 31 of the following year.

How to Enroll

Follow the steps below to enroll:

- Visit <u>tggroupbenefits.com</u> (password: TGNA)
- Click the 2020 Enrollment link
- Follow the instructions to log in and enroll

If you need help with the enrollment process, please call the Toyoda Gosei Benefits Center at 877-557-1132 (Monday – Friday, 7 a.m. – 7 p.m. CST).

3. Qualified Change in Status

Your 2020 elections will remain in effect throughout the plan year unless you experience a change in status that affects eligibility for benefits or another qualified status change event (in accordance with Internal Revenue Code rules). You must request an election change within 30 days and will need to provide supporting documentation (such as a marriage or birth certificate).

Examples of qualified status change events include (but are not limited to) a change in:

- Marital status, including marriage, death of a spouse, divorce, annulment or legal separation
- Number of your eligible children, including by birth, adoption, placement for adoption, or death
- Eligibility status of your children (e.g., due to age)
- Gain or loss of other coverage

You have access to two high-quality medical plans through UnitedHealthcare (UHC) that include prescription drug coverage. When choosing your plan, consider your budget, preferences and the health of you and your covered dependents. Visit **welcometouhc.com** to find an in-network doctor near you.

TGFS team members may also choose coverage through Blue Cross Blue Shield of Michigan. Visit **bcbsmi.com** to find an in-network doctor near you. NOTE: Only UHC will be available in 2021.

Medical Plan Summary

| Medical Plan Summa | - | | | |
|---|--|------------------|--|--------------------------------|
| | OPTIMAL PLAN \$1,500/\$3,000 Deductible | | PRIME PLAN \$500/\$1,000 Deductible | |
| Health Savings Account (HSA | .) | | | |
| Is the plan HSA eligible? | Ye | es | N | lo |
| How much does Toyoda Gosei contribute each year? | Up to \$500/Individual Up to \$1,000/Family | | N/A | |
| | In-Network | Out-of-Network | In-Network | Out-of-Network |
| Annual Deductible | | | | |
| Individual/Family | \$1,500/\$3,000 | \$3,000/\$6,000 | \$500/\$1,000 | \$1,000/\$2,000 |
| Out-of-Pocket Maximum | | | | |
| Individual/Family | \$3,000/\$6,000 | \$7,500/\$15,000 | \$3,000/\$6,000 | \$7,500/\$15,000 |
| Prescription Drug Individual/Family | N/A | N/A | \$3,000/\$6,000 | N/A |
| Medical Coverage | | | | |
| Your Coinsurance | 20%** | 40%** | 20%** | 40%** |
| Preventive Care | 100% Covered | 40%** | 100% Covered | 40%** |
| Primary Care Visit | 20%** | 40%** | \$15 Copay* | 40%** |
| Specialist Visit | 20%** | 40%** | \$25 Copay* | 40%** |
| Virtual Office Visit | \$49 before deductible, \$0 after deductible | N/A | 100% Covered | N/A |
| Urgent Care | 20%** | 40%** | \$25 Copay* | 40%** |
| Inpatient Hospital | 20%** | 40%** | 20%** | 40%** |
| Outpatient Hospital | 20%** | 40%** | 20%** | 40%** |
| Emergency Room | 20%** | 20%** | \$300*** (waived if admitted) | \$300*** (waived if admitte |

*Deductible does not apply.

**After deductible.

***Only waived if admitted on the same day to the same hospital where the emergency room visit occurred.

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Your Medical Coverage Costs

The amounts below indicate the amount of money taken out of your paycheck each pay period depending on the level of coverage you choose.

| | OPTIMAL PLAN \$1,500/\$3,000 Deductible | | PRIME PLAN \$500/\$1,000 Deductible | |
|--------------------------|--|---------------------------------------|--|--------------|
| | Non Tobacco User | Non Tobacco User 🛛 🛛 Tobacco User 🛛 🛛 | | Tobacco User |
| Team Member Only | \$0 | \$10 | \$29 | \$39 |
| Team Member + Spouse | \$O | \$10 | \$104 | \$114 |
| Team Member + Child(ren) | \$O | \$10 | \$54 | \$64 |
| Team Member + Family | \$O | \$10 | \$130 | \$140 |

Lower Your Costs with a Tobacco Cessation Program

To encourage a healthy lifestyle, if you use tobacco, your share of medical costs are \$10 more per paycheck. If you complete a tobacco cessation program and provide a completion certificate, your rates will decrease by \$10. Call 866-QUIT4LIFE or visit **<u>quitnow.net</u>** to start this free program.

Deductibles and Out-of-Pocket Maximums

Consider how each plan's deductibles and out-ofpocket maximums work to choose the best coverage for your needs.

| | OPTIMAL PLAN \$1,500/\$3,000 Deductible | PRIME PLAN \$500/\$1,000 Deductible |
|--------------------------|---|--|
| Deductible | You must first meet the entire family deductible (\$3,000) before benefits begin to pay for any covered family member at 80%. | Once one covered family member meets the individual deductible (\$500), benefits begin to pay for that specific family member at 80%. |
| Out-of-Pocket Maximum | The entire family out-of-pocket maximum (\$6,000) must be paid before the plan pays for any covered family member in full. | Once one covered family member meets the individual out-of-pocket maximum (\$3,000), the plan pays for covered benefits for that specific family member in full. |



Medical Coverage



Spotlight on the Optimal Medical Plan

| دے | רב |
|----|----|
| | |

ENROLL Enroll yourself and any dependents in the Optimal medical plan during open enrollment or as a new hire.

| 2 | |
|---|--|
| | |

SET UP YOUR HSA

Determine how much to contribute to your HSA. The amount you choose will automatically be taken out of each paycheck.

Remember – Toyoda Gosei contributes as well, so factor in that amount when making your contribution decision. As you think about the best medical coverage for you and your family, here are a few ways to decide if the Optimal medical plan is right for you.

- You're generally healthy. If you rarely visit the doctor outside of preventive visits (such as your annual checkup), you'll benefit from no monthly coverage costs.
- You want less money taken out of your paycheck. The Optimal medical plan costs you \$0 for all coverage levels if you don't use tobacco.
- You want to save more for health care expenses. A health savings account (HSA) which can only be used with a high-deductible health plan (HDHP), like the Optimal medical plan is a great way to save for out-of-pocket costs. See page 12 for more information.
- You're ready to shop for health care. It's important to understand the cost of health care and to ask questions about the services you need. You'll quickly learn about lower-cost options that can provide you the same level of quality care.
- You're prepared for the unexpected. With the Optimal medical plan, it's important to ensure you have the means (including HSA funds) to pay your deductible if unexpected medical expenses arise.

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GET THE CARE YOU NEED

Care is covered differently depending on what you need – preventive care or nonpreventive care.

PREVENTIVE CARE

In-network preventive care is always covered 100% by the plan – you don't pay for these services. Preventive care includes common annual exam services, such as:

- Vaccinations
- Annual lab work
- Well-baby exams
- Certain cancer screenings

NON-PREVENTIVE CARE



You pay for any care outside of your annual preventive exam until you meet the annual deductible.

Medical Coverage



| PROGRAM | DESCRIPTION |
|--|---|
| Livongo Diabetes and Hypertension Management Program – medical equipment and real-time diabetes and hypertension coaching | If you suffer from hypertension and/or diabetes, you have access to FREE services that can help you manage your conditions. |
| Real Appeal Weight Loss Program – tools and coaching program | Real Appeal offers you FREE, effective weight management tools, such as a food scale, weight scale, portion plate and a personal coach. |
| Rally Health - wellness program through UHC | If you're enrolled in one of our UHC medical plans, you can earn rewards (such as gift cards) for completing healthy activities and missions. |

For more information on our wellness programs, visit **tggroupbenefits.com** (password: TGNA).

Waiving Medical Coverage

Toyoda Gosei encourages you to choose the best benefits for your family - whether that's through our plan or other coverage (such as through your spouse's employer).

Should you opt out of our medical benefits, you'll receive a \$50 per paycheck opt-out credit.

If Your Spouse/Parent Works at Toyoda Gosei:

- If you're covered under your spouse/parent's Toyoda Gosei medical plan, you are not eligible for the opt-out credit.
- If you're married to a Toyoda Gosei team member, the team member with the longest tenure must enroll as the primary insurance member and the spouse must decline medical coverage.
 If you're enrolled in the Prime medical plan, there will be a \$47 per paycheck credit applied to the primary insurance member.



Medical Coverage

Virtual Visits

With virtual visits, you and your covered family members can visit with providers 24/7 from the comfort of your home – or wherever you are! You can video chat with licensed doctors by web, phone or mobile app.

NOTE:

TGFS team members enrolled in Blue Cross of Michigan have virtual visits through AmWell only.

Physical Health

When you or your dependents have a non-emergency medical issue, virtual visits can be great for concerns such as:

- Pink eye
- 🗣 Rash
- Sore throat
- Allergies
- Cold/flu
- Urinary tract infections

Doctors can issue prescriptions when necessary.

Emotional Health

You can meet with a psychiatrist or therapist online through private and secure video chat.

Schedule an online visit with a psychiatrist or therapist using TeleMental Health (TMH). TMH uses secure technology to connect you with behavioral health providers.

TMH clinicians can evaluate and treat general mental health conditions, such as depression, stress and anxiety. They can also provide talk therapy and, when appropriate, prescribe medications.

Visit **myuhc.com** to learn more.

You can access virtual health services through:

- Dr. on Demand: 800-997-6196 /doctorondemand.com
- Teladoc: 855-615-8335 / teladoc.com
- Amwell: 855-635-1393 / <u>amwell.com</u>

UHC NurseLine

This free service connects you with registered nurses 24/7 who can help with a variety of needs, including:

- Getting medication questions answered
- Finding an in-network doctor or hospital
- Choosing the care right for you

- Understanding treatment options
- Learning how to lead a healthier lifestyle

Call 877-440-0547 anytime for assistance.



Your prescription drug coverage is included as part of the medical plan option you select. You should always use a participating pharmacy and review the plan's formulary (list of covered medications) to save the most money. You can access a list of pharmacies at **express-scripts.com**.

If you take specialty medications through Express Scripts, call Accredo at 877-895-9697 or visit **accredo.com** to set up your delivery.

| | OPTIMAL PLAN \$1,500/\$3,000 Deductible | | PRIME PLAN \$500/\$1,000 Deductible | |
|-------------------------------------|--|-------------|--|-------------|
| Out-Of-Pocket Maximum | | | | |
| Individual/Family | N/A | N/A | \$3,000/\$6,000 | N/A |
| Retail Prescriptions (30-Day | Supply) | | | |
| Tier 1 Generic | 20%** (\$10 min/\$20 max) | Not covered | \$10 Copay* | Not covered |
| Tier 2 Preferred Brand | 20%** (\$25 min/\$50 max) | Not covered | \$30 Copay* | Not covered |
| Tier 3 Non-Preferred Brand | 20%** (\$50 min/\$100 max) | Not covered | \$50 Copay* | Not covered |
| Tier 4 Specialty | 20%** (\$100 min/\$200 max) | Not covered | \$100 Copay* | Not covered |
| Mail-Order Prescriptions (90 | -Day Supply) | | | |
| Tier 1 Generic | 20%** (\$20 min/\$40 max) | Not covered | \$20 Copay* | Not covered |
| Tier 2 Preferred Brand | 20%** (\$50 min/\$100 max) | Not covered | \$60 Copay* | Not covered |
| Tier 3 Non-Preferred Brand | 20%** (\$100 min/\$200 max) | Not covered | \$100 Copay* | Not covered |
| Tier 4 Specialty | 20%** (\$200 min/\$400 max) | Not covered | \$200 Copay | Not covered |

Prescription Drug Coverage

*Deductible does not apply.

**After deductible.

Ways to Save

Use Generics – You pay a different set amount based on the class/group your medication falls under. Generic drugs generally have the lowest copays, and brand name drugs generally have the highest copays.

For Team Members with Express Scripts:

- **SAVEON Program** If you take specialty medications under Express Scripts, you may participate in the SAVEON Program and reduce your costs to as little as \$0!
- Smart90 Program If you take maintenance medications, you can get your 90-day supply from Walgreens or CVS for the same cost as mail order!

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Dental Coverage

Dental

We provide a quality dental preferred provider organization (PPO) plan through Delta Dental. When you see an in-network dentist, you'll typically save the most. Visit **deltadental.com** to find an in-network dentist near you.

| | PREMIER WITH ORTHODONTIA | |
|--|--------------------------|--|
| Annual Deductible | | |
| Individual/Family | \$0/\$0 | |
| Annual Benefit Maximum | | |
| Maximum Dental Benefit – total amount the plan pays in a plan year | \$1,000 | |
| Benefit Coverage | | |
| Preventive Services Plan pays 100% | | |
| Basic Services Plan pays 80% | | |
| Major Services | Plan pays 50% | |
| Orthodontia | | |
| Benefit CoveragePlan pays 50% | | |
| Lifetime Maximum | \$1,000 | |
| Eligibility Children up to age 19 | | |

Your Dental Coverage Costs

The amounts below indicate the amount of money taken out of your paycheck each pay period depending on the level of coverage you choose.

| | YOUR COST |
|--------------------------|-----------|
| Team Member Only | \$O |
| Team Member + Spouse | \$2 |
| Team Member + Child(ren) | \$2 |
| Team Member + Family | \$3 |



Vision Coverage

Vision

You and your dependents have access to vision coverage through EyeMed's Insight Network. Receiving vision care from an in-network provider will cost you the least on out-of-pocket costs. To find a participating provider near you, visit **eyemed.com**.

| | STANDARD VISION PLAN | | |
|----------------------|----------------------|----------------------|--|
| | СОРАҮ | FREQUENCY | |
| Exam | \$10 Copay | Once every 12 months | |
| Lenses | \$25 Copay | Once every 12 months | |
| Contact Lens Fitting | Up to \$60 | Once every 12 months | |
| | RETAIL ALLOWANCE | FREQUENCY | |
| Frames | Up to \$130** | Once every 24 months | |
| Contact Lenses* | Up to \$130** | Once every 12 months | |

 $^{\ast}\mbox{Contact}$ lens coverage provided in lieu of frames and lenses

**20% off any amount over the retail allowance

Your Vision Coverage Costs

The amounts below indicate the amount of money taken out of your paycheck each pay period depending on the level of coverage you choose.

| | YOUR COST |
|--------------------------|-----------|
| Team Member Only | \$O |
| Team Member + Spouse | \$2 |
| Team Member + Child(ren) | \$2 |
| Team Member + Family | \$3 |



Health Savings Account (HSA)

If you're enrolling in the Optimal medical plan, you may open a health savings account (HSA) to pay for expenses on a pre-tax basis, such as eligible medical, dental and/or vision expenses.

NOTE: You can pair an HSA with a limited purpose flexible spending account (FSA). See the following page for more details.

Eligibility Requirements

To enroll in the HSA, you:

- Must be enrolled in the Optimal medical plan.
- Must not be enrolled in Medicare, Tricare or VA Benefits (in the past three months).
- Must not be enrolled in other non-qualified medical coverage through another carrier or another family member.
- You and your spouse must not be contributing to or participating in a general-purpose FSA through an employer.

HSA Advantages

- Get free money from Toyoda Gosei: The company will contribute up to \$500 per year for individual coverage and up to \$1,000 per year for family coverage. You can use these dollars to pay your eligible out-of-pocket expenses. For new hires, this amount is prorated based on the first of the month following your benefit eligibility date.
- It's flexible: Use your HSA funds now or in the future – you can even save for health care expenses after you retire.

No use it or lose it rule: The

money in your HSA belongs to you. It rolls over each year and you can take funds with you if you switch jobs or retire.

Triple tax-advantaged¹:

Pay no taxes on money you contribute.Pay no taxes on interest you earn.Pay no taxes when you withdraw money.

Invest your account: Once your account balance reaches a certain amount, you can choose to invest it in a variety of investments.

Each year, the IRS sets limits on how much you can contribute to an HSA. Maximum employee contributions for 2020 are:

- Individual coverage: \$3,550
- Family coverage: \$7,100
- Catch-up contribution (if you're over age 55): \$1,000

Important: HSAs involve very complex rules, including limitations on eligibility, contributions and expense reimbursement. Federal and state tax penalties may be assessed upon you if these requirements are not met. You should talk to a tax advisor about your personal circumstances with respect to the HSA rules. Another helpful resource is IRS Publication 969 (<u>https://www.</u> irs.gov/publications/p969/ar02.html).

¹ Certain states do not treat HSA contributions or distribution as tax free (e.g., California and New Jersey). Consult your tax advisor to understand how HSA participation may impact you and your family members from a tax perspective.



Flexible Spending Accounts (FSAs)

Flexible spending accounts (FSAs) allow you to set aside money from your paycheck to pay for health care and dependent care expenses with tax-free dollars. When you contribute to an FSA, your pretax contributions reduce your taxable income.

How FSAs Work

- A pretax payroll deduction amount of your choice is deposited into your FSA.
- The amount you contribute to an FSA is deducted from your paycheck before federal, state, local and Social Security taxes are withheld.
- When you have an eligible expense, you're reimbursed from your account(s) and the money is not taxed. For a complete list of eligible FSA expenses, visit <u>discoverybenefits.com</u>.

| | WHAT IT CAN BE USED FOR | MOST YOU CAN CONTRIBUTE IN 2020 | HOW YOU USE IT |
|------------------------|---|---|--|
| Health Care FSA | To pay for medical, dental, vision, and hearing expenses not covered by your health care plans, such as deductibles, coinsurance, copays or over-the-counter (OTC) medications. NOTE: If you contribute to an HSA, you cannot participate in the Health Care FSA. | \$2,750 | You'll receive a debit card to pay for eligible health care expenses at the time of service. Otherwise, you can pay for services yourself first and then submit a claim for reimbursement. |
| Limited Purpose FSA | Dental and vision expenses. Medical expenses only once you meet your deductible. | \$2,750 | remoursement. |
| Dependent Care FSA | Expenses such as day care and after school programs for children under age 13, or elder care expenses that allow you to work or attend school full time. | \$5,000 (or \$2,500 if married and filing separate tax returns) | You'll pay for services and submit a claim for reimbursement. |

USE IT OR LOSE IT RULE

Any unused funds left in your FSA at the end of the year will be forfeited, so be sure to estimate your anticipated expenses carefully when deciding how much to save from your paycheck deductions.

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Supplemental Medical Coverage



You may purchase the coverage below through Voya to help supplement your medical insurance. Visit **voya.com/products-services/ employee-benefits-work** for more information.

Critical Illness Insurance

This coverage pays a lump sum benefit if you're diagnosed with a serious illness covered by the plan. The benefit is paid to you and can be used to pay medical costs or living expenses, such as child care or mortgage payments. Covered illnesses may include:

- Cancer
- 🗕 Heart attack
- Stroke
- Major organ transplant
- End stage renal failure

You may enroll yourself, your spouse and/or your child(ren) up to age 26. The cost to participate is based on your age and changes accordingly.

Accident Insurance

This coverage helps cover the cost of unexpected expenses that result from an accidental injury. Covered injuries and expenses may include:

- Broken bones, burns and torn ligaments
- Cuts requiring stitches
- Concussions
- Emergency room treatment and hospitalization
- Outpatient surgery
- Physical therapy

The cost to participate isn't based on age, but is a flat premium based on who you're enrolling.

Hospital Indemnity Insurance

This coverage provides \$100 per day (up to 30 days) if you or a covered family member are admitted to the hospital. The benefit is paid to you and you can use it to pay medical costs or to cover your living expenses.

In addition, this plan provides a benefit for stays in the critical care unit and for rehab services.



Life and Disability Coverage



Basic Life and AD&D

Toyoda Gosei provides basic life and accidental death and dismemberment (AD&D) insurance through MetLife at no cost to you. This benefit is equal to two times your basic annual earnings, rounded to the next higher \$1,000.

Voluntary Life and AD&D

You may purchase additional life and AD&D insurance for yourself, and additional life insurance your spouse and your child(ren). As a new hire during your first 30 days of employment, you can elect:

- Team Member Life: up to \$250,000 of guaranteed issue (no health exam required) coverage
- Spouse Life: up to \$30,000 of guaranteed issue (no health exam required) coverage
- Child(ren) Life: up to \$20,000 (no health exam required for any child coverage)

Your monthly costs are calculated based on age.

- Team Member Life and/or AD&D*: purchase coverage up to \$500,000 in increments of \$10,000
- Spouse Life: purchase life coverage equal to \$250,000 in increments of \$10,000
- Child(ren) Life: purchase life coverage equal to \$20,000 in increments of \$5,000

Disability

Disability insurance replaces a portion of your income if you have an accident or illness that prevents you from working. The benefits coordinate with any other income benefits you receive. Toyoda Gosei offers these benefits through MetLife at no cost to you.

| | SHORT-TERM DISABILITY (STD) | LONG-TERM DISABILITY (LTD) |
|---------------------------|---|---|
| Your Benefit | 66.67% of earnings, up to a certain weekly amount. | 66.70% of earnings, up to a certain monthly amount. |
| When Benefits Begin | 7 days after disability begins | 90 days after disability begins |
| When Benefits End | After 13 weeks | Until you are no longer considered disabled or reach age 65 (or Social Security normal retirement age) |

WHAT'S A BENEFICIARY?

A beneficiary is the person who receives the benefit when an insured member passes away while covered under an insurance plan. Be sure to designate your beneficiaries at <u>tggroupbenefits.com</u> (password: TGNA).

*If you purchase family AD&D coverage, dependent benefits are a portion of team member benefits.

Other Valuable Benefits

Please consider these other valuable benefits available to you as a Toyoda Gosei team member.

Legal Plan

You may purchase legal coverage through MetLife Hyatt Legal, which provides you and your dependents access to affordable, convenient legal services from in-network attorneys. There are no deductibles, copays, waiting periods, claim forms or limits on usage for services such as:

- Document review and preparation
- Will creation
- Family matters
- Real estate matters
- Court appearances
- Debt collection defense

Please note that this coverage does not include divorce support. Visit **legalplans.com** (access code: **GETLAW**) to learn more.



Identity Theft Protection

When you purchase identity theft protection through PrivacyArmor Plus, your identity and credit is monitored for any fraudulent or suspicious activity. Benefits include:

- An annual credit report and monthly score
- Protection against cyberbullying and reputational damage within social media sites
- Secure storage of documents and credit cards with a lost wallet replacement service
- Monitoring of all your financial transactions in one summary
- An identity theft policy worth \$1,000,000 to help should your identity be stolen

Visit **myprivacyarmor.com** to learn more.

Auto/Home Insurance

You can insure your home and car at discounted rates through MetLife. For more information, visit **myautohome.metlife.com**.

Online Discount Mall

Take advantage of countless discounts from brands you love! This PerkSpot program is free and offers deals from restaurants, stores, gyms and more. Visit **toyodagosei.perkspot.com** to learn more and opt in to the weekly email to hear about new offerings.

Contacts

| Coverage | Administrator | Phone Number | Website/Email |
|--|--|--|--|
| Toyoda Gosei Benefits Center | - | 877-557-1132 (Monday – Friday, 7 a.m. – 7 p.m. CST) | tggroupbenefits.com (password: TGNA) |
| Toyoda Gosei Human Resources | - | - | tggroupbenefits@toyodagosei.com |
| Medical | UHC | 866-633-2446 | welcometouhc.com |
| | BCBSMI | 866-869-5383 | <u>bcbsmi.com</u> |
| Virtual Visits | AmWell | 855-635-1393 | amwell.com |
| | Dr. on Demand | 800-997-6196 | doctorondemand.com |
| | Teladoc | 855-615-8335 | teladoc.com |
| | NurseLine | 877-440-0547 | - |
| Prescription Drug | Express Scripts - Optimal and Prime Medical Plans | 800-282-2881 | express-scripts.com |
| | Express Scripts Specialty Medications | 877-895-9697 | accredo.com |
| | CastiaRx – TGMO Members Only on the Prime Medical Plan | See TGMO Human Resources | |
| Dental | Delta Dental | 800-524-0149 | deltadental.com |
| Vision | EyeMed | 866-800-5457 | eyemed.com |
| Health Savings Account (HSA) | Discovery Benefits | 866-451-3399 | discoverybenefits.com |
| Flexible Spending Account (FSA) | Discovery Benefits | 866-451-3399 | discoverybenefits.com |
| Supplemental Medical (Critical Illness, Accident and Hospital Indemnity) | Voya | 877-236-7564 | <u>voya.com/products-</u> <u>services/employee-</u> <u>benefits-work</u> |
| Life and Accidental Death and Dismemberment (AD&D) | MetLife | 800-638-6420 (to make a claim or check approval status only) 800-275-4638 (customer service) | metlife.com/mybenefits |
| Disability | MetLife | 800-300-4296 (to make a claim or check status of claim only) 800-275-4638 (customer service) | metlife.com/mybenefits |
| Legal | MetLife Hyatt Legal | 800-821-6400 | legalplans.com (access code: GETLAW) |
| Identity Theft Protection | PrivacyArmor Plus | 800-789-2720 | myprivacyarmor.com |
| Auto/Home | MetLife | 800-438-6388 | online.metlife.com |
| Tobacco Cessation | Quit For Life | 866-QUIT4LIFE | <u>quitnow.net</u> |
| Online Discount Mall | PerkSpot | 866-606-6057 | toyodagosei.perkspot.com |
| Employee Assistance Program Contact your local Hum | | Human Resources department | |
| Paychecks and Employee Information | ADP | - | www.my.adp.com |
| 401(k) | ADP | 888-822-9238 | www.mykplan.com |
| Diabetes and Hypertension Management | Livongo | 800-945-4355 | <u>get.livongo.com/</u> TOYODAGOSEI/register |
| Wellness Program | Rally | 877-818-5826 | www.werally.com |

