



Summary of Benefits

Healthcare Benefits

Medical

PPO Choice Option

- In-network annual deductible - \$250/person; \$750/family
- Out-of-pocket maximum - \$2,000/person; \$4,000/family
- Lifetime maximum - none
- 100% in-network co-insurance after co-pay for routine care
- 80% in-network co-insurance for hospitalization, inpatient and outpatient services
- Prescription drugs (retail) - \$10 co-pay for generic; \$25 co-pay for formulary; \$40 co-pay for non-formulary

PPO/HMO Hybrid Option

- In-network annual deductible - none
- Out-of-pocket maximum - \$2,000/person; \$4,000/family
- Lifetime maximum - none
- 100% in-network co-insurance after co-pay for routine care and most other coverages
- Prescription drugs (retail) - \$10 co-pay for generic; \$25 co-pay for formulary; \$40 co-pay for non-formulary

Dental

MetLife DPO Plan

- In-network annual deductible - \$25/person; \$75/family (maximum of \$225)
- Plan Year maximum benefit - \$1,500/person
- Lifetime maximum - \$1,500/person for orthodontia
- 100% in-network coverage with no deductible for diagnostic and preventative services
- 85% in-network co-insurance after deductible for basic restoration
- 50% in-network co-insurance after deductible for major restoration and orthodontia

CIGNA DHMO Plan

- In-network annual deductible - none
- Plan Year maximum benefit - none
- Lifetime maximum - none
- 100% in-network coverage with no deductible for diagnostic and preventative services
- 100% in-network coverage after scheduled preset charge for basic restoration, major restoration and orthodontia

Vision

- In-network \$10 co-pay for eye exam
- In-network \$30 co-pay for medically necessary lenses and/or frames
- In-network frames covered at 100% up to \$130 allowance (once every 24 months)
- In-network elective lenses covered at 100% up to \$130 allowance

Flexible Spending Accounts

Health Care Spending Account

- Direct up to \$4,800 of your before-tax pay into this account to pay for your out-of-pocket health care expenses
- Company match contribution of 25% of your contribution up to \$200 per plan year for Healthcare accounts only

Dependent Care Spending Account

- Direct up to \$5,000 of your before-tax pay into this account to pay for your eligible out-of-pocket childcare and elder care expenses

Retirement Benefits

INEOS Retirement Savings Plan

- Automatic 3% company contribution
- Additional company match of 100% up to 6% elective pre-tax contributions
- Offers an array of investment options
- 3-year vesting
- Loan and withdrawal features

Welfare Benefits

Basic Life Insurance

- Coverage equals 1 ½ times your eligible pay up to a maximum of \$1 million in benefits
- Coverage is automatic
- The Company pays the full cost of coverage

Group Universal Life Insurance (GUL)

- Supplement your Basic Life Insurance with Group Universal Life coverage at group rates
- You pay the full cost for this coverage

Personal Accident Insurance (PAI)

- Coverage equals 1 ½ times your eligible pay up to a maximum of \$1 million in benefits
- Coverage is automatic
- The Company pays the full cost of coverage

Voluntary Personal Accident Insurance (PAI)

- Coverage options are available for yourself and eligible family members
- You pay the full cost for this coverage

Long Term Disability (LTD)

- 50% option - Company provided
- Optional buy-up to 60% and 65% - Employee paid

Employee Assistance Program (EAP)

- Coverage is automatic
- The Company pays the full cost of coverage

Long Term Care Program (LTC)

- Participation is voluntary
- You pay the full cost for this coverage